

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>NORTHWELL HEALTH CASH BALANCE PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>004</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NORTHWELL HEALTH, INC.</u></p> <p><u>972 BRUSH HOLLOW ROAD</u> <u>5TH FLOOR</u> <u>WESTBURY, NY 11590-1740</u></p>	<p>1c Effective date of plan <u>01/01/1966</u></p> <p>2b Employer Identification Number (EIN) <u>11-3418133</u></p> <p>2c Plan Sponsor's telephone number <u>516-734-7000</u></p> <p>2d Business code (see instructions) <u>622000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	MICHELE CUSACK
	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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 43265
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 31833 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 6h 337
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 3H 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 checked="" 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 checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> 0 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)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>NORTHWELL HEALTH CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NORTHWELL HEALTH, INC.</u>	D Employer Identification Number (EIN) <u>11-3418133</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value.....	2a	<u>2795995573</u>	
b Actuarial value	2b	<u>2659881355</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>4283</u>	<u>786869496</u>	<u>786869496</u>
b For terminated vested participants.....	<u>9375</u>	<u>240382279</u>	<u>240382279</u>
c For active participants.....	<u>29677</u>	<u>947206479</u>	<u>971411778</u>
d Total	<u>43335</u>	<u>1974458254</u>	<u>1998663553</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	<u>5.46 %</u>	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	<u>73576202</u>	
b Expected plan-related expenses	6b	<u>6630000</u>	
c Total (line 6a + line 6b)	6c	<u>80206202</u>	

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		
	Signature of actuary	<u>10/05/2023</u> Date
	<u>DAVID B GOLD</u> Type or print name of actuary	<u>23-04944</u> Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u> Firm name	<u>312-525-2475</u> Telephone number (including area code)
	<u>WILLIS TOWER 233 SOUTH WACKER DRIVE SUITE 1800 CHICAGO, IL 60606</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	305062413
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	305062413
10	Interest on line 9 using prior year's actual return of <u>11.28</u> %		34323180
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.63</u> %.....		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance.....		0
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	339385593

Part III Funding Percentages			
14	Funding target attainment percentage	14	116.10 %
15	Adjusted funding target attainment percentage	15	130.85 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	115.85 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
			Totals ▶	18(b)	0	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	

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

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

21 Discount rate:

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

22 Weighted average retirement age **22** 64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years.....	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	80206202
b Excess assets, if applicable, but not greater than line 31a	31b	80206202

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

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

A Name of plan <u>NORTHWELL HEALTH CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NORTHWELL HEALTH, INC.</u>	D Employer Identification Number (EIN) <u>11-3418133</u>	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

BLACKSTONE

345 PARK AVENUE
NEW YORK, NY 10154

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	1896243	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	632334	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MFS INSTITUTIONAL ADVISORS

04-3247425

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	602810	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

HARDING LOEVNER LP

27-0684167

(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?
51	NONE	593537	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EDGEWOOD MANAGEMENT LLC

20-4044179

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	556763	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EAGLE CAPITAL MANAGEMENT, LLC

22-3361201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	498490	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

ROCATON INVESTMENT ADVISORS

04-3638035

(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?
17	NONE	399867	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

USI CONSULTING GROUP, INC.

06-1053228

(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?
11	NONE	382672	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WELLINGTON TRUST COMPANY

04-2755549

(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?
51	NONE	370367	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

LOOMIS SAYLES TRUST COMPANY LLC

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	309718	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HIG CAPITAL PARTNERS IV

1271 6TH AVE.
22ND FLOOR
NEW YORK, NY 10020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	289669	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BURGUNDY ASSET MANAGEMENT

98-0407588

(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?
51	NONE	248263	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

TOWERS WATSON PENNSYLVANIA INC.

23-1159360

(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?
11	NONE	241497	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RIVERBRIDGE PARTNERS

41-1930193

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	219033	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MACKAY SHIELDS

13-4080466

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	213039	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

DIAMOND HILL CAPITAL MGMT, INC.

31-1019984

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	202632	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JENNISON ASSOCIATES LLC

52-2069785

(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?
51	NONE	200645	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BUCK CONSULTANTS

13-3954297

(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?
11	NONE	149890	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

MORGAN LEWIS & BOCKIUS

23-0891050

(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?
29	NONE	144977	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DODGE & COX

94-1441976

(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?
51	NONE	130186	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COHEN & STEERS

13-3635236

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	119337	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

EAGLE POINT INVESTMENT ADVISORS

45-4077308

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	100445	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NORTHWELL CASH ACCOUNT

11-3418133

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	98376	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INVICTUS INTERNATIONAL CONSULTING,

66 CANAL CENTER PLAZA
SUITE 501
ALEXANDRIA, VA 22314

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	90934	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

ERNST & YOUNG US LLP

34-6565596

(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?
10	NONE	90700	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

APOLLO NRP II

38-3953831

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	64680	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PATIENT SQUARE CAPITAL

2884 SAND HILL RD
SUITE 100
MENLO PARK, CA 94025

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	58012	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

WHEELOCK STREET CAPITAL

46-3515039

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	56930	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RCP ADVISORS

353 NORTH CLARKE STREET
SUITE 3500
CHICAGO, IL 60654

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	50948	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CONDUENT HR SERVICES LLC

16-0468020

(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?
11	NONE	48417	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

ARGOSY CAPITAL

900 W. VALLEY ROAD
SUITE 1000
WAYNE, PA 19087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	37579	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

REVERENCE CAPITAL

477 MADISON AVE.
23RD FLOOR
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	35644	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PINE BROOK CAPITAL PARTNERS

60 EAST 42ND STREET
SUITE 3014
NEW YORK, NY 10165

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	32536	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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
PIPER JAFFRAY & CO.	71	11953
(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.	
PIPER JAFFRAY & CO. 30-0168701	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN SECURITIES LLC	71	11159
(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.	
JP MORGAN SECURITIES LLC 1585 BROADWAY NEW YORK, NY 10036	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JEFFERIES LLC	71	9676
(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.	
JEFFERIES LLC 95-4719745	SECURITIES BROKERAGE	

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
MORGAN STANLEY & COMPANY, LLC	71	6715
(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.	
MORGAN STANLEY & COMPANY, INC. 1585 BROADWAY NEW YORK, NY 10036	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WILLIAM BLAIR & COMPANY, LLC	71	5953
(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.	
WILLIAM BLAIR & COMPANY, LLC 36-2214610	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SANFORD C. BERNSTEIN & CO.	71	4464
(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.	
SANFORD C. BERNSTEIN & CO. 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	SECURITIES BROKERAGE	

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
CREDIT SUISSE SECURITIES (USA) LLC	71	3080
(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.	
CREDIT SUISSE SECURITIES (USA) LLC 05-0546650	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLS FARGO BANK MINNESOTA NA	71	3058
(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.	
WELLS FARGO BANK MINNESOTA NA 41-1592157	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DAIWA CAPITAL MARKETS AMERICA, INC.	71	2662
(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.	
DAIWA CAPITAL MARKETS AMERICA, INC. 1 FINANCIAL SQUARE NEW YORK, NY 10005	SECURITIES BROKERAGE	

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
JONESTRADING INSTITUTIONAL SERVICES	71	2659
(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.	
JONESTRADING INSTITUTIONAL SERVICES 51-0484896	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RBC CAPITAL MARKETS LLC	71	2589
(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.	
RBC CAPITAL MARKETS LLC 41-1416330	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ROBERT W. BAIRD & CO., INC.	71	2514
(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.	
ROBERT W. BAIRD & CO., INC. 39-6037917	SECURITIES BROKERAGE	

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
GOLDMAN SACHS & COMPANY	71	1870
(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.	
GOLDMAN SACHS & COMPANY 200 WEST STREET NEW YORK, NY 10282	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PERSHING SECURITIES LIMITED	71	1815
(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.	
PERSHING SECURITIES LIMITED ONE PERSHING PLAZA JERSEY CITY, NJ 07399	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BOFA SECURITIES, INC.	71	1761
(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.	
BOFA SECURITIES, INC. 47-4921463	SECURITIES BROKERAGE	

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
COWEN AND COMPANY LLC	71	1515
(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.	
COWEN AND COMPANY LLC 38-3698933	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LIQUIDNET, INC.	71	1225
(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.	
LIQUIDNET, INC. 498 SEVENTH AVENUE NEW YORK, NY 10018	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
UBS AG STAMFORD BRANCH	71	1101
(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.	
UBS AG STAMFORD BRANCH 61-5958480	SECURITIES BROKERAGE	

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
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LAZARD 30 ROCKEFELLER PLAZA NEW YORK, NY 10112	REVENUE SHARING	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRINCIPAL 711 HIGH STREET DES MOINES, IA 50309	REVENUE SHARING	
(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan NORTHWELL HEALTH CASH BALANCE PLAN	B Three-digit plan number (PN) ▶	004
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 NORTHWELL HEALTH, INC.	D Employer Identification Number (EIN) 11-3418133	

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:	JENNISON INSTITUTIONAL GROWTH FUND		
b Name of sponsor of entity listed in (a):	PRUDENTIAL TRUST COMPANY		
c EIN-PN 23-6994310-057	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	MFB NT COLLECTIVE GLOBAL REAL ESTAT		
b Name of sponsor of entity listed in (a):	NORTHERN TRUST GLOBAL INVESTMENTS		
c EIN-PN 45-6138589-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	AETNA FIXED INCOME		
b Name of sponsor of entity listed in (a):	STATE STREET BANK & TRUST COMPANY		
c EIN-PN 01-0551784-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	STATE STREET RUSSELL LRG CAP GRWTH		
b Name of sponsor of entity listed in (a):	STATE STREET BANK & TRUST COMPANY		
c EIN-PN 01-0551784-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	STATE STREET RUSSELL LRG CAP VALUE		
b Name of sponsor of entity listed in (a):	STATE STREET BANK & TRUST COMPANY		
c EIN-PN 01-0551784-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity 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)

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

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

A Name of plan NORTHWELL HEALTH CASH BALANCE PLAN	B Three-digit plan number (PN) ► 004
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHWELL HEALTH, INC.	D Employer Identification Number (EIN) 11-3418133

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	32422645	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	21208650	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities.....	1c(2)	125579045	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)	81342852	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common.....	1c(4)(B)	560458045	0
(5) Partnership/joint venture interests.....	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	100520973	0
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1404679448	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	538311932	0

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	2864523590	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	29400602	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	29400602	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2835122988	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	202633	
(B) U.S. Government securities.....	2b(1)(B)	1156504	
(C) Corporate debt instruments.....	2b(1)(C)	6065139	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		7424276
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	4979439	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	8262019	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		13241458
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	585064624	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	629895353	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-140531633	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-84622301
(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)		-111634767
c Other income	2c		6728913
d Total income. Add all income amounts in column (b) and enter total	2d		-354224783
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	123985698	
(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)		123985698
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)	1058153	
(2) Contract administrator fees.....	2i(2)	632334	
(3) Investment advisory and management fees	2i(3)	7480796	
(4) Other	2i(4)	3788543	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		12959826
j Total expenses. Add all expense amounts in column (b) and enter total	2j		136945524
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-491170307
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		2343952681

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: ERNST & YOUNG LLP

(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.)

	Yes	No	Amount
4a		X	

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?.....	4e	X		40000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	4k	X		
l Has the plan failed to provide any benefit when due under the plan?.....	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
NORTHWELL HEALTH PENSION PLAN	11-3418133	006

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 481679.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
--	---	---

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

A Name of plan <u>NORTHWELL HEALTH CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NORTHWELL HEALTH, INC.</u>	D Employer Identification Number (EIN) <u>11-3418133</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 13-7074646 13-3689044

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		896
---	--	-----

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: 38.0 % Investment-Grade Debt: 18.0 % High-Yield Debt: 13.0 % Real Estate: 3.0 % Other: 28.0 %

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

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

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

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

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

Yes.

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

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

No. Other. Provide explanation _____

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

Northwell Health Cash Balance Plan
Years Ended December 31, 2022 and 2021
With Report of Independent Auditors

Ernst & Young LLP



Northwell Health Cash Balance Plan
Financial Statements and Supplemental Schedule
Years Ended December 31, 2022 and 2021

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Report of Independent Auditors

Participants and the Pension Committee
Northwell Health Cash Balance Plan

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

We have performed audits of the financial statements of Northwell Health Cash Balance Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes (collectively referred to as the “financial statements”).

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

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter

Supplemental Schedule Required by ERISA

The supplemental schedule of reportable transactions for the year then ended December 31, 2022 (referred to as the “supplemental schedule”) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.



- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Ernst + Young LLP

October 16, 2023

Northwell Health Cash Balance Plan

Statements of Net Assets Available for Benefits

	December 31	
	2022	2021
Assets		
Investments, at fair value:		
Non-participant directed:		
Cash and short-term investments	\$ –	\$ 32,422,645
Marketable securities and other investments	–	2,806,424,318
Participant directed investments	–	1,826,196
Total investments, at fair value	–	2,840,673,159
Insurance contract, at contract value	–	2,641,781
Total investments	–	2,843,314,940
Receivables:		
Due from broker	–	12,693,599
Accrued investment income	–	8,515,051
Total receivables	–	21,208,650
Total assets	–	2,864,523,590
Liabilities		
Accrued expenses	–	1,129,491
Due to broker	–	28,271,111
Total liabilities	–	29,400,602
Net assets available for benefits	\$ –	\$ 2,835,122,988

See accompanying notes.

Northwell Health Cash Balance Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2022	2021
Additions		
Investment income	\$ 41,672,505	\$ 43,621,890
Total additions	41,672,505	43,621,890
Deductions		
Benefit payments	123,985,698	109,164,171
Administrative expenses	12,959,826	15,432,202
Total deductions	136,945,524	124,596,373
Net realized and unrealized (depreciation) appreciation in fair value of investments	(395,897,288)	255,946,541
Transfer (to) from merged plans	(2,343,952,681)	91,273,679
Net (decrease) increase	(2,835,122,988)	266,245,737
Net assets available for benefits, beginning of year	2,835,122,988	2,568,877,251
Net assets available for benefits, end of year	\$ —	\$ 2,835,122,988

See accompanying notes.

Northwell Health Cash Balance Plan

Notes to Financial Statements

December 31, 2022

1. Plan Description

The following brief description of the Northwell Health Cash Balance Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan document for more complete information, copies of which may be obtained from Northwell Health, Inc. (the Plan Sponsor).

Effective December 31, 2022, the Plan was merged into the Northwell Health Pension Plan (the Northwell Pension Plan and formerly known as The John T. Mather Memorial Hospital of Port Jefferson, Inc. Pension Plan). As a result of the merger, all assets of the Plan, totaling \$2,343,952,681, were transferred to the Northwell Pension Plan (as well as the Plan's accumulated plan benefit obligation). The transfer of these assets was recorded as a transfer out of the Statement of Changes in Net Assets Available for Benefits on December 31, 2022 and the Plan participants became participants of the Northwell Pension Plan. Certain following references to the Plan and its provisions (as well as certain financial information) are in the context of the Plan just prior to the merger.

The Plan is a noncontributory, cash balance defined benefit plan generally covering eligible employees of participating affiliates of the Plan Sponsor on or before July 1, 2018. Effective July 1, 2018, the Plan was amended and restated so that no new participants are allowed other than certain collectively bargained employees of the Plan Sponsor hired on or after July 1, 2018. Eligible employees entered into the Plan following completion of one year of eligible service (975 hours of service in the 12 months following the employee hire date or in any Plan year). The Plan also holds frozen balances for employees of certain affiliates of Northwell no longer actively contributing to the Plan. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan was amended and restated in its entirety effective as of August 31, 2020 to reflect all prior plan amendments.

As a cash balance plan, a participant's accrued benefit was defined as a notional cash balance account. Participant cash balance accounts were credited on a quarterly basis, with amounts equal to 3% of their eligible earnings, as defined by the Plan. Additionally, interest was credited quarterly to participant cash balance accounts based on the ending balance of the previous quarter. The interest crediting rate was based on the average yields of thirty-year U.S. Treasury Bonds during the months of September, October and November of the prior Plan year.

Northwell Health Cash Balance Plan

Notes to Financial Statements (continued)

1. Plan Description (continued)

The standard form of benefit for an unmarried participant (or a married participant who has waived the qualified joint and one-half survivor annuity) was a life annuity. In the event that a participant has a spouse on the date on which his or her retirement pension payments are to commence, the standard form shall be a qualified joint and one-half survivor annuity.

The Plan includes the assets and transactions of certain frozen supplemental plans established by South Shore University Hospital (formerly Southside Hospital). These plans allow for participants to invest his or her account in one or more investment management account. Total assets of these plans were \$1,266,742 and \$1,826,196 at December 31, 2022 and 2021, respectively.

Effective December 31, 2020, the Northern Westchester Hospital Association Pension Plan (NWH Plan) merged into the Plan. Subsequent to the merger, these participants kept their existing benefit formula from the NWH Plan and are not eligible for benefits under the Plan's current formula. Effective January 1, 2021 Northern Westchester Hospital Association was added as a participating employer in the Plan.

Effective December 31, 2021, the Retirement Plan for Employees of the Long Island Home (LIH RP) merged into the Plan. As a result of the merger, all LIH RP participants and net assets of \$77,049,832 were transferred to the Plan. The LIH RP was previously frozen as to participation and benefit accruals and the Plan holds the frozen accrued benefits of all participants in the LIH RP as of December 31, 2022 and 2021. Effective December 31, 2021, the Central Suffolk Hospital Employees Pension Plan (Central Suffolk Plan) merged into the Plan. As a result of the merger, all of the Central Suffolk Plan participants and net assets of \$14,223,847 were transferred to the Plan. The Central Suffolk Plan was previously frozen as to participation and benefit accruals, although certain plan participants with a cash balance account continue to accrue interest credits under the existing benefit formula from the Central Suffolk Plan. This Plan holds the frozen accrued benefits of all participants in the Central Suffolk Plan as of December 31, 2022 and 2021.

Prior to the merger into the Northwell Pension Plan, the Plan incurred administrative expenses directly related to the Plan, which consisted primarily of investment management fees, Pension Benefit Guaranty Corporation (PBGC) premiums and actuarial fees. These expenses are reported on the accompanying statements of changes in net assets available for benefits as administrative expenses.

Northwell Health Cash Balance Plan

Notes to Financial Statements (continued)

1. Plan Description (continued)

Prior to the merger into the Northwell Pension Plan, participants were entitled to plan benefits under the following circumstances:

- a. *Normal Retirement:* The normal retirement date of a participant shall be the later of the first day of the month coincident with or next following the employee's 65th birthday or completion of three years of service.

A participant who retires on his or her normal retirement date shall have a nonforfeitable right to 100% of his or her accrued benefit determined as of the participant's normal retirement date, payable in the standard form and commencing on the participant's normal retirement date.

- b. *Disability Retirement:* A participant shall be deemed permanently disabled if the participant provides evidence of qualification for a disability benefit under the Federal Old-Age Survivors and Disability Income Act. A participant who retires due to a permanent disability shall have a nonforfeitable right to 100% of his or her accrued benefit determined as of the participant's disability retirement date, payable in the standard form and commencing on the participant's disability retirement date.
- c. *Early Retirement:* A participant may select an early retirement date prior to his or her normal retirement date, provided that he or she shall have attained age 55 and completed 5 years of service with Northwell or attained age 62 and completed 3 years of service with Northwell.

A participant who retires on his or her early retirement date shall have a nonforfeitable right to 100% of his or her accrued benefit determined as of the early retirement date. The amount payable for early retirement shall become payable as of the first day of the month coincident with or next following the participant's early retirement date. A participant may elect to defer his or her early retirement benefit until his or her normal retirement date or until the first day of any month before his or her normal retirement date and following his or her early retirement date.

Northwell Health Cash Balance Plan

Notes to Financial Statements (continued)

1. Plan Description (continued)

- d. *Deferred Retirement:* A participant may select a deferred retirement date following a period of continued service after his or her normal retirement date.

A participant who retires on his or her deferred retirement date shall have a nonforfeitable right to 100% of his or her accrued benefit determined as of his or her deferred retirement date, payable in the standard form and commencing on the participant's deferred retirement date.

- e. *Terminated Vested Participants:* A participant that terminates for any reason other than retirement, permanent disability or death shall be entitled to receive a benefit equal to his or her vested accrued benefit determined as of his or her normal retirement date, payable in the standard form and commencing as of his or her normal retirement date.

Participants in service with Long Island Jewish Medical Center prior to January 1, 1999 are 100% vested. Most other participants are 100% vested after three years of service.

- f. *Death Benefit:* In the event of the death of a participant while in service, such participant's beneficiary shall be entitled to receive a death benefit equal to 100% of the Plan participant's accrued benefit. The death benefit payable shall be payable as soon as administratively feasible following the Plan participant's death.

Prior to the merger into the Northwell Pension Plan, should the Plan have terminated at some future time, its net assets will generally not have been available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits would be paid depended on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may have been fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not have been provided for at all.

Information about the Plan including, but not limited to, vesting and benefit provisions and the PBGC's benefit guarantee was contained in the plan document.

Northwell Health Cash Balance Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States.

Valuation of Investments

Prior to the merger into the Northwell Pension Plan, all investments of the Plan were held with Aetna Life Insurance Company, Northern Trust Company, and State Street Bank and Trust Company on behalf of Transamerica Retirement Solutions, LLC (collectively, the Trustees).

The marketable securities of the Plan, including U.S. government obligations, corporate and other bonds, mutual funds and equity securities, were stated at fair value. Securities traded on a national securities exchange were valued at the last reported sales price on the last business day of the Plan year; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date were valued on the average of the last reported bid and ask prices, subject to additional valuation considerations. Short-term investments were valued at cost, as such cost plus accrued interest approximates fair value.

Alternative investments, including funds of hedge funds, hedge funds, private equity funds, private real estate funds and private credit funds, were not readily marketable and were stated at fair value, determined by using net asset value as a practical expedient, as permitted by generally accepted accounting principles, rather than using another valuation method to independently estimate fair value. Financial information used by the Plan to evaluate these investments was provided by the investment manager or general partners through their due diligence and valuation policies.

Northwell Health Cash Balance Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Individual investment holdings of the funds of hedge funds, hedge funds, private equity funds, private credit funds and private real estate funds may have included investments in both nonmarketable and market-traded securities. Valuations of these investments and, therefore, the Plan's holdings, may have been determined by the investment managers or general partners. Values may have been based on estimates that require varying degrees of judgment. Recorded estimates may change by a material amount in the near term. The investments may have indirectly exposed the Plan to securities lending, short sales of securities and trading in futures and forwards contracts, options and other derivative products. However, the Plan's risk was limited to its amounts invested. The financial statements of the funds of hedge funds, hedge funds, private equity funds, private credit funds and private real estate funds were audited annually by independent auditors. At December 31, 2021, the Plan had future commitments of approximately \$237,183,000 to invest in private equity, private credit and private real estate funds. As a result of the merger into the Northwell Pension Plan, effective December 31, 2022, all future commitments were transferred to the Northwell Pension Plan.

Prior to the merger into the Northwell Pension Plan, investments also included investments in commingled fixed income and equity funds and common collective trusts. The individual investment holdings of these commingled funds and common collective trusts were predominantly marketable securities. These commingled fund investments and common collective trusts were reported at fair value, as determined by using observable inputs that were based on inputs not quoted in active markets but corroborated by market data, if their fair value was readily determinable, or at net asset value as a practical expedient if fair value was not readily determinable. The financial statements of the commingled fixed income and equity funds and common collective trusts were audited annually by independent auditors.

Prior to the merger into the Northwell Pension Plan, the Plan invested in a group annuity contract with Aetna Life Insurance Company (Aetna), which was an immediate participation guarantee contract. This investment was stated at contract value, which represented the accumulated cash contributions and interest credited to the Plan's contract, less any withdrawals.

Employer Contributions

Prior to the merger into the Northwell Pension Plan, the intention of the Plan Sponsor was to make the minimum required contribution each year and determine from time to time whether to make additional contributions. The Plan Sponsor agreed to voluntarily contribute such additional amounts as were necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. The Plan met the ERISA minimum funding requirements in both 2022 and 2021.

Northwell Health Cash Balance Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Security Transactions and Investment Income

Security transactions and investment income are accounted for as of the date securities are purchased or sold (trade date). Interest income is accounted for on the accrual basis. Dividend income is recognized on the ex-dividend date.

In accordance with the requirement to state investments at fair value, net realized and unrealized (depreciation) appreciation in fair value of investments for the year is reflected in the accompanying statements of changes in net assets available for benefits and includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

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

3. Accumulated Plan Benefits

As it relates to the cash balance defined benefit plan, exclusive of the supplemental plans, the Plan's actuary estimates the actuarial present value of accumulated plan benefits using the unit credit cost method, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Northwell Health Cash Balance Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The accumulated plan benefit information as of December 31, 2021 is as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving benefits	\$ 713,727,168
Other participants	1,060,914,713
Total vested benefits	<u>1,774,641,881</u>
Nonvested benefits	23,506,320
Total actuarial present value of accumulated plan benefits	<u>\$ 1,798,148,201</u>

The change in the actuarial present value of accumulated plan benefits during the Plan year is as follows:

	Year Ended December 31, 2021
Actuarial present value of accumulated plan benefits, beginning of year:	\$ 1,663,084,171
Increase (decrease) during the year attributed to:	
Additional benefits accumulated	65,026,735
Actuarial gains	(7,104,092)
Interest due to the change in discount period	108,814,233
Benefits paid	(109,164,171)
Changes in actuarial assumptions	22,897,950
LIH RP merger	44,016,438
Central Suffolk Plan merger	11,233,179
Other	(656,242)
Net increase	<u>135,064,030</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 1,798,148,201</u>

Northwell Health Cash Balance Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

The more significant assumptions underlying the actuarial computations are as follows:

Interest rate	6.50% (6.50% in prior year)
Mortality basis	Pri-2012 Mortality Tables, with separate rates for contingent survivors after the death of retiree, projected generationally from 2012 with the MP-2021 mortality improvement scale (Pri-2012 Mortality Tables, with separate rates for contingent survivors after the death of retiree, projected generationally from 2012 with the MP-2021 mortality improvement scale used in prior year)
Normal retirement age	65
Early retirement age	55

Changes in actuarial assumptions predominantly resulted from an increase in the interest crediting rate from 1.54% to 1.98%.

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits of the Plan subsequent to the merger of the CB Plan into the Northwell Pension Plan, as of December 31, 2022 was \$2,149,910,579.

Northwell Health Cash Balance Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements

The Plan measures fair value based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements are applied based on the unit of account from the Plan's perspective. The unit of account determines what is being measured by reference to the level at which the asset or liability is aggregated (or disaggregated).

The Plan follows a valuation hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three broad levels, which are described below:

Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities.

Level 2: Observable inputs that are based on inputs not quoted in active markets, but corroborated by market data.

Level 3: Unobservable inputs are used when little or no market data is available.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. In determining fair value, the Plan uses valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible and considers nonperformance risk in its assessment of fair value. A financial instrument's categorization within the three levels of the valuation hierarchy is not indicative of the investment risk associated with the underlying assets.

Northwell Health Cash Balance Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

There were no investments in the Plan at December 31, 2022, as a result of the merger into the Northwell Pension Plan. Financial assets carried at fair value as of December 31, 2021, are classified in the following table:

	Level 1	Level 2	Level 3	Total
Cash and short-term investments	\$ 32,422,645	\$ —	\$ —	\$ 32,422,645
U.S. Government obligations	23,535,847	102,043,198	—	125,579,045
Corporate and other bonds	—	81,342,852	—	81,342,852
Fixed income mutual funds	156,182,592	—	—	156,182,592
Commingled fixed income funds	—	289,238,737	—	289,238,737
Equity securities	560,458,045	—	—	560,458,045
Equity mutual funds	308,356,552	—	—	308,356,552
Commingled equity funds	—	35,459,307	—	35,459,307
Common collective trusts	—	100,520,973	—	100,520,973
Participant directed investments	1,826,196	—	—	1,826,196
	\$ 1,082,781,877	\$ 608,605,067	\$ —	1,691,386,944

Assets measured at net asset value:

Commingled fixed income funds	186,799,974
Commingled equity funds	56,554,315
Funds of hedge funds	430,789,124
Hedge funds	15,802
Private equity funds	296,760,495
Private credit funds	104,865,225
Private real estate funds	73,501,280
Total assets at fair value	\$ 2,840,673,159

Assets invested in the Plan are carried at fair value. Fair value for Level 1 is based upon quoted market prices. Fair value for Level 2 is based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets. Certain commingled funds and alternative investments are stated at fair value, determined by using net asset value as a practical expedient, as permitted by generally accepted accounting principles, rather than using another valuation method to independently estimate fair value.

Northwell Health Cash Balance Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

The following is a summary of assets in the Plan at December 31, 2021, (by asset category) with redemption restrictions:

	Fair Value	Redemption Period (Including Notice Period)
Commingled fixed income funds	\$ 476,038,711	1 day to 60 days
Commingled equity funds	92,013,622	1 day to 45 days
Common collective trusts	100,520,973	1 day to 2 days
Funds of hedge funds	430,789,124	61 days to 29 months

Private equity, private credit and private real estate funds have long lifecycles with distributions not expected for several years. In the instance of certain redemptions, some investments noted above may require an extended waiting period to receive a remainder portion of the redemption.

Northwell Health Cash Balance Plan

Notes to Financial Statements (continued)

5. Investments

Other than the fair value of the investments classified as alternative investments and the related net realized and unrealized (depreciation) appreciation in fair value of alternative investments, certain investment information for the Plan disclosed in the accompanying financial statements and supplemental schedule including investments held at December 31, 2022 and 2021, and net realized and unrealized (depreciation) appreciation in fair value of investments for the years then ended, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by the Trustees of the Plan. As a result of the merger into the Northwell Pension Plan, there is no investment information to be summarized as of December 31, 2022. Investment information as of December 31, 2021 is summarized as follows:

	Year Ended December 31 2021
Investments (certified by the Trustees):	
Cash and cash equivalents	\$ 32,422,645
Fixed income	206,921,897
Equities securities and mutual funds	1,024,997,189
Commingled funds	568,052,333
Common collective funds	100,520,973
Participant directed investments	1,826,196
Insurance contract	2,641,781
	1,937,383,014
Alternative investments	905,931,926
Total investments	\$ 2,843,314,940

During 2022 and 2021, the fair value of the Plan's investments (including investments bought, sold, as well as held during the year) (depreciated) appreciated in fair value as follows:

	Year Ended December 31	
	2022	2021
Net realized and unrealized (depreciation) appreciation in fair value of investments (certified by the Trustees)	\$ (365,931,955)	\$ 121,077,006
Net realized and unrealized (depreciation) appreciation in fair value of alternative investments	(29,965,333)	134,869,535
	\$ (395,897,288)	\$ 255,946,541

Northwell Health Cash Balance Plan

Notes to Financial Statements (continued)

6. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated March 30, 2021, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore, believes the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States require the plan administrator to evaluate tax positions and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility, valuation 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 the changes could materially affect the amounts reported in the statements of net assets available for benefits and supplemental schedule.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Northwell Health Cash Balance Plan

Notes to Financial Statements (continued)

8. Party-in-Interest Transactions

Prior to the merger into the Northwell Pension Plan, certain of the Plan's assets were invested in funds managed by the trustees 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

Management has evaluated the impact of subsequent events for the Plan through, October 16, 2023, the date at which the financial statements were available to be issued.

Supplemental Schedule

Northwell Health Cash Balance Plan

EIN #11-3418133 Plan #004

Schedule H, Line 4(j) – Schedule of Reportable Transactions

Year Ended December 31, 2022

Identity of Party Involved	Description of Asset	Purchase Price^(a)	Selling Price^(a)	Cost of Asset	Net Gain (Loss)
Category (iii) – Series of transactions in excess of 5% of Plan assets					
Northern Trust Corporation*	NTGI Collective Government Short-Term Investment Fund:				
	Purchases	\$ 514,013,231		\$ 514,013,231	\$ –
	Sales		\$ 500,150,990	500,150,990	

There were no category (i), (ii) or (iv) reportable transactions for the year ended December 31, 2022. Lease rental and expenses incurred with transaction columns not applicable.

^(a) Equals current value of asset on transaction date.

** Indicates party-in-interest to the Plan.*

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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2022

Number and average cash balance distributed by attained age and attained years of credited service

All monetary amounts shown in US Dollars

Attained Age	Attained Years of Credited Service									
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over
Under 25	11	224	24							
		3,616	5,119							
25-29	30	1,414	937	18						
	1,438	6,273	12,058							
30-34	33	1,276	1,975	528	15					
	2,330	7,364	14,335	24,731						
35-39	21	864	1,592	830	269	13				
	1,778	10,026	19,799	28,680	39,996					
40-44	21	678	1,176	754	467	158	2			
	5,377	11,486	22,885	37,745	45,003	51,145				
45-49	19	520	877	625	469	324	77	6		
		11,448	22,229	40,326	46,824	57,743	74,986			
50-54	42	466	791	586	457	355	204	131	3	
	25,120	12,205	21,466	35,543	51,411	75,007	82,043	82,640		
55-59	45	458	768	535	481	401	198	230	125	2
	49,122	12,317	21,574	35,048	52,800	74,464	82,290	87,253	106,675	
60-64	44	338	531	481	407	306	210	202	130	70
	51,845	14,023	24,269	38,786	55,362	78,467	96,098	112,657	131,276	128,697
65-69	14	128	218	190	151	163	86	80	47	69
		15,712	28,135	45,065	61,007	78,683	102,034	137,983	153,998	156,364
70 & over	2	52	76	90	50	77	30	33	20	29
		17,754	28,922	53,378	55,567	106,312	109,077	220,762	285,870	169,661
			Average Age:	45.99		Average Service:	10.73			

Plan Name: Northwell Health Cash Balance Plan
 EIN / PN: 11-3418133/004
 Plan Sponsor: Northwell Health, Inc.
 Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2022

Number and average plan compensation limited by IRC §401(a)(17) distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ²									
	0	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over
Under 25	55	139	10	0	0	0	0	0	0	0
	79,749	79,715								
25-29	100	1,386	654	6	0	0	0	0	0	0
	86,250	85,826	85,100							
30-34	94	1,512	1,981	390	2	0	0	0	0	0
	75,923	87,923	91,007	99,698						
35-39	34	1,093	1,718	888	223	8	0	0	0	0
	86,815	105,275	115,553	108,843	110,390					
40-44	44	783	1,281	811	489	115	0	0	0	0
	67,239	114,936	131,783	126,949	115,068	106,605				
45-49	16	567	994	703	537	337	51	2	0	0
		111,805	130,166	140,474	123,040	120,177	118,273			
50-54	19	545	844	683	549	395	194	98	2	0
		110,244	120,140	122,387	130,967	136,871	125,438	117,514		
55-59	18	539	801	650	580	445	257	308	107	1
		107,024	122,553	119,295	125,092	131,621	132,762	127,823	127,833	
60-64	10	440	584	540	497	408	257	243	166	59
		107,976	121,429	120,718	123,867	135,621	127,069	129,427	142,332	137,398
65-69	9	207	314	269	222	211	121	126	69	80
		121,990	140,508	139,677	133,556	139,315	131,187	143,797	150,667	144,212
70 & over	2	80	106	114	76	100	42	40	27	38
		132,548	126,683	158,099	123,241	164,627	140,460	133,656	115,355	127,968
Average:	Age	47.02								
	Service	10.79								

Census data as of January 1, 2022

² Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Northwell Health Cash Balance Plan
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SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

Applicable month	September 2021
Yield curve basis	Segment Rates from Fourth Month Preceding Valuation Date

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
First segment rate	4.75%	1.07%
Second segment rate	5.18%	2.68%
Third segment rate	5.92%	3.36%
Effective interest rate	5.46%	2.96%

Annual rates of increase

Compensation	4.00%
Interest crediting rate	
Northwell Health formula	1.98%
Northern Westchester Hospital formula	3.80%
Peconic Formula	3.29%
Future Social Security wage bases	3.00%
Statutory limits on compensation	0.00%

Cash balance annuity conversion basis:

Northwell Health formula:

Interest rate basis:

Applicable month	September 2021
Yield curve basis	Segment Rates from Fourth Month Preceding Valuation Date

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
First segment rate	4.75%	1.07%
Second segment rate	5.18%	2.68%
Third segment rate	5.92%	3.36%

Plan Name: Northwell Health Cash Balance Plan
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Valuation Date: January 1, 2022

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Effective interest rate	5.46%	2.96%
Mortality	2022 IRC §417(e)	

Northern Westchester formula
(account balance to annuity):

Interest rate	2.04%
Mortality	Mortality prescribed by IRS Revenue Ruling 2001-62

Northern Westchester formula
(annuity to lump sum):

Basis that results in greater lump
sum, 1 or 2:

Interest rate	2.04%
Mortality	Mortality prescribed by IRS Revenue Ruling 2001-62

Interest rate basis:

Applicable month	September 2021
Yield curve basis	Segment Rates from Fourth Month Preceding Valuation Date

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
First segment rate	4.75%	1.07%
Second segment rate	5.18%	2.68%
Third segment rate	5.92%	3.36%
Effective interest rate	5.46%	2.96%

Mortality	2022 IRC §417(e)
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As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal costs, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and PBGC 4010 FS.

Plan Name: Northwell Health Cash Balance Plan
EIN / PN: 11-3418133/004
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2022

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Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Mortality	
Healthy	Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2020) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2020).
Disabled	Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.
Termination	Rates varying by age

Representative Termination Rates

Percentage leaving during the year	
Attained Age	Rate
25	13.8%
30	11.2%
35	9.4%
40	7.8%
45	7.0%
50	7.0%
55	7.0%
60	7.0%
64	2.4%
65	0.0%

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Disability

Rates varying by age and gender

Representative Disability Rates

Percentage becoming disabled during the year		
Age	Males	Females
25	.128%	.098%
30	.165%	.150%
35	.210%	.210%
40	.285%	.300%
45	.390%	.405%
50	.608%	.608%
55	0.000%	0.000%

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Representative Retirement Rates

Percentage retiring during the year	
Age	Rate
55-59	5.0%
60-61	6.5%
62-64	12.0%
65	20.0%
66-69	17.0%
70	100.0%

Benefit commencement date:

Preretirement death benefit

Northwell Health formulas:

The later of the death of the active participant or the date the participant would have attained age 55

Northern Westchester formula and Peconic:

Benefits are assumed to commence immediately upon death

Long Island Home formula:

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If the participant has at least ten years of service at the time of death, the later of the death of the active participant or the date the participant would have attained age 55. Otherwise, the later of the death of the active participant or the date the participant would have attained age 65 with five years of service.

Deferred vested benefit

Northwell Health formulas and Peconic Formula:

For participants with a Cash Balance formula benefit, commencement begins at the later of age 65 with three years of service or termination of employment. For participants without a Cash Balance formula benefit, commencement begins at the later of age 65 with five years of service or termination of employment.

Northern Westchester formula:

Lump sums are assumed to commence immediately upon termination. Annuities are assumed to commence at age 65

Long Island Home formula:

The later of age 65 with five years of service or termination of employment

Disability benefit

For those employees who are early retirement eligible at the time of becoming disabled, benefits are assumed to commence immediately upon disablement. For all others, commencement is deferred to normal retirement date.

Retirement benefit

Northwell Health formulas:

Participants with a Cash Balance formula benefit who are eligible for an immediate lump sum are assumed to commence at the later of age 62 and termination of employment. All others eligible for the retirement benefit are assumed to commence immediately upon termination of employment.

Northern Westchester, Long Island Home and Peconic formula:

Benefits are assumed to commence immediately upon termination of employment.

Plan Name: Northwell Health Cash Balance Plan
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Form of payment	<p>65% of Cash Balance, Staten Island, Peconic and Northern Westchester participants are assumed to elect a lump sum.</p> <p>For former employees in the Lenox Hill Hospital Health Services Retirement Plan, the disability benefit is assumed to be paid in the form of an annuity and other benefits are assumed to be paid 35% as an annuity and 65% as a lump sum.</p> <p>All other participants, other than Peconic are assumed to elect annuities according to the following percentages:</p> <p>Single:</p> <ul style="list-style-type: none">• 90% -- life• 10% -- 10-year certain and life <p>Married:</p> <ul style="list-style-type: none">• 55% -- life• 20% -- 50% joint annuitant• 15% -- 100% joint annuitant• 10% -- 10-year certain and life <p>Peconic participants assumed to elect annuity forms of benefits as follows:</p> <p>Single:</p> <ul style="list-style-type: none">• 100% -- life <p>Married:</p> <ul style="list-style-type: none">• 65% -- life• 35% -- 50% joint annuitant
Percentage married	<p>80% of participants</p> <p>Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.</p>
Spouse age	<p>Wife three years younger than husband.</p>
Covered pay	<p>Assumed plan compensation for the year beginning on the valuation date was determined as the following:</p> <ul style="list-style-type: none">■ All except Huntington and Northern Westchester: the greater of the prior year's pensionable earnings increased by the salary scale and the current year's annual base pay rate.
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- Huntington: The current year's annual base pay rate.
- Northern Westchester: For cash balance benefits, prior year's pensionable earnings increased by the salary scale. For prior plan benefit formula, the annual pay rate as of April 1 of the valuation year.

Plan-related expenses	Expected administrative expenses of \$6,630,000 were added to the Target normal Cost for 2022. Expected expenses are based on the actual non-investment expenses from the prior year, adjusted for the expected change in the PBGC premium amount.
At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the lump sum form of payment for cash balance benefit participants and a joint and survivor form of payment for all other participants.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month. If eligible for an immediate lump sum, the lump sum is paid at decrement. Otherwise, lump sums are deferred to age 62.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest

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integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Actuarial value of assets for determining minimum required contributions

Average of the fair market value of assets on the valuation date and the dates 12 and 24 months before the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

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Benefits not valued

The plan pays small benefits with a present value up to \$1,000 in a single lump sum payment. In addition, those with a cash balance benefit are eligible for a lump sum if the present value is greater than \$1,000 and less than \$10,000. Certain Plainview NYSNA participants are also eligible for a lump sum. Such lump sums are not explicitly valued as such; rather such benefits are valued using the benefit choice assumptions described above.

The supplemental benefit available to non-union South Shore employees is not valued because annuity contracts were purchased to cover these benefits for all eligible participants.

For active participants accruing future benefits that commence after age 70 ½ we have assumed that additional pay and any applicable interest credits exceed actuarial increases to the accrued benefit.

Sources of Data and Other Information

The plan sponsor through its third party administrator furnished participant data as of 1/1/2022. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Cash balance interest crediting rate

For Northwell Health cash balance formula: The plan credits interest to cash balance accounts using the average of the yields on 30-year Treasury bonds during the months of September, October, and November of the prior year. The selected assumption is set equal to the actual interest crediting rate applicable to the current plan year.

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For Northern Westchester Hospital cash balance formula: The plan credits interest to cash balance accounts using the one-year U.S. Treasury Bills for the month of November of the prior year plus 0.5%, but in no event, less than 3.80%. The selected assumption is set equal to the actual interest crediting rate applicable to the current plan year.

For Peconic cash balance formula: The plan credits interest to cash balance accounts using the third unadjusted 24 month average segment rate for the month prior to the valuation date. The selected assumption is set equal to the actual interest crediting rate applicable to the current plan year.

After examining historical variability in this rate we believe that the selected assumptions do not significantly conflict with what would be reasonable based on market conditions at the measurement date.

Cash balance annuity conversion basis

As required by IRC 430, annuity benefits are valued by converting accounts to annuities using the current IRC 430 interest rates, so that the interest rates assumed are effectively the same as described above for the discount rate, rather than IRC 417(e) rates.

Rate of increase in compensation

Assumed increases in compensation were based on an experience study conducted in 2018 with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Rate of increase in CPI

The assumed CPI increase was chosen by the plan sponsor.

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Assumptions Rationale - Significant Demographic Assumptions

Healthy mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on an experience study conducted in 2018, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Disability	Assumed disability rates differ by gender because of expected differences in disability rates by gender. Disability rates are based on an experience study conducted in 2018, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Retirement	Retirement rates were based on an experience study conducted in 2018, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Form of payment	Percentages of retiring participants assumed to take certain forms of payment were based on an experience study conducted in 2018, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Statement of Actuarial Assumptions/Methods, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Changes in Assumptions and Methods

- Changes in assumptions since prior valuation¹**
- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
 - The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by IRC §430.
 - The lump sum mortality was updated in accordance with Internal Revenue Code IRC §417(e)
 - The cash balance interest crediting rate for Northwell Health benefit obligations was changed from 1.54% to 1.98% to reflect the actual rate in effect for 2022.
- Change in methods since prior valuation**
- None

¹ Changes in Assumptions and Methods applicable to the Northwell Health Cash Balance Plan
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Schedule SB, Line 24 Change in Actuarial Assumptions

- The cash balance interest crediting rate for Northwell Health benefit obligations was changed from 1.54% to 1.98% to reflect the actual rate in effect for 2022.

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Schedule SB, Part V Summary of Plan Provisions

Summary of Main Plan Provisions – Northwell Health Cash Balance

Plan Provisions

The Northwell Health Cash Balance Plan became effective on January 1, 1999. The following summary describes the main participation, benefit, and contribution provisions of the Plan as interpreted for the valuation. The most recent amendment was adopted on December 31, 2021.

Covered Employees	All employees of Northwell Health with the exclusion of the following: (1) an employee hired or re-hired on or after July 1, 2018, unless such employee is a collectively bargained employee whose collective bargaining agreement provides for his or her participation in this Plan pursuant to the cash balance formula (2) an employee hired prior to July 1, 2018 by John T. Mather Memorial Hospital, Phelps Memorial Hospital Center, Northern Westchester Hospital Association or Peconic Bay Medical Center and is transferred to an employer on or after such date, unless such employee is a collectively bargained employee whose collective bargaining agreement provides for his or her participation in this Plan pursuant to the cash balance formula (3) a nurse employed by RegionCare, Inc. to perform nurse staffing services at an employer or an affiliate (4) a member of the house staff (i.e., a fellow, resident or intern), or a member of the house staff prior to July 1, 2018 who becomes a non-house staff Employee on or after that date whose terms of employment are not governed by a collective bargaining agreement (5) a Plainview Nurse eligible employee (6) prior to January 1, 2007, a South Shore eligible employee (7) a South Shore Nurse eligible employee or, on or after January 1, 2009, a nurse employed by South Shore Hospital on a per diem basis (8) a LIJ Valley Stream Nurse eligible employee or a nurse employed by Long Island Jewish Valley Stream, formerly Franklin Hospital, now a division of Long Island Jewish Medical Center, on a per diem basis (9) a Lenox Hill MEETH participant or a Lenox Hill NYPNU participant hired on or before December 31, 2005 (10) a Nurse employed by the Huntington Hospital Association represented by the Huntington Hospital Nurses Association who was
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hired on or before December 31, 2011, and who has not terminated service and had been rehired by the Huntington Hospital Association on or after January 1, 2012

(11) an employee of the Huntington Hospital not represented in collective bargaining who was hired before January 1, 2009 and not rehired on or after January 1, 2009 and who continues to accrue benefits under the Huntington Hospital Pension Plan

(12) a collectively bargained employee hired prior to July 1, 2018 whose terms of employment were governed by a collective bargaining agreement that did not provide for his or her participation in this Plan pursuant to the cash balance formula who becomes an employee on or after July 1, 2018 whose terms of employment are not governed by a collective bargaining agreement

(13) a collectively bargained employee unless the collective bargaining agreement in which such collectively bargained employee's terms of employment are governed provides for his or her participation in this Plan pursuant to the cash balance formula

(14) an employee of Northwell FlexStaff, Inc., other than those with union code 351

Participation Date Entry date is one-year anniversary (or January 1 after completing 1 year of eligibility service if eligibility is not met in the first year) with benefit accruals beginning with the first payroll date in the calendar quarter following entry date.

Definitions

Prior plan North Shore University Hospital Pension Plan as in effect as of December 31, 1998.

Vesting service One year of vesting service is granted for each plan year in which an employee completes 975 hours of service. All employees regularly scheduled to work 18.75 hours per week receive credit for 975 hours for the year. Service prior to the plan effective date is recognized.

Eligibility service One year of eligibility service is granted upon completion of at least 975 hours of service in the 12 months following an employee's hire date or in any Plan Year (January 1 – December 31) following the employee's year of hire. Employees regularly scheduled to work at least 975 hours per year (18.75 per week) will be granted one year of eligibility service after 1 year of employment. All active participants of the former Long Island Jewish and North Shore Plans who were receiving employer contributions as of December 31, 1998,

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automatically satisfy this 1-year eligibility requirement. Service prior to the plan effective date is recognized.

Credited service	Same as vesting service except that a full year of credited service is granted in the last year of employment irrespective of whether the employee worked 975 hours. This service will be used to calculate eligibility for early retirement and 62 & 25 provisions.
Pensionable pay	Base pay (including shift differential, fringe base and augmentation) limited to the IRS 401(a)(17) compensation limit.
Interest crediting rate	The average of the yields on 30-year Treasury bonds during the months of September, October, and November of the prior year.
Cash balance formula	As of the date of participation in the plan, a notional account is established for each eligible employee. 3% of pensionable pay is credited to the account on the date ending with the first payroll period of March, June, September and December. Compound interest is credited quarterly on the account. Interest is determined on the account balance at the end of the previous quarter (contributions made to the account during the current quarter do not receive interest at the end of the quarter in which they are credited). Former participants in the Huntington Hospital Pension Plan eligible for the Cash balance formula will not receive any benefits under this formula prior to January 1, 2012.
Opening account balances	For all active participants of the North Shore University Hospital Pension Plan as of December 31, 1998 with an accrued benefit under that plan that were still active as of January 1, 1999, an opening account balance was established equal to the value of the accrued benefit as of January 1, 1999. The basis for the conversion was the 1983 Group Annuity Mortality Table (Unisex) and 6% interest. No early retirement subsidies were reflected in the computation of the opening balances. The opening balance included the present value of the accrued benefits under the former Glen Cove, Central General, Forest Hills, NSUH Manhasset and Syosset Pension Plans.
Special employer transition credits	For employees whose age plus vesting service totalled 55 points with a minimum of 5 years of vesting service, at least age 45, younger than age 65 and who were participants of the North Shore University Hospital Pension Plan as of December 31, 1998, an additional employer transition credit is payable (in addition to the 3%). Transition credits were computed on an individualized basis and were based on comparing the participant's projected retirement benefit at age 65 under the North Shore University Hospital Pension Plan for service on or after January 1, 1999, to the total of the

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projected benefit provided under the Northwell Health Cash Balance Plan and the employer provided benefits under the Northwell Health 403(b) Plan using 1998 pensionable pay and 3% annual pay increases. For highly compensated employees, it assumed that the employee contributes 6% of pay per year to the 403(b) and for non-highly compensated employees it assumed that the employee contributes 5% of pay each year to the 403(b).

The plan was subsequently amended, effective January 1, 2005, to extend these credits beyond age 65. The amendment was made retroactive to January 1, 1999 to include employees who terminated prior to the effective date of the amendment.

For active South Shore Non-Union employees who were 50 or more (but less than age 65) with a minimum of 10 years of vesting service as of January 1, 2007, an additional transition credit is payable (in addition to the 3%). Transition credits were computed on an individualized basis and were based on comparing the participant's projected retirement benefit at age 65 under the South Shore Plan, for service on or after January 1, 2007, to the total of the projected benefit provided under the Northwell Health Cash Balance Plan and the employer provided benefits under the Northwell Health 403(b) Plan. Since these transition credits were based on a projected benefit at age 65 no transition credits were provided to employees who were over age 65 as of January 1, 2007.

Normal retirement date (NRD)	First day of the month coincident with or next following the later of the Participant's attainment of age 65 or completion of three years of service.
Pension benefit	The value of the cash balance formula, plus any opening account balances and special employer transition credits with interest, payable as a lump sum or annuitized.
Annuitization basis: Cash Balance Formula (to convert account balance to life annuity)	The average of the yields on the PPA interest rates under section 417(e)(3) during the months of September, October, and November of the prior year and the PPA mandated Internal Revenue Code §417(e) mortality table.
Actuarial equivalence: Non-cash balance formula benefits (other than for Lump Sum optional form)	UP-1984 mortality and 7% interest.
Actuarial equivalence: Non-cash balance formula benefits (Lump Sum optional form)	The average of the yields on the PPA interest rates under section 417(e)(3) during the months of September, October, and November of the prior year and the PPA mandated Internal Revenue Code §417(e) mortality table.

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Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retired before NRD and on or after both attaining age 55 and completion of five years of credited service or after attaining age 62 and three years of service.
Vested termination	Termination for reasons other than death or retirement and completion of three years of vesting service (five years if termination is before January 1, 2008). All eligible employees hired at Northwell Health prior to January 1, 1999 were immediately vested as of January 1, 1999.
Disability	Permanently disabled as defined under OASDI.
Preretirement death benefit	Death while vested and before payments have commenced.

Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD
Early retirement	Annuitized account balance. However, if participant defers receipt to age 62 or is at least age 62 at date of termination the account balance can be paid as a lump sum. Interest is credited until the actual date of commencement. Latest deferred commencement date is age 65.
Vested termination	Annuitized account balance. However, if participant defers receipt to age 62 or is at least age 62 with three years of service at date of termination the account balance can be paid as a lump sum. Commencement eligibility is normal retirement date or early retirement date if at least 5 years of service at termination. Interest is credited until the actual date of commencement. Latest payment is at age 65.
Disablement	Can receive full account balance (immediately vested) if retirement eligible as of date of disability; otherwise, an immediate annuity is payable. No additional employer contributions are credited while disabled although interest continues to accrue.
Preretirement death	100% of the account balance (immediately vested) payable to the beneficiary of the participant at the participant's age 55 (or immediately if the participant is older than 55 at death), or an

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immediate annuity payment (annuitized value of 100% of account balance).

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Other Plan Provisions

Normal form of payment

Unmarried participants	Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
Married participants	50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

Optional forms of payment

Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
Joint and survivor annuity	<p>The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66$\frac{2}{3}$%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life.</p> <p>A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.</p>
Certain and life income annuity	The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of a specified period (5, 10, 15 or 20 years). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.

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Lump sum	<p>The participant may elect to receive a retirement benefit in the form of a lump sum only under one of the following circumstances:</p> <ul style="list-style-type: none">(a) Termination of employment on or after age 62 with three years of service(b) Terminates employment with at least three years of service and elects to defer receipt to at least age 62(c) The present value of the accrued benefit is greater than \$1,000 but less than \$10,000
Other	<p>Participants with a Central General prior plan benefit are also eligible for a Social Security Level Income Optional form for the portion of their benefit accrued under the Central General Hospital plan.</p>
Small cashouts	<p>Account balances under \$1,000 will be paid out automatically upon termination as a lump sum. Account balances between \$1,000 and \$5,000 will be rolled over to an IRA.</p>
Age 70 ½ provisions	<p>Optional payment of account balance (or annuity) at age 70 ½; default is no payment until retirement.</p> <p>Plan amendment effective January 14, 2016 which provides that for Cash Balance Participants whose Annuity starting date is on or after his or her Normal Retirement Date but prior to the April 1st of the calendar year following the calendar year in which he or she attains age 70 ½, except for any period during which the Cash Balance Participant's benefit payments are suspended, the Cash Balance Participant's Deferred Retirement benefit shall equal the greater of (i) the Cash Balance Participant's Deferred Retirement benefit determined as of the last day of the prior Plan Year (or Normal Retirement Date, if later), actuarially increased using the interest and mortality assumptions set forth in the definition of Actuarial Equivalent (offset by any Pay Based Credits and Interest Credits credited during the current Plan Year, as applicable), or (ii) the Cash Balance Participant's Deferred Retirement benefit determined in accordance with Article IV of the Plan.</p>
Plan participants' contributions	<p>None</p>
Minimum benefit	<p>The accrued benefit as of December 31, 1998 under the prior formula will be a minimum benefit under the plan. It will be compared to the applicable cash balance formula benefit at retirement under every available form of payment. The December 31, 1998 benefit will be payable if it exceeds the cash balance formula benefit payment.</p>

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Maximum benefit

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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Summary of Main Plan Provisions – Plainview NYSNA

Plan Provisions

Covered Employees	All employees who were participants on January 1, 1988 shall continue to be participants. All other employees shall be eligible to participate in the plan on the January 1 or July 1 next following completion of one year of eligibility service.
Participation Date	Date of becoming a covered employee

Definitions

Year of service	A plan year in which an employee completes 1,000 hours of service. For benefit accrual purposes only a year of service is credited in the final year of employment even if the participant completes less than 1,000 hours of service. However, special rules apply with respect to the benefit accrual for such year as well as with respect to the first year of employment.
Total compensation	Basic salary plus shift differential and fringe base excluding bonuses, overtime pay, workmen's compensation, sickness or accident disability or other payments made under this plan or any other retirement, pension or employee benefit plan, limited to the IRS 401(a)(17) compensation limit.
Excess compensation	That part of total compensation in excess of basic compensation.
Basic compensation	<p>For years prior to 1989 and all years in which accruals on compensation in excess of basic compensation are not permitted, that portion of total compensation up to the amount of Social Security wage base for the year in reference.</p> <p>For all other years, that portion of total compensation up to 1.5 times Social Security Covered Compensation but not more than that Social Security wage base in effect for the year in reference.</p>
Social Security covered compensation	The average of the Social Security wage bases in effect during the 35-year period ending with the year in which the participant attains Social Security normal retirement age. In calculating this amount, it shall be assumed there will be no increases in the Social Security wage base after the year of reference.
Normal retirement date (NRD)	First day of the month coincident with or next following the later of the Participant's attainment of age 65 or completion of three years of service.

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Pension benefit	<p>An annual benefit equal to the sum of (a), (b), and (c) for service prior to 1989:</p> <ul style="list-style-type: none">(a) 1.5% of basic compensation for the calendar year 1975 (using the Social Security wage base for 1975 of \$14,000), plus 2% of excess compensation for such year multiplied by the number of years of service prior to January 1, 1976.(b) 1.5% of basic compensation, plus 2% of excess compensation for each year of service after January 1, 1976 but before January 1, 2007(c) 1.6% of basic compensation, plus 2% of excess compensation for each year of service after January 1, 2007 <p>For each year of service after 1988, (b) is revised with respect to the first 30 years to provide:</p> <p>1.5% of basic compensation up to the lesser of (1) 150% of covered compensation or (2) the Social Security wage base, plus 2% of excess compensation.</p> <p>In no event does service for basic compensation exceed 40 years or service for excess compensation exceeds 30 years.</p>
Actuarial Equivalence (other than for Lump Sum or Social Security Level Income optional forms)	Unisex Pensioner's 1984 mortality table and 7% interest.
Actuarial Equivalence (Lump Sum and Social Security Level Income optional forms)	The average of the yields on the PPA interest rates under section 417(e)(3) during the months of September, October, and November of the prior year and the PPA mandated Internal Revenue Code §417(e) mortality table.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retired before NRD and on or after both attaining age 55 and completion of ten years of credited service.
Postponed retirement	Employment beyond normal retirement date.
Vested termination	Termination for reasons other than death or retirement and completion of five years of vesting service (three years for employees with an account balance under the cash balance benefit provisions).

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Disability	Total and permanent disability.
Preretirement death benefit	Death while vested with a spouse and before payments have commenced.

Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD
Early retirement	Normal retirement pension accrued to date of retirement. If the participant elects early commencement of his benefit, the accrued benefit is reduced by 1/15th for each of the first five years and 1/30th for each of the next five years commencement of payment precedes normal retirement date. If a participant retires at age 62 or later with 25 years of service or retires on or after early retirement eligibility with age plus years of service totalling 80 with 25 years of service and defers commencement to age 62, the benefit is unreduced.
Postponed retirement	Benefits continue to accrue for service beyond normal retirement date. Special minimums apply to participants who attained age 70 prior to January 1, 1988.
Vested termination	Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 10 years of credited service, payable any time on or after age 55, but reduced by 1/15th for each of the first five years and 1/30th for each of the next five years commencement of payment precedes normal retirement date.
Disablement	Normal retirement pension accrued to date of disability. If the participant elects early commencement of his benefit, the accrued benefit is reduced by 1/15th for each of the first five years and 1/30th for each of the next five years commencement of payment precedes normal retirement date. If disability date precedes normal retirement date by more than 10 years, the amount of the pension payable will be further reduced on an actuarially equivalent basis.
Preretirement death	If eligible for early retirement, 50% of the participant's early retirement benefit as of the date of death is payable to the spouse, reduced as if the 50% Joint and Survivor option was elected immediately prior to the date of death. Otherwise, 50% of the benefit the participant would have received had the participant quit employment the day before death and elected a 50% Joint and Survivor option to commence at the earliest possible retirement date is payable to the spouse.

Plan Name: Northwell Health Cash Balance Plan
EIN / PN: 11-3418133/004
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Normal form of payment

Unmarried participants Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.

Married participants 50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

Optional forms of payment

Single life annuity The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.

Joint and survivor annuity The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66 $\frac{2}{3}$ %, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life.

A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.

Certain and life income annuity The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of a specified period (5, 10, 15 or 20 years). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.

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Lump sum	<p>The participant may elect to receive a retirement benefit in the form of a lump sum only under one of the following circumstances:</p> <ul style="list-style-type: none">(a) Termination of employment on or after Normal Retirement Date(b) Termination of employment on or after January 1, 2004 on early retirement with the sum, using completed years, of age and Years of Service totalling at least 80 at Early Retirement Date and election to defers receipt of the retirement pension to Normal Retirement Date(c) Termination of employment on or after July 1, 1995 on early retirement and is at least age 62 with 25 years of service or the sum, using completed years of age and Years of Service totalling at least 80 and defers receipt of the retirement pension to age 62(c) Termination of service on or after March 28, 2005 with the Actuarial Equivalent of the vested accrued pension in excess of \$1,000 but not in excess of \$5,000
Social Security Level Income Option	Participants with a Central General prior plan benefit are also eligible for a Social Security Level Income Optional form.
Plan participants' contributions	None
Maximum benefit	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Plan Name: Northwell Health Cash Balance Plan
EIN / PN: 11-3418133/004
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Summary of Main Plan Provisions – South Shore

Plan Provisions

Covered Employees	Any person regularly employed by the Hospital other than an intern, NYSNA employees working on a per diem basis, resident, one who is covered under a collective bargaining agreement which does not have coverage under this Plan (e.g., 1199), leased employees and non-union employees who do not meet the eligibility requirements prior to January 1, 2007. Effective January 1, 1986, each Hospital-paid physician is deemed to be an Employee for purposes of Plan benefits.
Participation Date	The first of the month coincident with or next following the attainment of age 21 and the one year anniversary from hire, with the completion of 1,000 hours of service in the first year. Otherwise, the January 1 after the year in which 1,000 hours of service is first completed.

Definitions

Vesting service	All service with the Hospital after the earlier of age 18 or the completion of one year of service, and in the case of an employee who became a member as of the effective date of the Plan, all continuous service rendered to the effective date. Non-participating employees (e.g., NYSNA per diem and service for non-union employees after December 31, 2006) who work at least 1,000 hours are credited with a year of Vesting Service. Employees who work less than 1,000 hours but more than 500 hours receive one-twelfth of a year of service for each 84 hours of service or fraction thereof.
Credited service	Eligible employees receive a year of Credited Service for any Plan Year in which they work 1,950 hours. Employees who work less than 1,950 hours receive one-twelfth of a year of service for each 162.5 hours of service or fraction thereof. In the case of an employee who became a member as of the effective date of the Plan, all continuous service rendered prior to the effective date shall be included.
Compensation	The full-time annual rate, on the basis of a 1,950 hour year, of remuneration paid to an employee, excluding any bonuses, pay for overtime and special pay, limited to the IRS 401(a)(17) compensation limit.

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Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Final average compensation The average compensation during the highest five out of the last ten years of credited service as of the applicable dates as defined below:

Non-Union

Termination Date	Final Average Pay Date
Prior to December 31, 2001	December 31, 1996
On or after January 1, 2002	December 31, 2001

NYSNA

Termination Date	Final Average Pay Date
Prior to August 8, 2003	December 31, 1999
After August 8, 2003 and on or before January 1, 2007	December 31, 2002
After January 1, 2007 and on or before January 1, 2008	December 31, 2003
After January 1, 2008 and on or before February 1, 2009	December 31, 2004
After February 1, 2009 and on or before January 1, 2011	December 31, 2005
After January 1, 2011 and on or before February 28, 2012	December 31, 2006
On or after March 1, 2012	December 31, 2007

Career average compensation The average compensation of a member during all years of credited service after the Final Average Compensation determination date. Compensation during partial years of service is included. For non-union employees, excludes all pay after December 31, 2006.

Social Security Taxable Wage Base (SSTWB) The base in effect under Section 230 of the Social Security Act as of the beginning of the plan year

NYSNA Employee An employee who is represented by the New York State Nurses Association

Normal retirement date (NRD) First day of the month coincident with or next following the later of the Participant's attainment of age 65 or completion of three years of service.

Plan Name: Northwell Health Cash Balance Plan
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Plan Sponsor: Northwell Health, Inc.
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SCHEDULE SB ATTACHMENTS

Pension benefit

NYSNA Employees

Sum of (1) the past service benefit plus (2) the future service benefit.

- (1) 1.6% of Final Average Compensation multiplied by years of Credited Service as of the applicable final average pay date
- (2) For each year of credited service after the applicable final average pay date, an amount equal to 1.6% of Career Average Compensation for such year.

Non-Union Employees

Employed by Hospital prior to January 1, 2002

Sum of (1) the past service benefit plus (2) the future service benefit.

- (1) 1.6% of Final Average Compensation multiplied by Years of Credited Service as of December 31, 2001 plus 0.8% of the excess, if any, of Final Average Compensation above \$62,700, multiplied by Years of Credited Service as of December 31, 2001
- (2) For each year of credited service from December 31, 2001 to December 31, 2006, an amount equal to 1.6% of Career Average Compensation for such year plus 0.8% of the excess, if any, of Career Average Compensation for such year over the SSTWB applicable for such year. The SSTWB for calendar year 2006 was \$94,200.

Employed by Hospital on or after January 1, 2002

1.3% of Career Average Compensation multiplied by Years of Credited Service through December 31, 2006.

For service on or after January 1, 2007 benefits are accrued under the Northwell Health Cash Balance formula.

Actuarial equivalence

Unisex Pensioner's 1984 mortality table, set back 3 years for beneficiary, and 6% interest.

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Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	<p>Non-union employees: Retirement before NRD and on or after the first of the month on or next following attainment of age 55 and at least 5 years of credited service at the time of retirement.</p> <p>NYSNA: Retirement before NRD and on or after the last day of the month on or next following attainment of age 55 and at least 5 years of credited service at the time of retirement.</p>
Vested termination	Termination for reasons other than death or retirement after completion of five years of vesting service (three years for employees with employees with an account balance under the cash balance benefit provisions).
Disability	A member who has not yet reached age 65 after completion of five years of vesting service and who is entitled to receive disability benefits under the Social Security Act may retire with a disability retirement benefit.
Preretirement death benefit	Death while vested with a spouse and before payments have commenced.

Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD			
Early retirement	Normal retirement pension benefit accrued to date of retirement. If the participant elects early commencement of his or her benefit, the accrued benefit is reduced as follows:			
	55	0.386	61	0.665
	56	0.420	62	0.734
	57	0.459	63	0.811
	58	0.502	64	0.899
	59	0.550	65	1.000
	60	0.604		

All active NYSNA employees and non-union employees who became plan participants prior to January 1, 1999 who are at least age 60 with 25 years of vesting service at termination are entitled to an unreduced benefit.

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All non-union employees who became Plan participants on or after January 1, 1999 and are at least age 62 with 25 years of vesting service at termination are entitled to an unreduced benefit.

Vested termination Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 5 years of credited service, payable any time on or after age 55, but reduced as follows:

55	0.386	61	0.665
56	0.420	62	0.734
57	0.459	63	0.811
58	0.502	64	0.899
59	0.550	65	1.000
60	0.604		

Disablement Normal retirement pension accrued to date of disability. If the participant elects commencement of his benefit before age 65, the accrued benefit is reduced on the same basis as for early retirement.

Preretirement death If eligible for early retirement, 50% of participant's early retirement benefit as of the date of death, reduced as if the 50% Joint and Survivor option was elected immediately prior to the date of death. Otherwise, 50% of the benefit the participant would have received had the participant quit employment the day before death and elected a 50% Joint and Survivor option to commence at the earliest possible retirement date

Supplemental Benefit Non-union employees received a supplemental account benefit equal to 2% of compensation for each month of plan participation from July 1, 1996 through June 30, 1998.

Other Plan Provisions

Normal form of payment

Unmarried participants Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.

Married participants 50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

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Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Optional forms of payment

Single life annuity The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.

Joint and survivor annuity The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66 $\frac{2}{3}$ %, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life.

A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.

Certain and life income annuity The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of 5, 10, 15 or 20 years (only a period of 10 years is available to NYSNA participants). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.

Small cashouts If the present value of the benefit is at least \$1,000 but less than \$5,000 the participant may elect to receive his or her benefit as a lump sum.

Plan participants' contributions None

Minimum benefit The minimum normal retirement benefit is equal to the accrued retirement benefit of the member immediately prior to January 1, 1976, or the accrued benefit on the day prior to the effective date of any benefit update. The benefits described herein are offset by a retirement benefits payable under GA U-4912 with MONY.

Maximum benefit All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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Summary of Main Plan Provisions – LIJ Valley Stream NYSNA

Plan Provisions

Covered Employees	Any person regularly employed by the Hospital other than an intern, NYSNA employees working on a per diem basis, one who is covered under a collective bargaining agreement which does not have coverage under this Plan (e.g., 1199), leased employees
Participation Date	The first of the month coincident with or next following the attainment of age 21 and the one year anniversary from hire, with the completion of 1,000 hours of service in the first year. Otherwise, the January 1 after the year in which 1,000 hours of service is first completed.

Definitions

Vesting service	All service with the Hospital after the earlier of age 18 or the completion of one year of service, and in the case of an employee who became a member as of the effective date of the Plan, all continuous service rendered to the effective date. Non-participating employees (e.g., NYSNA per diem) who work at least 1,000 hours are credited with a year of Vesting Service. Employees who work less than 1,000 hours but more than 500 hours receive one-twelfth of a year of service for each 84 hours of service or fraction thereof.
Credited service	<p>Eligible employees receive a year of Credited Service for any Plan Year in which they work 1,950 hours. Employees who work less than 1,950 hours receive one-twelfth of a year of service for each 162.5 hours of service or fraction thereof. In the case of an employee who became a member as of the effective date of the Plan, all continuous service rendered prior to the effective date shall be included.</p> <p>Participants who remained active through January 1, 2011 are entitled to a prior service credit back to the later of their participation date and January 1, 2006.</p>
Compensation	The full-time annual rate, on the basis of a 1,950 hour year, of remuneration paid to an employee, excluding any bonuses, pay for overtime and special pay, limited to the IRS 401(a)(17) compensation limit.
Career average compensation	<p>The average compensation for each year the employee earns a year of credited service.</p> <p>Effective January 1, 2021, only compensation earned for years of credited service after January 1, 2010 will be included in average.</p>

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NYSNA Employee	An employee who is represented by the New York State Nurses Association
Normal retirement date (NRD)	First day of the month coincident with or next following the later of the Participant's attainment of age 65 or completion of three years of service.
Pension benefit	From January 1, 2006 through June 30, 2008, LIJ Valley Stream NYSNA employees benefited under the Northwell Health Cash Balance benefit formula Effective July 1, 2008: 1.6% of Career Average Compensation multiplied by years of Credited Service
Actuarial equivalence	Unisex Pensioner's 1984 mortality table, set back 3 years for beneficiary, and 6% interest.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after the last day of the month on or next following attainment of age 55 and at least 5 years of participation service at the time of retirement.
Vested termination	Termination for reasons other than death or retirement after completion of five years of vesting service (three years for employees with an account balance under the cash balance benefit provisions).
Disability	A member who has not yet reached age 65 after completion of five years of vesting service and who is entitled to receive disability benefits under the Social Security Act may retire with a disability retirement benefit.
Preretirement death benefit	Death while vested with a spouse and before payments have commenced.

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Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD			
Early retirement	Normal retirement pension benefit accrued to date of retirement. If the participant elects early commencement of his or her benefit, the accrued benefit is reduced as follows:			
	55	0.386	61	0.665
	56	0.420	62	0.734
	57	0.459	63	0.811
	58	0.502	64	0.899
	59	0.550	65	1.000
	60	0.604		
	All active NYSNA employees who are at least age 60 with 25 years of vesting service at termination are entitled to an unreduced benefit.			
Vested termination	Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 5 years of credited service, payable any time on or after age 55, but reduced as follows:			
	55	0.386	61	0.665
	56	0.420	62	0.734
	57	0.459	63	0.811
	58	0.502	64	0.899
	59	0.550	65	1.000
	60	0.604		
Disablement	Normal retirement pension accrued to date of disability. If the participant elects commencement of his benefit before age 65, the accrued benefit is reduced on the same basis as for early retirement.			
Preretirement death	If eligible for early retirement, 50% of participant's early retirement benefit as of the date of death, reduced as if the 50% Joint and Survivor option was elected immediately prior to the date of death. Otherwise, 50% of the benefit the participant would have received had the participant quit employment the day before death and elected a 50% Joint and Survivor option to commence at the earliest possible retirement date.			

Other Plan Provisions

Normal form of payment	
Unmarried participants	Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only.

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When the participant dies, no further benefits are payable on his or her behalf under the Plan.

Married participants 50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

Optional forms of payment

Single life annuity The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.

Joint and survivor annuity The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life.

A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.

Certain and life income annuity The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of 10 years. If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.

Small cashouts If the present value of the benefit is at least \$1,000 but less than \$5,000 the participant may elect to receive his or her benefit as a lump sum.

Plan participants' contributions None

Maximum benefit All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal

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Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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Summary of Main Plan Provisions – Lenox Hill

Plan Provisions

Covered Employees	All employees of Lenox Hill Hospital, excluding interns, residents, fellows, leased or per diem employees, and members of collective bargaining units not negotiated into the plan. NYPNU Nurses hired after December 31, 2005 are not eligible to participate.
Participation Date	Attainment of age 21 and completion of one year of continuous service.

Definitions

Vesting service	Period of employment used to determine eligibility for benefits. One year of service is earned for any calendar year in which the employee completed at least 1,000 hours of service.
Credited service	Total years and months of service determined for the purpose of computing benefits, beginning with the participant's date of hire. No Credited Service is earned for any calendar year in which the employee completed less than 1,000 hours (except for the year of hire or termination). For non-bargained employees only, no Credited Service will be earned for years after December 31, 2006. For NYPNU nurses, no Credited Service will be earned for 2007.
Compensation	Total W-2 earnings for a calendar year, plus any employee salary reduction contributions to a Hospital-sponsored qualified tax sheltered annuity program or to IRC Section 401(k) Plan maintained by the Hospital, limited to the IRS 401(a)(17) compensation limit. For non-bargained employees only, no compensation for years after December 31, 2006 will be recognized in benefit computations.
Final average compensation	Highest average compensation for five consecutive complete calendar years out of the last 10 calendar years during which Credited Service was earned (including the 2007 calendar year even if a year of credited service was not earned for such year but the Participant was in service during such year).
NYPNU Employee	An employee who is represented by the New York Professional Nurses Union.

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Normal retirement date (NRD)	<p>Non-union: The first day of the month coincident with or next following the later of Participant's attainment of age 65 or completion of three years of vesting service.</p> <p>NYPNU: The last day of the month coincident with or next following the later of Participant's attainment of age 65 or completion of five years of service.</p>
Pension benefit	1.50% of Final Average Compensation multiplied by Credited Service plus 0.35% of Final Average Compensation in excess of Social Security Covered Compensation times Credited Service not greater than 35 years. All benefits under the plan are limited in accordance with IRS Section 415.
Actuarial Equivalence	<p>Annuitant: One-third of the 1951 Group Annuity Table projected by Scale C to 1970 and two-thirds of the 1951 Group Annuity Table projected by Scale C to 1970 with a 5-year setback.</p> <p>Joint Annuitant: Two-thirds of the 1951 Group Annuity Table projected by Scale C to 1970 and one-third of the 1951 Group Annuity Table projected by Scale C to 1970 with a 5-year setback.</p> <p>Interest: 8.00%</p>

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	<p>Non-union: Retired before NRD and on or after the first of the month on or next following attainment of age 55 and completion of five years of credited service.</p> <p>NYPNU: Retired before NRD and on or after the last day of the month on or next following attainment of age 55 and completion of ten years of participation service.</p>
Postponed retirement	The first day of any month after Normal Retirement Date.
Vested termination	Termination for reasons other than death or retirement and completion of five years of vesting service (three years for employees with an account balance under the cash balance benefit provisions).
Disability	Totally and Permanently Disabled while a participant.

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Preretirement death benefit Death while vested with a spouse and before payments have commenced.

Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD
Early retirement	Normal retirement pension accrued to date of retirement. If the participant elects early commencement of his benefit, the accrued benefit is reduced by 0.25% for each month the benefits precede age 62. Benefit is unreduced if commencement is at or after age 62.
Vested termination	Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 5 years of credited service (10 years of participation service if NYPNU), payable any time on or after age 55, but reduced by 1/180 for each month not in excess of 60 plus 1/360 for each month in excess of 60 that the commencement date precedes the NRD.
Disablement	Based upon the Normal Retirement Benefit formula, including service during the period of disablement to the Normal Retirement Date, and commencing on Normal Retirement Date.
Preretirement death	If eligible for early retirement, 50% of participant's early retirement benefit as of the date of death, reduced as if the 50% Joint and Survivor option was elected immediately prior to the date of death. Otherwise, 50% of the benefit the participant would have received had the participant quit employment the day before death and elected a 50% Joint and Survivor option to commence at the earliest possible retirement date

Other Plan Provisions

Normal form of payment

Unmarried participants Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.

Married participants 50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the

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spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

Optional forms of payment

Single life annuity The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.

Joint and survivor annuity The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66⅔%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary (66⅔% not available to NYPNU participants). If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life.

A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.

Certain and life income annuity The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of 5, 10, 15 or 20 years (only a period of 10 years is available to NYPNU participants). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.

Small cashouts If the present value of the benefit is at least \$1,000 but less than \$5,000 the participant may elect to receive his or her benefit as a lump sum.

Plan participants' contributions None

Maximum benefit All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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Summary of Main Plan Provisions – NYSNA Retiree Health Care Benefit

Plan Provisions

NYSNA employees at certain locations who meet age and service criteria at retirement are entitled to a temporary retiree health care benefit until age 65.

The following is a summary of the locations, age and service criteria, and benefit amounts.

Syosset

\$2,500 annual benefit upon retirement after age 55 with 15 years of service if retire prior to September 12, 2018.

Plainview

\$2,500 annual benefit upon retirement after age 55 with 15 years of service if retire prior to October 16, 2018.

LIJ Valley Stream

\$2,500 annual benefit upon retirement after attaining age 58 with 20 years of service if retire prior to September 18, 2020.

South Shore

Retirement Date	Eligibility	Annual Benefit Amount
Prior to 1/24/2010	Age 60 with 20 years of service	\$2,500
1/24/2010 – 2/28/2015	Age 55 with 20 years of service	\$2,500
3/1/2015 – 12/27/2018	Age 60 with 20 years of service	\$3,500
12/27/2018 or later	Not eligible	

Syosset, Plainview, South Shore and LIJ Valley Stream NYSNA participants that retire on or after September 12, 2018, October 16, 2018, December 27, 2018 and September 18, 2020, respectively, will no longer be eligible for this benefit payable from the Cash Balance Plan.

Plan Name: Northwell Health Cash Balance Plan
EIN / PN: 11-3418133/004
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2022

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Summary of Main Plan Provisions – Huntington Hospital

Plan Provisions

Covered Employees Non-Union: All full-time and part-time employees hired prior to January 1, 2010 employed on the basis of at least 975 hours are eligible to participate at age 21 and one year of eligibility service. The Plan is closed to new non-union participants hired on or after January 1, 2010. Nurses: All full-time and part-time employees hired prior to January 1, 2012 employed on the basis of at least 975 hours are eligible to participate at age 21 and one year of eligibility service. The Plan is closed to new nurse participants hired on or after January 1, 2012. Non-union employees hired or rehired on or after January 1, 2009 and Nurses hired or rehired on or after January 1, 2012 benefit under the Northwell Health Cash Balance benefit formula effective January 1, 2012.

Definitions

Eligibility service Service as an employee of the hospital. Special rules apply for part-time employees.

Benefit service Eligibility service rendered after becoming a participant. Special rules apply for part-time participants. For non-union participants hired or rehired on or after January 1, 2009 and prior to December 31, 2009, benefit service is frozen as of December 31, 2010.

Vesting service Equal to eligibility service.

Final average earnings For participants hired prior to January 1, 2009:
Annual compensation of the three consecutive years out of the last ten which produces the highest average. Compensation is limited by the IRC Section 401(a)(17) compensation limit for benefit accrual purposes. Annual compensation is annualized base compensation, exclusive of overtime, bonuses and other special payments.

For participants hired on or after January 1, 2009:
Annual compensation of the five consecutive years out of the last ten which produces the highest average. Compensation is limited by the IRC Section 401(a)(17) compensation limit for benefit accrual purposes. Annual compensation is annualized base compensation, exclusive of overtime, bonuses and other special payments. For non-union participants hired or rehired on or after January 1, 2009 and prior to December 31, 2009, final average compensation is frozen as of December 31, 2010.

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Normal retirement date (NRD) If participation prior to January 1, 1988: the first day of the month coinciding with or next following the participant's 65th birthday. If participation on or after January 1, 1988: the first day of the month coinciding with or next following the later of the participant's 65th birthday or the fifth anniversary of the date the employee became a participant.

Pension benefit For participants hired before January 1, 2009:

The sum of the benefits determined under Part A and B, but no less than C.

- A. 1.3% of Final Average Earnings for the first 12 years of Benefit Service.
- B. 1.7% of Final Average Earnings after the first 12 years of Benefit Service.
- C. \$1,800 regardless of years of Benefit Service.

For non-union participants hired or rehired on or after January 1, 2009 and prior to December 31, 2009 or nurse participants hired or rehired on or after January 1, 2009 and prior to December 31, 2011:

The benefit determined under Part A, but no less than B.

- A. 1.3% of Final Average Earnings for all years of Benefit Service.
- B. \$1,800 regardless of years of Benefit Service when combined with his or her cash balance benefit, if any.

Final Average Earnings and Benefit Service are frozen for non-union participants hired or rehired on or after January 1, 2009 and prior to December 31, 2009 as of December 31, 2010.

Actuarial Equivalence (Joint and Survivor and Certain and Life optional forms) Tables of rates specified in plan document.

Actuarial Equivalence (Lump Sum optional form) The average of the yields on the PPA interest rates under section 417(e)(3) during the months of September, October, and November of the prior year, and Unisex Pensioner's 1984 mortality table.

Actuarial Equivalence (all other forms) 1984 GBB Female for the participant and the 1984 GBB Male for the beneficiary, and 8.50% interest.

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Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Non-Union: Retirement before NRD and on or after both attaining age 55 and completion of five years of credited service. Nurse: Retirement before NRD and on or after both attaining age 55 and completion of ten years of participation service.
Vested termination	Termination for reason other than death or retirement and completion of five years of eligibility service.
Preretirement death benefit	Death while vested and before payments have commenced.

Benefits Paid Upon the Following Events

Normal retirement	<i>Class A Participant</i> Pension benefit determined as of NRD. <i>Class B Participant</i> Maximum allowable annual pension under IRC Section 415
Early retirement	Normal retirement benefit reduced by 5/12 of 1% for each month the early retirement date precedes the NRD. For employees hired before January 1, 2009: <ul style="list-style-type: none">■ The early retirement benefit is unreduced at age 62■ An employee who retires after attaining age 55 and has completed 25 years of service may elect to receive his early retirement pension in a reduced amount equal to the normal retirement benefit reduced by 5/12 of 1% for each month the early retirement date precedes attaining age 62.
Vested termination	Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 5 years of credited service (10 years of vesting service if Nurse), payable any time on or after age 55, but reduced by 1/180 for each month not in excess of 60 plus 1/360 for each month in excess of 60 that the commencement date precedes the NRD.
Preretirement death	If eligible for early retirement, 50% of the participant's early retirement benefit as of the date of death is payable to the spouse, reduced as if the 50% Joint and Survivor option was elected immediately prior to the date of death. Otherwise, 50% of the benefit the participant would have received had the

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participant quit employment the day before death and elected a 50% Joint and Survivor option to commence at the earliest possible retirement date is payable to the spouse.

Other Plan Provisions

Normal form of payment

- ▶ Unmarried participants Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.

- ▶ Married participants 50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

Optional forms of payment

- Joint and survivor annuity The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66 2/3%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life.

A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.

- Certain and life income annuity The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of 5, 10, 15 or 20 years (only a period of 10 years is available to nurse participants). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.

Small cashouts

If the present value of the benefit is at least \$1,000 but less than \$5,000 the participant may elect to receive his or her benefit as a lump sum.

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Plan participants' contributions None

Maximum benefit All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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Summary of Main Plan Provisions – Staten Island

Plan Provisions

Covered Employees Any person employed by DHSI before eligibility was frozen as of March 21, 1996, and who is not covered by a collective bargaining agreement. As of January 1, 2018, employees benefit under the Northwell Health Cash Balance formula.

Definitions

Vesting service One year of vesting service is granted for each plan year in which an employee completes 1,000 hours of service, including service with an affiliated employer.

Eligibility service One year of eligibility service is granted for each plan year in which an employee completes 1,000 hours of service, including service with an affiliated employer.

Credited service One year of credited service is granted for each plan year in which an employee completes 1,000 hours of service prior to February 10, 1995.

Normal retirement date (NRD) First day of the month coincident with or next following the later of the Participant's attainment of age 65 or completion of three years of vesting service.

Pension benefit Participants who completed an hour of service on or after September 1, 1992: \$300 times credited service.

Participants who did not complete an hour of service on or after September 1, 1992: Benefit in accordance with the plan provisions applicable at that time.

Effective February 10, 1995, all benefits under this plan were frozen.

Actuarial equivalence (other than for 5 and 10-year Certain optional form) Group Annuity Mortality 1971 Male and 8% interest.

Actuarial equivalence (5 and 10-year Certain optional forms) The average of the yields on the PPA interest rates under section 417(e)(3) during the months of September, October, and November of the prior year and the PPA mandated Internal Revenue Code §417(e) mortality table.

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Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retired before NRD and on or after both attaining age 55 and completion of five years of credited service.
Vested termination	Termination for reasons other than death or retirement and completion of five years of vesting service.
Disability	Immediately upon the employer's declaration of disability.
Preretirement death benefit	Death while vested and before payments have commenced.

Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD.
Early retirement	Pension benefit, reduced by 0.5% for each month by which benefit commencement precedes NRD.
Vested termination	Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 5 years of credited service, payable any time on or after age 55, but reduced by 0.5% for each month by which benefit commencement precedes the Normal Retirement Date.
Disablement	Fully vested and unreduced pension benefit, payable immediately upon eligibility.
Preretirement death	Fifty percent of the pension benefit, actuarially adjusted for the joint and 50% survivor payment form and early commencement, if applicable, payable commencing on the earliest date the participant could have retired, to the surviving spouse and continuing for the remaining lifetime of the surviving spouse.

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Other Plan Provisions

Normal form of payment

Unmarried participants	Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
Married participants	50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

Optional forms of payment

Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66 $\frac{2}{3}$ %, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life.

A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.

Certain and life income annuity	The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of a specified period (5, 10, 15 or 20 years). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.
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Certain only	The participant may elect to receive reduced monthly installments over a guaranteed period of 5 or 10 years. If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over.
Lump sum	<p>The participant may elect to receive a retirement benefit in the form of a lump sum only under one of the following circumstances:</p> <p>(a) Termination of employment on or after age 62 or elects to defer receipt of retirement pension to age 62</p> <p>(b) Termination of service with the Actuarial Equivalent of the vested accrued pension in excess of \$1,000 but not in excess of \$10,000</p>
Age 70½ provisions	Benefit payments must commence no later than April 1 of the calendar year following the later of: (1) the calendar year in which the participant attains age 70½; or (2) the calendar year in which the participant retires.
Plan participants' contributions	None
Maximum benefit	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. Increases in the limitations under IRC 415(b) after 1996 shall not result in the increase of any benefits provided to any employee or former employee.

Plan Name: Northwell Health Cash Balance Plan
EIN / PN: 11-3418133/004
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Summary of Main Plan Provisions – Lenox Hill Hospital Health Services Retirement Plan

Plan Provisions

Covered Employees Employees regularly scheduled to work at least half-time will become participants upon completion of two consecutive months of service. Employees not scheduled to work at least half-time but who work at least 1,000 hours in the year following their date of hire will become plan participants on the first of the month following completion of 1,000 hours.

Definitions

Vesting and Credited service A participant is credited with one month of service for each month in which at least one day of service is completed. However, no service will be granted in a participant's final month of service if he terminates prior to the sixteenth day of the month.

Past Service Credit Credited service earned through November 1, 1970

Current Service Credit Credited service earned on or after November 1, 1970 and through December 31, 2006

Normal retirement date (NRD) First of the month coincident with or next following the later of attainment of age 65.

Pension benefit The sum of (1) and (2):

- (1) Current Service Benefit: 1.76% of average monthly compensation multiplied by years of current service credit
- (2) Past Service Benefit: 1.50% of past service compensation base multiplied by years of past service credit.

Effective December 31, 2006, all benefits under this plan were frozen.

Actuarial equivalence (other than for Lump Sum optional form) 1951 Group Annuity Male Mortality Table projected to 1970 on Scale C with a 5 year setback for participants and no setback for their beneficiaries and spouses. 7.25% interest rate.

Actuarial equivalence (Lump Sum optional form) The yield on the PPA interest rates under section 417(e)(3) during November of the prior year and the PPA mandated Internal Revenue Code §417(e) mortality table.

Plan Name: Northwell Health Cash Balance Plan
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Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2022

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Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retired before NRD and on or after both attaining age 55 and completion of five years of credited service.
Vested termination	Termination for reasons other than death or retirement and completion of five years of service including any related plan service credit.
Disability	First of the month coincident with or next following at least six months of disability and completion of 5 years of service credit including any related plan service credit.
Preretirement death benefit	Death while vested and before payments have commenced.

Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD.
Early retirement	A pension computed as for Normal retirement, but based on service and compensation at retirement, and reduced by 0.5% for each month that the commencement date precedes the NRD. If the participant retires at age 62 with 25 years of credited service, the benefit will be unreduced.
Vested termination	Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 5 years of credited service, payable any time on or after age 55, but reduced by 0.5% for each month by which benefit commencement precedes the Normal Retirement Date.
Disablement	A pension computed as for Normal retirement, but based on service and compensation at disability. Payment of benefits commences immediately without reduction.

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Preretirement death Fifty percent of the pension benefit, actuarially adjusted for the joint and 50% survivor payment form and early commencement, if applicable will be payable to their spouse. The benefit will commence immediately, if eligible, or at the participant's earliest retirement date.

Any benefit payable will be reduced for the period during which the election remains in effect as follows:

Participant's Age Reduction Per Month

34-44 1/120%

45-54 1/60%

55-64 1/20%

65 and over 1/10%

Other Plan Provisions

Normal form of payment

Unmarried participants Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.

Married participants 50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

Optional forms of payment

Single life annuity The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.

Joint and survivor annuity The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life.

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A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.

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|---------------------------------------|--|
| Certain and life income annuity | The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of a specified period (5 or 10 years). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death. |
| Level income early retirement annuity | A participant who retires with an Early Retirement Pension Benefit may elect this option pursuant to which the participant will receive the Actuarial Equivalent of a straight life annuity in the form of a life annuity adjusted such that the monthly payments are larger in amount from the effective date of the Participant's Retirement through the month in which he or she attains age 62 or age 65 as the participant shall elect, and smaller in amount thereafter, so computed that such smaller amount, when added to his or her estimated Social Security benefit, will be approximately equal to the larger amount. |
| 25% or 50% single lump sum payment | If the benefit is not a Disability Pension Benefit, a participant may elect that the Actuarial Equivalent present value of either 25% or 50%, as the participant elects, of the participant's pension benefit shall be paid to the participant in a single lump sum cash payment either on the participant's Pension Commencement Date or on the January 1 immediately following such date, as the participant elects, and the remainder of the pension benefit shall be paid in another form of payment available under the plan which the participant shall elect |
| Lump Sum | The participant may elect to receive a retirement benefit in the form of a total lump sum only if: <ul style="list-style-type: none">(a) the Actuarial Equivalent present value of a participant's entire pension benefit does not exceed \$7,000 and(b) the benefit is not a Disability Pension Benefit(c) the participant has met all of the eligibility requirements for a Normal Pension Benefit or Early Retirement Pension Benefit. |

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Age 70½ provisions	Benefit payments must commence no later than April 1 of the calendar year following the later of: (1) the calendar year in which the participant attains age 70½; or (2) the calendar year in which the participant retires.
Plan participants' contributions	None
Maximum benefit	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. Increases in the limitations under IRC 415(b) after 1996 shall not result in the increase of any benefits provided to any employee or former employee.

Plan Name: Northwell Health Cash Balance Plan
EIN / PN: 11-3418133/004
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Summary of Main Plan Provisions – Northern Westchester Hospital Association

Plan Provisions

Covered Employees The plan is closed to new entrants. The plan has ongoing benefit accruals for Grandfathered participants. For non-Grandfathered employees, benefit accruals are frozen.

Definitions

Eligibility Attainment of age 21 and completion of one year of service. No individuals may become new members in the plan on or after January 1, 2013

Eligibility service A 12 month period commencing with employment during which the employee completes 975 hours of service. If the 975 hours are not completed during the first year of employment, the period of measurement is any plan year commencing after date of employment. Special rules apply for the period July 1, 1980 to December 31, 1982.

Vesting service Effective January 1, 2002, a 12 month period commencing on the first day of any plan year during which the employee has completed at least 975 hours of service. Service performed before age 18 is excluded. Special rules apply for the period July 1, 1980 to December 31, 1982.

Credited service The sum of (i) and (ii) below

- (i) Credited service prior to July 1, 1976: all full-time nonunion continuous service with Hospital prior to July 1, 1976.
- (ii) Credited service after June 30, 1976: 1,850 hours of employment during a plan year will constitute one year of credited service. For service less than 1,950 hours, credited service will be the ratio of actual hours to 1,950 hours. Special rules apply for the period July 1, 1980 to December 31, 1982.

Actuarial equivalence November 30-Year Treasury rate for the prior Plan Year and the mortality prescribed by the IRS Revenue Ruling 2001-62, but for grandfathered lump sums not less than the value determined using the applicable interest rate prescribed by the IRS under Section 417(e)(3).

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Minimum Benefit Service	Twelve month period commencing on the first day of any plan year during which an employee commences 975 hours of service will constitute one year of minimum benefit service.
Annual Salary	Annual salary means the rate of compensation on April 1 of the Plan year, excluding bonuses and overtime. Effective January 1, 2008, annual bonus is included in the determination of Annual Salary.
Final Average Salary	Average of the Annual Salary for the five consecutive years of the 10 consecutive years immediately preceding termination, death, or retirement which produces the highest average.
Annual Compensation	Annual compensation means the basic compensation paid during each plan year, excluding bonuses and overtime. Effective January 1, 2008, annual bonus is included in the determination of Annual Compensation.
Covered Compensation	The average of 35 years of Social Security Taxable Wage Bases ending in the year in which the participant attains Social Security Retirement Age.
Vesting	3 years of vesting service, effective January 1, 2008.

Normal Retirement

Eligibility	Normal Retirement Date is the first of the month coincident with or following age 65.
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Cash Balance Formula

On January 1, 2001, the plan was converted to a cash balance plan. All active participants have a cash balance account under the plan. The account balance is equal to the opening account balance plus pay-related credits plus interest credits. On termination of employment the account balance may be taken as a lump sum or converted to an annuity on an actuarial equivalent basis.

Opening Account Balance as of January 1, 2001:

The present value of the accrued benefit under the Plan as in effect on December 31, 2000 determined assuming age 65 retirement, 6.5% interest and GATT 1994 mortality.

Pay Credits:

As of the last day of each year beginning after December 31, 2000, all participants' accounts shall be credited with an amount equal to a percentage of the participant's Annual Compensation for the year, based on the Participant's age and vesting service as of the last day of the plan year, as follows:

Points (age + service)	Percentage
Less than 30	3.0%
30 or more but less than 40	4.0%
40 or more but less than 50	5.0%
50 or more but less than 60	6.0%
60 or more but less than 70	7.0%
70 or more but less than 80	8.0%
80 or more	9.0%

Effective January 1, 2013, pay credits are frozen for all nongrandfathered participants.

Interest Credits:

The interest credits to Cash Balance Account are equal to the one-year U.S. Treasury Bills for the month of November immediately preceding the Plan Year plus 0.5%. In no event, will such "Interest Crediting Rate" applicable to any given year be less than 3.8%.

Annuity Conversion Rate:

Lump Sums are converted to life annuities using the 30-year U.S. Treasury rates for the month of November immediately preceding the Plan Year and the mortality prescribed by IRS Revenue Ruling 2001-62.

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Prior Plan Benefit Formula

The benefits paid from this plan will not be less than benefits earned under the prior plan formula accrued to December 31, 2000. Furthermore, all participants as of December 31, 2000 will be grandfathered. Grandfathered participants who as of December 31, 2000 are age 50 or age 45 with 65 points will receive a benefit which is determined as the greater of the benefit determined under the cash balance formula or the prior plan formula. All other grandfathered participants will receive a benefit which is the greater of the benefit determined under the cash balance formula or 90% of the benefit determined under the prior plan formula.

The prior plan formula benefit is the sum of:

- (i) 1.50% of Final Average Salary less .48% of Covered Compensation multiplied by Credited Service earned before January 1, 1993, plus 1.75% of Final Average Salary less .48% of Covered Compensation multiplied by Credited Service earned on or after January 1, 1993; plus
- (ii) 1.00% of Final Average Salary multiplied by Credited Service in excess of 35 years. The maximum number of years of Credited Service that shall be taken into account under subparagraph (i) shall not exceed 35. The prior plan formula has a minimum benefit which is equal to \$15.00 per month for each year of Minimum Benefit Service with the Hospital.

Early Retirement

Eligibility

Eligible upon vesting

Benefit

For nongrandfathered participants, benefits commencing prior to Normal Retirement Date will be reduced actuarially for each year the member's early retirement date preceded age 65. Benefits are unreduced at the age of 65.

For grandfathered participants who have attained age 55, benefits commencing prior to Normal Retirement Date will be reduced by 5% per year for each year the member's early retirement date precedes age 62. Benefits are unreduced at the age of 62.

For grandfathered participants who leave before they have attained age 55, the prior plan formula early retirement factors between ages 55 and 65 are 2/3 of 1% for each of the first 60 months and 1/3 of 1% for each of the net 60 months by which the Retirement Commencement Date precedes age 65. For retirement prior to age 55, benefits will be reduced actuarially from age 55 to commencement age.

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SCHEDULE SB ATTACHMENTS

Deferred Retirement

Benefit To comply with the Age Discrimination in Employment Act (ADEA), the plan has been amended to provide for benefit accruals after age 65.

Ad-Hoc COLA

Ad-hoc COLA Effective January 1, 1987 retired members receiving benefits were granted an ad-hoc cost of living increase of 4% of the benefit payable as a life annuity for each completed year since retirement with a minimum increase of \$10.00 per month.

Pre-retirement death

Benefit The benefit payable upon death to a beneficiary is equal to the cash balance account. If the beneficiary is the participant's spouse, then the spouse may elect to receive the benefit in the form of an annuity. For participants whose benefit is determined under the Prior Plan, the Survivor is entitled to receive a qualified joint and 50% survivor benefit which is actuarially equivalent to the single life annuity otherwise payable.

Forms of benefits

Automatic form for unmarried participants

Life Annuity

Automatic form for married participants

50% Qualified Joint and Survivor Annuity

Optional forms of payment

Single life annuity

The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.

Joint and survivor annuity

The participant may elect to take a reduced monthly pension for life so that when the participant dies, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life.

Plan Name: Northwell Health Cash Balance Plan
EIN / PN: 11-3418133/004
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Certain and life income annuity The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of a specified period (5 or 10 years). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.

Lump Sum Basis

Annuities are converted to lump sums based on Actuarial Equivalence

Miscellaneous

Early Retirement Window

Effective November 11, 2012, an early retirement window was offered to select employees which provided an additional year of service in the determination of retirement benefits

Maximum compensation

Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually.

Maximum benefits

Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually.

Plan Name: Northwell Health Cash Balance Plan
EIN / PN: 11-3418133/004
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Summary of Main Plan Provisions – The Long Island Home

Plan Provisions

Covered employees	The plan is closed to new entrants. The plan provides benefits to all common law employees who are not covered by a collective bargaining agreement and who are not considered “Leased Employees”.
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Definitions

Vesting service	One year of vesting service is granted for each plan year in which an employee is credited with at least 250 hours of service.
Credited service	One year of credited service is granted for each plan year in which an employee is credited with at least 250 hours of service ending on or before December 31, 2005.
Pensionable pay	Total compensation which is subject to withholding for Federal income tax purposes. Compensation received after December 31, 2005 is not recognized.
Average earnings	The average of the highest five consecutive calendar years of pensionable pay during the ten-year period ending on the earlier of the participant’s termination date or retirement date (but not after December 31, 2005).
Normal retirement date (NRD)	The later of age 65 or the fifth anniversary of the employee’s date of participation.
Monthly pension benefit	One-twelfth of 1.55% of average earnings for each year of credited service. As of December 31, 2005, all benefit accruals have been frozen.
Social Security date	Age 62 or age 65 as selected by participant
Actuarial equivalence	Group Annuity Mortality 1951 Male, set back 6 years for employee and 1 year for beneficiary, and 4.50% interest.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service.
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Preretirement death benefit	Death while vested and before payments have commenced.
Continuation of employment after NRD	Continuation of service with The Long Island Home after NRD.

Plan Name:	Northwell Health Cash Balance Plan
EIN / PN:	11-3418133/004
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2022

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement or continuation of employment after NRD The monthly pension benefit determined as of NRD.

Early retirement

Normal retirement pension accrued to date of retirement. If the participant elects early commencement of his or her benefit, the accrued benefit is reduced by the following percentages:

Number of Years Early Retirement Date Precedes Normal Retirement Date	Early Retirement Benefit Percentage
0	100.0%
1	90.8%
2	82.7%
3	75.5%
4	69.1%
5	63.5%
6	58.4%
7	53.8%
8	49.7%
9	46.0%
10	42.6%

Vested termination

The monthly pension benefit, accrued to date of termination and payable at NRD.

Preretirement death

The survivor benefit which would be payable if the participant terminated on his/her date of death, elected payment at the earliest eligibility for early retirement in the form of a qualified joint and survivor annuity and died prior to the first payment.

Other Plan Provisions

Normal form of payment

Unmarried participants

Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.

Married participants

50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest

Plan Name: Northwell Health Cash Balance Plan
EIN / PN: 11-3418133/004
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

Optional forms of payment

Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66 2/3%, 75% or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, the participant will continue to receive the reduced amount for the remainder of his or her life.
Certain and life income annuity	The participant may elect to receive reduced monthly installments for life, with a guarantee minimum of 10 years. If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survived this guarantee period, the monthly benefit will continue to be paid for the remainder of his or her lifetime. In this case, no further payments will be made after the participant's death.
Lump sum	The participant may elect to receive a retirement benefit in the form of a lump sum only if the monthly benefit is less than \$100.
Social Security Adjustment Option	If the participant elects to receive benefits prior to age 65, the participant may elect this option whereby the monthly benefit payable to the participant prior to his Social Security Date will equal the amount of benefits he or she would have received had the Social Security Adjustment Option had not been elected plus a percentage of the participant's Social Security benefit. The benefit payable on or after his Social Security Date will equal the monthly benefit payable before his Social Security Date minus the Social Security benefit.
Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the limitations under IRC 415(b) after 2005 shall not result in the increase of any benefits provided to any employee or former employee.

Plan Name: Northwell Health Cash Balance Plan
EIN / PN: 11-3418133/004
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Summary of Main Plan Provisions – Central Suffolk Hospital

Plan Provisions

Covered employees The plan is closed to new entrants. Any participant who was a participant in the plan on December 31, 2008 shall remain in the plan and be eligible for ongoing interest credits only.

Definitions

Vesting service One year of vesting service is granted for each plan year in which an employee is credited with at least 1,000 hours of service.

Credited service One year of credited service is granted for each plan year in which an employee is credited with at least 1,950 hours of service.

Interest crediting rate The unadjusted applicable “third segment” safe harbor rate of Section 430(h)(2)(C)(iii) of the Internal Revenue Code.

Normal retirement date (NRD) The later of age 65 or the fifth anniversary of the employee’s date of participation.

Monthly pension benefit The greater of (a) or (b), but not less than (c):
 (a) Accrued benefit under the prior plan formula
 (b) Cash balance account, consisting of opening balance, service credits, and interest credits, converted to a life annuity
 (c) \$600

Except for ongoing interest credits on account balances, the Plan has been frozen for future benefit accruals with respect to participants represented by Local 1199 as of November 1, 2002; with respect to salaried and hourly non-union employees as of February 29, 2004; and with respect to employees represented by the New York State Nurses Association as of March 9, 2009.

Actuarial equivalence For converting between a lump sum and an annuity, mortality from Revenue Ruling 2001-62 and interest equal to the non-average funding segment rates for the third month preceding the plan year.

For converting between different annuity forms, the 2014 Unisex Mortality Table and 7% interest.

Eligibility for Benefits

Normal retirement Retirement on NRD.

Early retirement Retirement before NRD after completing five years of vesting service.

Plan Name: Northwell Health Cash Balance Plan
EIN / PN: 11-3418133/004
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Preretirement death benefit	Death while vested and before payments have commenced.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD.
Early retirement	For cash balance benefits, the early retirement benefit is equal to the cash balance at retirement. For prior plan benefits, the normal retirement benefit is reduced by 6.667% per year for each of the first five years commencement precedes age 65, and 3.333% per year for each of the next five years.
Vested termination	The monthly pension benefit, accrued to date of termination and payable at NRD.
Preretirement death	The survivor benefit which would be payable if the participant terminated on his/her date of death, elected payment at the earliest eligibility for early retirement in the form of a qualified joint and survivor annuity and died prior to the first payment.

Other Plan Provisions

Normal form of payment	
Unmarried participants	Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
Married participants	50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.
Optional forms of payment	
Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 75% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, the participant will continue to receive the reduced amount for the remainder of his or her life.
Lump sum	The participant may elect to receive a retirement benefit in the form of a lump sum.
Plan Name:	Northwell Health Cash Balance Plan
EIN / PN:	11-3418133/004
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2022

SCHEDULE SB ATTACHMENTS

Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Changes in Benefits Valued Since Prior Year

The 401(a)(17) limitation on compensation was increased from \$290,000 to \$305,000 and the 415(b) maximum on benefits was increased from \$230,000 to \$245,000.

Benefits associated with former participants in the Central Suffolk Hospital Employees' Pension Plan and the Retirement Plan for Employees of The Long Island Home were added to the plan.

Plan Name: Northwell Health Cash Balance Plan
EIN / PN: 11-3418133/004
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2022

2022 FORM 5500
(ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN)

Name of Plan: Northwell Health Cash Balance Plan
Plan Sponsor Name: Northwell Health, Inc.
Plan Sponsor EIN: 11-3418133
Plan Number: 001

REQUIRED ATTACHMENTS TO SCHEDULE H
(FINANCIAL INFORMATION)

**Question 4j – Schedule of Transactions or Series of Transactions in Excess of 5% of
the Current Value of Plan Assets**

In accordance with the Instructions for the 2022 Form 5500, Annual Return/Report of Employee Benefit Plan (the “Return”), the required attachment for Schedule H (Financial Information), question 4j, Schedule of Reportable Transaction (the “Schedule”), is included at the end of the audited financial statements for the Plan. Please refer to the Accountant’s Opinion, attached to the Return, for the Schedule.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2022

**This Form is Open to Public
Inspection**

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

▶ **Round off amounts to nearest dollar.**

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

A Name of plan NORTHWELL HEALTH CASH BALANCE PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NORTHWELL HEALTH, INC.	D Employer Identification Number (EIN) 11-3418133	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value	2a	2,795,995,573	
b Actuarial value	2b	2,659,881,355	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	4,283	786,869,496	786,869,496
b For terminated vested participants	9,375	240,382,279	240,382,279
c For active participants	29,677	947,206,479	971,411,778
d Total	43,335	1,974,458,254	1,998,663,553
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions			4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor			4b
5 Effective interest rate			5.46%
6 Target normal cost			
a Present value of current plan year accruals			73,576,202
b Expected plan-related expenses			6,630,000
c Total (line 6a + line 6b)			80,206,202

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	David B Gold <u>DBG</u>	<u>10/5/2023</u>
	Signature of actuary	Date
David B Gold		2304944
	Type or print name of actuary	Most recent enrollment number
Willis Towers Watson US LLC		312-525-2475
	Firm name	Telephone number (including area code)
Willis Tower 233 South Wacker Drive Suite 1800 Chicago IL 60606		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

**Schedule SB (Form 5500) 2022
v. 220413**

Part II Beginning of Year Carryover and Prefunding Balances

Table with 3 main columns: (a) Carryover balance, (b) Prefunding balance, and line numbers 7-13. Includes rows for balance at beginning of prior year, portion elected for use to offset prior year's funding requirement, amount remaining, interest on line 9, and other reductions in balances.

Part III Funding Percentages

Table with 2 columns: Line number and percentage. Includes rows for funding target attainment percentage (14), adjusted funding target attainment percentage (15), and prior year's funding percentage (16).

Part IV Contributions and Liquidity Shortfalls

Table for contributions with columns: (a) Date (MM-DD-YYYY), (b) Amount paid by employer(s), (c) Amount paid by employees. Includes a Totals row at the bottom.

Section 19: Discounted employer contributions. Includes rows for contributions allocated toward unpaid minimum required contributions (19a), contributions made to avoid restrictions (19b), and contributions allocated toward minimum required contribution (19c).

Section 20: Quarterly contributions and liquidity shortfalls. Includes questions about funding shortfalls and quarterly installments with Yes/No options.

Liquidity shortfall table with columns: (1) 1st, (2) 2nd, (3) 3rd, (4) 4th.

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	80,206,202	
b Excess assets, if applicable, but not greater than line 31a	31b	80,206,202	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0		0
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0	
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
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SCHEDULE SB ATTACHMENTS

Schedule SB, Part II Supplemental Information

The Retirement Plan for Employees of The Long Island Home (11-2837244 / 002) and the Central Suffolk Hospital Employees Pension Plan (11-1661359 / 001) were merged into the Northwell Health Cash Balance Plan (EIN 11-3418133 / 004) as of December 31, 2021.

The Exhibit below shows the derivation of Beginning of Year Prefunding Balances reflecting this plan merger.

		Northwell Health Cash Balance Pension Plan	The Retirement Plan for Employees of The Long Island Home	Central Suffolk Hospital Employees Pension Plan	Total (as shown on the schedule)
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	288,691,185	16,210,566	160,662	305,062,413
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0	0	0
9	Amount remaining (line 7 minus line 8)	288,691,185	16,210,566	160,662	305,062,413
10	Interest on line 9 using prior's year's actual return				
	Northwell: 11.34%	32,737,581	N/A	N/A	32,737,581
	LIH: 9.70%	N/A	1,572,425	N/A	1,572,425
	Peconic: 8.20%	N/A	NA	13,174	13,174
	Total	32,737,581	1,572,425	13,174	34,323,180
11	Prior year's excess contribution to be added to prefunding balance				
a	Present value of excess contributions (line 38a from prior year)	0	0	0	0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate	0	0	0	0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return	0	0	0	0
c	Total available at beginning of current plan year to add to prefunding balance	0	0	0	0
d	Portion of (c) to be added to prefunding balance	0	0	0	0
12	Other reductions in balance due to elections or deemed elections.	0	0	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	321,428,766	17,782,991	173,836	339,385,593

Plan Name: Northwell Health Cash Balance Plan
 EIN / PN: 11-3418133/004
 Plan Sponsor: Northwell Health, Inc.
 Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 15

Reconciliation of differences between valuation results and amounts used to calculate AFTAP

During the 2020 plan year, the Northwell Health Cash Balance Plan had an annuity purchase which covered non-highly compensated employees (NHCE) which impacted the determination of the AFTAP.

	Northwell Health Cash Balance Plan
1. Actuarial value of plan assets as of January 1, 2022 (Schedule SB, line 2b)	2,659,881,355
2. Funding standard carryover balance at January 1, 2022 (Schedule SB, line 13(a))	0
3. Prefunding balance at January 1, 2022 (Schedule SB, line 13(b))	339,385,593
4. Funding target (disregarding at-risk assumptions) (Schedule SB, line 3(d)(3))	1,998,663,553
5. AVA / Funding target (disregarding at-risk assumptions) (1. / 4.)	133.08%
6. Plan assets for AFTAP calculation	2,659,881,355
7. Annuity purchases for NHCEs during 2020 and 2021	144,281,668
8. Adjusted funding target, disregarding at-risk assumptions (includes NHCE annuity purchases for the prior two years) (4. + 7.)	2,142,945,221
9. Adjusted plan asset including (includes NHCE annuity purchases for the prior two years) (6. + 7.)	2,804,163,023
10. Adjusted Funding Target Attainment Percentage (AFTAP) (9. / 8.)	130.85%

Plan Name: Northwell Health Cash Balance Plan
EIN / PN: 11-3418133/004
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 16 Supplemental Information

The Retirement Plan for Employees of The Long Island Home (11-2837244 / 002) and the Central Suffolk Hospital Employees Pension Plan (11-1661359 / 001) were merged into the Northwell Health Cash Balance Plan (EIN 11-3418133 / 004) as of December 31, 2021. The exhibit below shows the derivation of the prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement on an aggregate basis.

	Northwell Health Cash Balance Plan	Retirement Plan for Employees of The Long Island Home	Central Suffolk Hospital Employees Pension Plan	Aggregate Basis
1. Prior Year's Actuarial Value of Assets (prior year's Schedule SB, line 2b)	2,391,197,926	67,327,735	14,162,535	2,472,688,196
2. Prior Year's Prefunding Balance (prior year's Schedule SB, line 13)	288,691,185	16,210,566	160,662	305,062,413
3. Prior Year's Funding Target (prior year's Schedule SB, line 3d(3))	1,809,635,560	49,142,203	12,192,566	1,870,970,329
4. Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement (1. - 2.) / 3.	116.18%	104.01%	114.83%	115.85%

Plan Name: Northwell Health Cash Balance Plan
 EIN / PN: 11-3418133/004
 Plan Sponsor: Northwell Health, Inc.
 Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2022

(1)	(2)	(3)	(4)	(5)
<i>Age</i> <i>(If Eligible)</i>	<i>Rate of</i> <i>Retirement</i> <i>Qx</i>	<i>tPx</i>	<i>Number of</i> <i>Expected</i> <i>Retirements</i> <i>=(2) x (3)</i>	<i>Weighted</i> <i>Retirement</i> <i>Age</i> <i>=(1) x (4)</i>
55	0.0500	1.0000	0.0500	2.7500
56	0.0500	0.9500	0.0475	2.6600
57	0.0500	0.9025	0.0451	2.5721
58	0.0500	0.8574	0.0429	2.4864
59	0.0500	0.8145	0.0407	2.4028
60	0.0650	0.7738	0.0503	3.0177
61	0.0650	0.7235	0.0470	2.8686
62	0.1200	0.6765	0.0812	5.0329
63	0.1200	0.5953	0.0714	4.5003
64	0.1200	0.5238	0.0629	4.0232
65	0.2000	0.4610	0.0922	5.9928
66	0.1700	0.3688	0.0627	4.1378
67	0.1700	0.3061	0.0520	3.4864
68	0.1700	0.2541	0.0432	2.9369
69	0.1700	0.2109	0.0358	2.4735
70	1.0000	0.1750	0.1750	12.2515
Weighted Average Retirement Age				63.59

Plan Name: Northwell Health Cash Balance Plan
 EIN / PN: 11-3418133/004
 Plan Sponsor: Northwell Health, Inc.
 Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2022	68,720,809	16,335,901	77,419,843	162,476,553
2023	43,654,613	9,050,490	75,572,665	128,277,768
2024	47,425,684	10,671,473	73,618,220	131,715,377
2025	49,678,950	11,595,310	71,573,309	132,847,569
2026	54,538,709	11,074,072	69,427,091	135,039,872
2027	56,417,028	14,278,681	67,189,750	137,885,459
2028	57,793,477	13,693,156	64,808,256	136,294,889
2029	61,141,131	14,770,593	62,312,382	138,224,106
2030	61,150,086	15,063,950	59,722,426	135,936,462
2031	60,632,734	15,030,262	57,047,612	132,710,608
2032	60,929,761	16,704,868	54,313,995	131,948,624
2033	62,354,060	16,013,770	51,501,109	129,868,939
2034	63,238,404	17,218,027	48,615,628	129,072,059
2035	63,633,852	17,991,011	45,669,390	127,294,253
2036	65,530,318	16,127,517	42,686,548	124,344,383
2037	65,362,573	16,919,731	39,688,932	121,971,236
2038	65,883,341	17,386,278	36,683,740	119,953,359
2039	66,996,746	17,534,250	33,682,222	118,213,218
2040	67,296,029	17,286,231	30,692,319	115,274,579
2041	67,674,038	17,248,557	27,748,004	112,670,599
2042	66,255,884	17,462,361	24,911,206	108,629,451
2043	66,980,735	18,130,171	22,195,283	107,306,189
2044	66,325,769	16,930,764	19,601,617	102,858,150
2045	65,407,211	17,336,333	17,149,526	99,893,070
2046	63,936,211	16,863,654	14,856,263	95,656,128
2047	62,792,023	16,448,427	12,736,324	91,976,774
2048	62,025,362	15,913,331	10,800,708	88,739,401
2049	59,987,421	15,646,642	9,056,359	84,690,422
2050	57,995,217	14,576,849	7,505,845	80,077,911
2051	56,062,484	14,251,276	6,147,141	76,460,901
2052	52,862,955	13,421,421	4,973,902	71,258,278

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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2053	50,761,536	12,743,644	3,976,082	67,481,262
2054	47,879,001	11,800,034	3,140,579	62,819,614
2055	45,317,764	10,843,589	2,452,061	58,613,414
2056	41,598,108	10,117,462	1,893,803	53,609,373
2057	38,768,259	9,156,143	1,448,482	49,372,884
2058	35,113,293	8,276,414	1,098,945	44,488,652
2059	32,425,240	7,375,777	828,897	40,629,914
2060	28,869,838	6,606,659	623,418	36,099,915
2061	25,494,267	5,965,077	469,281	31,928,625
2062	23,303,813	5,396,389	355,129	29,055,331
2063	21,226,288	4,905,322	271,498	26,403,108
2064	19,470,925	4,454,365	210,718	24,136,008
2065	17,822,144	4,035,630	166,742	22,024,516
2066	16,311,834	3,646,096	134,920	20,092,850
2067	14,905,315	3,284,517	111,760	18,301,592
2068	13,585,255	2,949,610	94,704	16,629,569
2069	12,346,305	2,640,062	81,912	15,068,279
2070	11,187,673	2,354,407	72,090	13,614,170
2071	10,100,839	2,091,263	64,333	12,256,435

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Schedule SB, Part V Summary of Plan Provisions

Summary of Main Plan Provisions – Northwell Health Cash Balance

Plan Provisions

The Northwell Health Cash Balance Plan became effective on January 1, 1999. The following summary describes the main participation, benefit, and contribution provisions of the Plan as interpreted for the valuation. The most recent amendment was adopted on December 31, 2021.

Covered Employees	<p>All employees of Northwell Health with the exclusion of the following:</p> <ol style="list-style-type: none">(1) an employee hired or re-hired on or after July 1, 2018, unless such employee is a collectively bargained employee whose collective bargaining agreement provides for his or her participation in this Plan pursuant to the cash balance formula(2) an employee hired prior to July 1, 2018 by John T. Mather Memorial Hospital, Phelps Memorial Hospital Center, Northern Westchester Hospital Association or Peconic Bay Medical Center and is transferred to an employer on or after such date, unless such employee is a collectively bargained employee whose collective bargaining agreement provides for his or her participation in this Plan pursuant to the cash balance formula(3) a nurse employed by RegionCare, Inc. to perform nurse staffing services at an employer or an affiliate(4) a member of the house staff (i.e., a fellow, resident or intern), or a member of the house staff prior to July 1, 2018 who becomes a non-house staff Employee on or after that date whose terms of employment are not governed by a collective bargaining agreement(5) a Plainview Nurse eligible employee(6) prior to January 1, 2007, a South Shore eligible employee(7) a South Shore Nurse eligible employee or, on or after January 1, 2009, a nurse employed by South Shore Hospital on a per diem basis(8) a LIJ Valley Stream Nurse eligible employee or a nurse employed by Long Island Jewish Valley Stream, formerly Franklin Hospital, now a division of Long Island Jewish Medical Center, on a per diem basis(9) a Lenox Hill MEETH participant or a Lenox Hill NYPNU participant hired on or before December 31, 2005(10) a Nurse employed by the Huntington Hospital Association represented by the Huntington Hospital Nurses Association who was
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hired on or before December 31, 2011, and who has not terminated service and had been rehired by the Huntington Hospital Association on or after January 1, 2012

(11) an employee of the Huntington Hospital not represented in collective bargaining who was hired before January 1, 2009 and not rehired on or after January 1, 2009 and who continues to accrue benefits under the Huntington Hospital Pension Plan

(12) a collectively bargained employee hired prior to July 1, 2018 whose terms of employment were governed by a collective bargaining agreement that did not provide for his or her participation in this Plan pursuant to the cash balance formula who becomes an employee on or after July 1, 2018 whose terms of employment are not governed by a collective bargaining agreement

(13) a collectively bargained employee unless the collective bargaining agreement in which such collectively bargained employee's terms of employment are governed provides for his or her participation in this Plan pursuant to the cash balance formula

(14) an employee of Northwell FlexStaff, Inc., other than those with union code 351

Participation Date Entry date is one-year anniversary (or January 1 after completing 1 year of eligibility service if eligibility is not met in the first year) with benefit accruals beginning with the first payroll date in the calendar quarter following entry date.

Definitions

Prior plan North Shore University Hospital Pension Plan as in effect as of December 31, 1998.

Vesting service One year of vesting service is granted for each plan year in which an employee completes 975 hours of service. All employees regularly scheduled to work 18.75 hours per week receive credit for 975 hours for the year. Service prior to the plan effective date is recognized.

Eligibility service One year of eligibility service is granted upon completion of at least 975 hours of service in the 12 months following an employee's hire date or in any Plan Year (January 1 – December 31) following the employee's year of hire. Employees regularly scheduled to work at least 975 hours per year (18.75 per week) will be granted one year of eligibility service after 1 year of employment. All active participants of the former Long Island Jewish and North Shore Plans who were receiving employer contributions as of December 31, 1998,

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automatically satisfy this 1-year eligibility requirement. Service prior to the plan effective date is recognized.

Credited service	Same as vesting service except that a full year of credited service is granted in the last year of employment irrespective of whether the employee worked 975 hours. This service will be used to calculate eligibility for early retirement and 62 & 25 provisions.
Pensionable pay	Base pay (including shift differential, fringe base and augmentation) limited to the IRS 401(a)(17) compensation limit.
Interest crediting rate	The average of the yields on 30-year Treasury bonds during the months of September, October, and November of the prior year.
Cash balance formula	As of the date of participation in the plan, a notional account is established for each eligible employee. 3% of pensionable pay is credited to the account on the date ending with the first payroll period of March, June, September and December. Compound interest is credited quarterly on the account. Interest is determined on the account balance at the end of the previous quarter (contributions made to the account during the current quarter do not receive interest at the end of the quarter in which they are credited). Former participants in the Huntington Hospital Pension Plan eligible for the Cash balance formula will not receive any benefits under this formula prior to January 1, 2012.
Opening account balances	For all active participants of the North Shore University Hospital Pension Plan as of December 31, 1998 with an accrued benefit under that plan that were still active as of January 1, 1999, an opening account balance was established equal to the value of the accrued benefit as of January 1, 1999. The basis for the conversion was the 1983 Group Annuity Mortality Table (Unisex) and 6% interest. No early retirement subsidies were reflected in the computation of the opening balances. The opening balance included the present value of the accrued benefits under the former Glen Cove, Central General, Forest Hills, NSUH Manhasset and Syosset Pension Plans.
Special employer transition credits	For employees whose age plus vesting service totalled 55 points with a minimum of 5 years of vesting service, at least age 45, younger than age 65 and who were participants of the North Shore University Hospital Pension Plan as of December 31, 1998, an additional employer transition credit is payable (in addition to the 3%). Transition credits were computed on an individualized basis and were based on comparing the participant's projected retirement benefit at age 65 under the North Shore University Hospital Pension Plan for service on or after January 1, 1999, to the total of the

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projected benefit provided under the Northwell Health Cash Balance Plan and the employer provided benefits under the Northwell Health 403(b) Plan using 1998 pensionable pay and 3% annual pay increases. For highly compensated employees, it assumed that the employee contributes 6% of pay per year to the 403(b) and for non-highly compensated employees it assumed that the employee contributes 5% of pay each year to the 403(b).

The plan was subsequently amended, effective January 1, 2005, to extend these credits beyond age 65. The amendment was made retroactive to January 1, 1999 to include employees who terminated prior to the effective date of the amendment.

For active South Shore Non-Union employees who were 50 or more (but less than age 65) with a minimum of 10 years of vesting service as of January 1, 2007, an additional transition credit is payable (in addition to the 3%). Transition credits were computed on an individualized basis and were based on comparing the participant's projected retirement benefit at age 65 under the South Shore Plan, for service on or after January 1, 2007, to the total of the projected benefit provided under the Northwell Health Cash Balance Plan and the employer provided benefits under the Northwell Health 403(b) Plan. Since these transition credits were based on a projected benefit at age 65 no transition credits were provided to employees who were over age 65 as of January 1, 2007.

Normal retirement date (NRD)	First day of the month coincident with or next following the later of the Participant's attainment of age 65 or completion of three years of service.
Pension benefit	The value of the cash balance formula, plus any opening account balances and special employer transition credits with interest, payable as a lump sum or annuitized.
Annuitization basis: Cash Balance Formula (to convert account balance to life annuity)	The average of the yields on the PPA interest rates under section 417(e)(3) during the months of September, October, and November of the prior year and the PPA mandated Internal Revenue Code §417(e) mortality table.
Actuarial equivalence: Non-cash balance formula benefits (other than for Lump Sum optional form)	UP-1984 mortality and 7% interest.
Actuarial equivalence: Non-cash balance formula benefits (Lump Sum optional form)	The average of the yields on the PPA interest rates under section 417(e)(3) during the months of September, October, and November of the prior year and the PPA mandated Internal Revenue Code §417(e) mortality table.

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Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retired before NRD and on or after both attaining age 55 and completion of five years of credited service or after attaining age 62 and three years of service.
Vested termination	Termination for reasons other than death or retirement and completion of three years of vesting service (five years if termination is before January 1, 2008). All eligible employees hired at Northwell Health prior to January 1, 1999 were immediately vested as of January 1, 1999.
Disability	Permanently disabled as defined under OASDI.
Preretirement death benefit	Death while vested and before payments have commenced.

Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD
Early retirement	Annuitized account balance. However, if participant defers receipt to age 62 or is at least age 62 at date of termination the account balance can be paid as a lump sum. Interest is credited until the actual date of commencement. Latest deferred commencement date is age 65.
Vested termination	Annuitized account balance. However, if participant defers receipt to age 62 or is at least age 62 with three years of service at date of termination the account balance can be paid as a lump sum. Commencement eligibility is normal retirement date or early retirement date if at least 5 years of service at termination. Interest is credited until the actual date of commencement. Latest payment is at age 65.
Disablement	Can receive full account balance (immediately vested) if retirement eligible as of date of disability; otherwise, an immediate annuity is payable. No additional employer contributions are credited while disabled although interest continues to accrue.
Preretirement death	100% of the account balance (immediately vested) payable to the beneficiary of the participant at the participant's age 55 (or immediately if the participant is older than 55 at death), or an

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immediate annuity payment (annuitized value of 100% of account balance).

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Other Plan Provisions

Normal form of payment

Unmarried participants	Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
Married participants	50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

Optional forms of payment

Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
Joint and survivor annuity	<p>The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66$\frac{2}{3}$%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life.</p> <p>A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.</p>
Certain and life income annuity	The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of a specified period (5, 10, 15 or 20 years). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.

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Lump sum	<p>The participant may elect to receive a retirement benefit in the form of a lump sum only under one of the following circumstances:</p> <ul style="list-style-type: none">(a) Termination of employment on or after age 62 with three years of service(b) Terminates employment with at least three years of service and elects to defer receipt to at least age 62(c) The present value of the accrued benefit is greater than \$1,000 but less than \$10,000
Other	<p>Participants with a Central General prior plan benefit are also eligible for a Social Security Level Income Optional form for the portion of their benefit accrued under the Central General Hospital plan.</p>
Small cashouts	<p>Account balances under \$1,000 will be paid out automatically upon termination as a lump sum. Account balances between \$1,000 and \$5,000 will be rolled over to an IRA.</p>
Age 70 ½ provisions	<p>Optional payment of account balance (or annuity) at age 70 ½; default is no payment until retirement.</p> <p>Plan amendment effective January 14, 2016 which provides that for Cash Balance Participants whose Annuity starting date is on or after his or her Normal Retirement Date but prior to the April 1st of the calendar year following the calendar year in which he or she attains age 70 ½, except for any period during which the Cash Balance Participant's benefit payments are suspended, the Cash Balance Participant's Deferred Retirement benefit shall equal the greater of (i) the Cash Balance Participant's Deferred Retirement benefit determined as of the last day of the prior Plan Year (or Normal Retirement Date, if later), actuarially increased using the interest and mortality assumptions set forth in the definition of Actuarial Equivalent (offset by any Pay Based Credits and Interest Credits credited during the current Plan Year, as applicable), or (ii) the Cash Balance Participant's Deferred Retirement benefit determined in accordance with Article IV of the Plan.</p>
Plan participants' contributions	<p>None</p>
Minimum benefit	<p>The accrued benefit as of December 31, 1998 under the prior formula will be a minimum benefit under the plan. It will be compared to the applicable cash balance formula benefit at retirement under every available form of payment. The December 31, 1998 benefit will be payable if it exceeds the cash balance formula benefit payment.</p>

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Maximum benefit

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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Summary of Main Plan Provisions – Plainview NYSNA

Plan Provisions

Covered Employees	All employees who were participants on January 1, 1988 shall continue to be participants. All other employees shall be eligible to participate in the plan on the January 1 or July 1 next following completion of one year of eligibility service.
Participation Date	Date of becoming a covered employee

Definitions

Year of service	A plan year in which an employee completes 1,000 hours of service. For benefit accrual purposes only a year of service is credited in the final year of employment even if the participant completes less than 1,000 hours of service. However, special rules apply with respect to the benefit accrual for such year as well as with respect to the first year of employment.
Total compensation	Basic salary plus shift differential and fringe base excluding bonuses, overtime pay, workmen's compensation, sickness or accident disability or other payments made under this plan or any other retirement, pension or employee benefit plan, limited to the IRS 401(a)(17) compensation limit.
Excess compensation	That part of total compensation in excess of basic compensation.
Basic compensation	<p>For years prior to 1989 and all years in which accruals on compensation in excess of basic compensation are not permitted, that portion of total compensation up to the amount of Social Security wage base for the year in reference.</p> <p>For all other years, that portion of total compensation up to 1.5 times Social Security Covered Compensation but not more than that Social Security wage base in effect for the year in reference.</p>
Social Security covered compensation	The average of the Social Security wage bases in effect during the 35-year period ending with the year in which the participant attains Social Security normal retirement age. In calculating this amount, it shall be assumed there will be no increases in the Social Security wage base after the year of reference.
Normal retirement date (NRD)	First day of the month coincident with or next following the later of the Participant's attainment of age 65 or completion of three years of service.

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Pension benefit	<p>An annual benefit equal to the sum of (a), (b), and (c) for service prior to 1989:</p> <ul style="list-style-type: none">(a) 1.5% of basic compensation for the calendar year 1975 (using the Social Security wage base for 1975 of \$14,000), plus 2% of excess compensation for such year multiplied by the number of years of service prior to January 1, 1976.(b) 1.5% of basic compensation, plus 2% of excess compensation for each year of service after January 1, 1976 but before January 1, 2007(c) 1.6% of basic compensation, plus 2% of excess compensation for each year of service after January 1, 2007 <p>For each year of service after 1988, (b) is revised with respect to the first 30 years to provide:</p> <p>1.5% of basic compensation up to the lesser of (1) 150% of covered compensation or (2) the Social Security wage base, plus 2% of excess compensation.</p> <p>In no event does service for basic compensation exceed 40 years or service for excess compensation exceeds 30 years.</p>
Actuarial Equivalence (other than for Lump Sum or Social Security Level Income optional forms)	Unisex Pensioner's 1984 mortality table and 7% interest.
Actuarial Equivalence (Lump Sum and Social Security Level Income optional forms)	The average of the yields on the PPA interest rates under section 417(e)(3) during the months of September, October, and November of the prior year and the PPA mandated Internal Revenue Code §417(e) mortality table.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retired before NRD and on or after both attaining age 55 and completion of ten years of credited service.
Postponed retirement	Employment beyond normal retirement date.
Vested termination	Termination for reasons other than death or retirement and completion of five years of vesting service (three years for employees with an account balance under the cash balance benefit provisions).

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Disability	Total and permanent disability.
Preretirement death benefit	Death while vested with a spouse and before payments have commenced.

Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD
Early retirement	Normal retirement pension accrued to date of retirement. If the participant elects early commencement of his benefit, the accrued benefit is reduced by 1/15th for each of the first five years and 1/30th for each of the next five years commencement of payment precedes normal retirement date. If a participant retires at age 62 or later with 25 years of service or retires on or after early retirement eligibility with age plus years of service totalling 80 with 25 years of service and defers commencement to age 62, the benefit is unreduced.
Postponed retirement	Benefits continue to accrue for service beyond normal retirement date. Special minimums apply to participants who attained age 70 prior to January 1, 1988.
Vested termination	Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 10 years of credited service, payable any time on or after age 55, but reduced by 1/15th for each of the first five years and 1/30th for each of the next five years commencement of payment precedes normal retirement date.
Disablement	Normal retirement pension accrued to date of disability. If the participant elects early commencement of his benefit, the accrued benefit is reduced by 1/15th for each of the first five years and 1/30th for each of the next five years commencement of payment precedes normal retirement date. If disability date precedes normal retirement date by more than 10 years, the amount of the pension payable will be further reduced on an actuarially equivalent basis.
Preretirement death	If eligible for early retirement, 50% of the participant's early retirement benefit as of the date of death is payable to the spouse, reduced as if the 50% Joint and Survivor option was elected immediately prior to the date of death. Otherwise, 50% of the benefit the participant would have received had the participant quit employment the day before death and elected a 50% Joint and Survivor option to commence at the earliest possible retirement date is payable to the spouse.

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Other Plan Provisions

Normal form of payment

Unmarried participants Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.

Married participants 50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

Optional forms of payment

Single life annuity The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.

Joint and survivor annuity The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66 $\frac{2}{3}$ %, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life.

A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.

Certain and life income annuity The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of a specified period (5, 10, 15 or 20 years). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.

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Lump sum	<p>The participant may elect to receive a retirement benefit in the form of a lump sum only under one of the following circumstances:</p> <ul style="list-style-type: none">(a) Termination of employment on or after Normal Retirement Date(b) Termination of employment on or after January 1, 2004 on early retirement with the sum, using completed years, of age and Years of Service totalling at least 80 at Early Retirement Date and election to defers receipt of the retirement pension to Normal Retirement Date(c) Termination of employment on or after July 1, 1995 on early retirement and is at least age 62 with 25 years of service or the sum, using completed years of age and Years of Service totalling at least 80 and defers receipt of the retirement pension to age 62(c) Termination of service on or after March 28, 2005 with the Actuarial Equivalent of the vested accrued pension in excess of \$1,000 but not in excess of \$5,000
Social Security Level Income Option	Participants with a Central General prior plan benefit are also eligible for a Social Security Level Income Optional form.
Plan participants' contributions	None
Maximum benefit	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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Summary of Main Plan Provisions – South Shore

Plan Provisions

Covered Employees	Any person regularly employed by the Hospital other than an intern, NYSNA employees working on a per diem basis, resident, one who is covered under a collective bargaining agreement which does not have coverage under this Plan (e.g., 1199), leased employees and non-union employees who do not meet the eligibility requirements prior to January 1, 2007. Effective January 1, 1986, each Hospital-paid physician is deemed to be an Employee for purposes of Plan benefits.
Participation Date	The first of the month coincident with or next following the attainment of age 21 and the one year anniversary from hire, with the completion of 1,000 hours of service in the first year. Otherwise, the January 1 after the year in which 1,000 hours of service is first completed.

Definitions

Vesting service	All service with the Hospital after the earlier of age 18 or the completion of one year of service, and in the case of an employee who became a member as of the effective date of the Plan, all continuous service rendered to the effective date. Non-participating employees (e.g., NYSNA per diem and service for non-union employees after December 31, 2006) who work at least 1,000 hours are credited with a year of Vesting Service. Employees who work less than 1,000 hours but more than 500 hours receive one-twelfth of a year of service for each 84 hours of service or fraction thereof.
Credited service	Eligible employees receive a year of Credited Service for any Plan Year in which they work 1,950 hours. Employees who work less than 1,950 hours receive one-twelfth of a year of service for each 162.5 hours of service or fraction thereof. In the case of an employee who became a member as of the effective date of the Plan, all continuous service rendered prior to the effective date shall be included.
Compensation	The full-time annual rate, on the basis of a 1,950 hour year, of remuneration paid to an employee, excluding any bonuses, pay for overtime and special pay, limited to the IRS 401(a)(17) compensation limit.

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Final average compensation The average compensation during the highest five out of the last ten years of credited service as of the applicable dates as defined below:

Non-Union

Termination Date	Final Average Pay Date
Prior to December 31, 2001	December 31, 1996
On or after January 1, 2002	December 31, 2001

NYSNA

Termination Date	Final Average Pay Date
Prior to August 8, 2003	December 31, 1999
After August 8, 2003 and on or before January 1, 2007	December 31, 2002
After January 1, 2007 and on or before January 1, 2008	December 31, 2003
After January 1, 2008 and on or before February 1, 2009	December 31, 2004
After February 1, 2009 and on or before January 1, 2011	December 31, 2005
After January 1, 2011 and on or before February 28, 2012	December 31, 2006
On or after March 1, 2012	December 31, 2007

Career average compensation The average compensation of a member during all years of credited service after the Final Average Compensation determination date. Compensation during partial years of service is included. For non-union employees, excludes all pay after December 31, 2006.

Social Security Taxable Wage Base (SSTWB) The base in effect under Section 230 of the Social Security Act as of the beginning of the plan year

NYSNA Employee An employee who is represented by the New York State Nurses Association

Normal retirement date (NRD) First day of the month coincident with or next following the later of the Participant's attainment of age 65 or completion of three years of service.

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Pension benefit

NYSNA Employees

Sum of (1) the past service benefit plus (2) the future service benefit.

- (1) 1.6% of Final Average Compensation multiplied by years of Credited Service as of the applicable final average pay date
- (2) For each year of credited service after the applicable final average pay date, an amount equal to 1.6% of Career Average Compensation for such year.

Non-Union Employees

Employed by Hospital prior to January 1, 2002

Sum of (1) the past service benefit plus (2) the future service benefit.

- (1) 1.6% of Final Average Compensation multiplied by Years of Credited Service as of December 31, 2001 plus 0.8% of the excess, if any, of Final Average Compensation above \$62,700, multiplied by Years of Credited Service as of December 31, 2001
- (2) For each year of credited service from December 31, 2001 to December 31, 2006, an amount equal to 1.6% of Career Average Compensation for such year plus 0.8% of the excess, if any, of Career Average Compensation for such year over the SSTWB applicable for such year. The SSTWB for calendar year 2006 was \$94,200.

Employed by Hospital on or after January 1, 2002

1.3% of Career Average Compensation multiplied by Years of Credited Service through December 31, 2006.

For service on or after January 1, 2007 benefits are accrued under the Northwell Health Cash Balance formula.

Actuarial equivalence

Unisex Pensioner's 1984 mortality table, set back 3 years for beneficiary, and 6% interest.

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Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	<p>Non-union employees: Retirement before NRD and on or after the first of the month on or next following attainment of age 55 and at least 5 years of credited service at the time of retirement.</p> <p>NYSNA: Retirement before NRD and on or after the last day of the month on or next following attainment of age 55 and at least 5 years of credited service at the time of retirement.</p>
Vested termination	Termination for reasons other than death or retirement after completion of five years of vesting service (three years for employees with employees with an account balance under the cash balance benefit provisions).
Disability	A member who has not yet reached age 65 after completion of five years of vesting service and who is entitled to receive disability benefits under the Social Security Act may retire with a disability retirement benefit.
Preretirement death benefit	Death while vested with a spouse and before payments have commenced.

Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD			
Early retirement	Normal retirement pension benefit accrued to date of retirement. If the participant elects early commencement of his or her benefit, the accrued benefit is reduced as follows:			
	55	0.386	61	0.665
	56	0.420	62	0.734
	57	0.459	63	0.811
	58	0.502	64	0.899
	59	0.550	65	1.000
	60	0.604		

All active NYSNA employees and non-union employees who became plan participants prior to January 1, 1999 who are at least age 60 with 25 years of vesting service at termination are entitled to an unreduced benefit.

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All non-union employees who became Plan participants on or after January 1, 1999 and are at least age 62 with 25 years of vesting service at termination are entitled to an unreduced benefit.

Vested termination Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 5 years of credited service, payable any time on or after age 55, but reduced as follows:

55	0.386	61	0.665
56	0.420	62	0.734
57	0.459	63	0.811
58	0.502	64	0.899
59	0.550	65	1.000
60	0.604		

Disablement Normal retirement pension accrued to date of disability. If the participant elects commencement of his benefit before age 65, the accrued benefit is reduced on the same basis as for early retirement.

Preretirement death If eligible for early retirement, 50% of participant's early retirement benefit as of the date of death, reduced as if the 50% Joint and Survivor option was elected immediately prior to the date of death. Otherwise, 50% of the benefit the participant would have received had the participant quit employment the day before death and elected a 50% Joint and Survivor option to commence at the earliest possible retirement date

Supplemental Benefit Non-union employees received a supplemental account benefit equal to 2% of compensation for each month of plan participation from July 1, 1996 through June 30, 1998.

Other Plan Provisions

Normal form of payment

Unmarried participants Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.

Married participants 50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

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Optional forms of payment

Single life annuity The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.

Joint and survivor annuity The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66 $\frac{2}{3}$ %, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life.

A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.

Certain and life income annuity The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of 5, 10, 15 or 20 years (only a period of 10 years is available to NYSNA participants). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.

Small cashouts If the present value of the benefit is at least \$1,000 but less than \$5,000 the participant may elect to receive his or her benefit as a lump sum.

Plan participants' contributions None

Minimum benefit The minimum normal retirement benefit is equal to the accrued retirement benefit of the member immediately prior to January 1, 1976, or the accrued benefit on the day prior to the effective date of any benefit update. The benefits described herein are offset by a retirement benefits payable under GA U-4912 with MONY.

Maximum benefit All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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Summary of Main Plan Provisions – LIJ Valley Stream NYSNA

Plan Provisions

Covered Employees	Any person regularly employed by the Hospital other than an intern, NYSNA employees working on a per diem basis, one who is covered under a collective bargaining agreement which does not have coverage under this Plan (e.g., 1199), leased employees
Participation Date	The first of the month coincident with or next following the attainment of age 21 and the one year anniversary from hire, with the completion of 1,000 hours of service in the first year. Otherwise, the January 1 after the year in which 1,000 hours of service is first completed.

Definitions

Vesting service	All service with the Hospital after the earlier of age 18 or the completion of one year of service, and in the case of an employee who became a member as of the effective date of the Plan, all continuous service rendered to the effective date. Non-participating employees (e.g., NYSNA per diem) who work at least 1,000 hours are credited with a year of Vesting Service. Employees who work less than 1,000 hours but more than 500 hours receive one-twelfth of a year of service for each 84 hours of service or fraction thereof.
Credited service	<p>Eligible employees receive a year of Credited Service for any Plan Year in which they work 1,950 hours. Employees who work less than 1,950 hours receive one-twelfth of a year of service for each 162.5 hours of service or fraction thereof. In the case of an employee who became a member as of the effective date of the Plan, all continuous service rendered prior to the effective date shall be included.</p> <p>Participants who remained active through January 1, 2011 are entitled to a prior service credit back to the later of their participation date and January 1, 2006.</p>
Compensation	The full-time annual rate, on the basis of a 1,950 hour year, of remuneration paid to an employee, excluding any bonuses, pay for overtime and special pay, limited to the IRS 401(a)(17) compensation limit.
Career average compensation	<p>The average compensation for each year the employee earns a year of credited service.</p> <p>Effective January 1, 2021, only compensation earned for years of credited service after January 1, 2010 will be included in average.</p>

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NYSNA Employee	An employee who is represented by the New York State Nurses Association
Normal retirement date (NRD)	First day of the month coincident with or next following the later of the Participant's attainment of age 65 or completion of three years of service.
Pension benefit	From January 1, 2006 through June 30, 2008, LIJ Valley Stream NYSNA employees benefited under the Northwell Health Cash Balance benefit formula Effective July 1, 2008: 1.6% of Career Average Compensation multiplied by years of Credited Service
Actuarial equivalence	Unisex Pensioner's 1984 mortality table, set back 3 years for beneficiary, and 6% interest.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after the last day of the month on or next following attainment of age 55 and at least 5 years of participation service at the time of retirement.
Vested termination	Termination for reasons other than death or retirement after completion of five years of vesting service (three years for employees with an account balance under the cash balance benefit provisions).
Disability	A member who has not yet reached age 65 after completion of five years of vesting service and who is entitled to receive disability benefits under the Social Security Act may retire with a disability retirement benefit.
Preretirement death benefit	Death while vested with a spouse and before payments have commenced.

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Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD			
Early retirement	Normal retirement pension benefit accrued to date of retirement. If the participant elects early commencement of his or her benefit, the accrued benefit is reduced as follows:			
	55	0.386	61	0.665
	56	0.420	62	0.734
	57	0.459	63	0.811
	58	0.502	64	0.899
	59	0.550	65	1.000
	60	0.604		
	All active NYSNA employees who are at least age 60 with 25 years of vesting service at termination are entitled to an unreduced benefit.			
Vested termination	Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 5 years of credited service, payable any time on or after age 55, but reduced as follows:			
	55	0.386	61	0.665
	56	0.420	62	0.734
	57	0.459	63	0.811
	58	0.502	64	0.899
	59	0.550	65	1.000
	60	0.604		
Disablement	Normal retirement pension accrued to date of disability. If the participant elects commencement of his benefit before age 65, the accrued benefit is reduced on the same basis as for early retirement.			
Preretirement death	If eligible for early retirement, 50% of participant's early retirement benefit as of the date of death, reduced as if the 50% Joint and Survivor option was elected immediately prior to the date of death. Otherwise, 50% of the benefit the participant would have received had the participant quit employment the day before death and elected a 50% Joint and Survivor option to commence at the earliest possible retirement date.			

Other Plan Provisions

Normal form of payment	
Unmarried participants	Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only.

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When the participant dies, no further benefits are payable on his or her behalf under the Plan.

Married participants 50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

Optional forms of payment

Single life annuity The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.

Joint and survivor annuity The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life.

A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.

Certain and life income annuity The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of 10 years. If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.

Small cashouts If the present value of the benefit is at least \$1,000 but less than \$5,000 the participant may elect to receive his or her benefit as a lump sum.

Plan participants' contributions None

Maximum benefit All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal

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Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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Summary of Main Plan Provisions – Lenox Hill

Plan Provisions

Covered Employees	All employees of Lenox Hill Hospital, excluding interns, residents, fellows, leased or per diem employees, and members of collective bargaining units not negotiated into the plan. NYPNU Nurses hired after December 31, 2005 are not eligible to participate.
Participation Date	Attainment of age 21 and completion of one year of continuous service.

Definitions

Vesting service	Period of employment used to determine eligibility for benefits. One year of service is earned for any calendar year in which the employee completed at least 1,000 hours of service.
Credited service	Total years and months of service determined for the purpose of computing benefits, beginning with the participant's date of hire. No Credited Service is earned for any calendar year in which the employee completed less than 1,000 hours (except for the year of hire or termination). For non-bargained employees only, no Credited Service will be earned for years after December 31, 2006. For NYPNU nurses, no Credited Service will be earned for 2007.
Compensation	Total W-2 earnings for a calendar year, plus any employee salary reduction contributions to a Hospital-sponsored qualified tax sheltered annuity program or to IRC Section 401(k) Plan maintained by the Hospital, limited to the IRS 401(a)(17) compensation limit. For non-bargained employees only, no compensation for years after December 31, 2006 will be recognized in benefit computations.
Final average compensation	Highest average compensation for five consecutive complete calendar years out of the last 10 calendar years during which Credited Service was earned (including the 2007 calendar year even if a year of credited service was not earned for such year but the Participant was in service during such year).
NYPNU Employee	An employee who is represented by the New York Professional Nurses Union.

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Normal retirement date (NRD)	<p>Non-union: The first day of the month coincident with or next following the later of Participant's attainment of age 65 or completion of three years of vesting service.</p> <p>NYPNU: The last day of the month coincident with or next following the later of Participant's attainment of age 65 or completion of five years of service.</p>
Pension benefit	1.50% of Final Average Compensation multiplied by Credited Service plus 0.35% of Final Average Compensation in excess of Social Security Covered Compensation times Credited Service not greater than 35 years. All benefits under the plan are limited in accordance with IRS Section 415.
Actuarial Equivalence	<p>Annuitant: One-third of the 1951 Group Annuity Table projected by Scale C to 1970 and two-thirds of the 1951 Group Annuity Table projected by Scale C to 1970 with a 5-year setback.</p> <p>Joint Annuitant: Two-thirds of the 1951 Group Annuity Table projected by Scale C to 1970 and one-third of the 1951 Group Annuity Table projected by Scale C to 1970 with a 5-year setback.</p> <p>Interest: 8.00%</p>

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	<p>Non-union: Retired before NRD and on or after the first of the month on or next following attainment of age 55 and completion of five years of credited service.</p> <p>NYPNU: Retired before NRD and on or after the last day of the month on or next following attainment of age 55 and completion of ten years of participation service.</p>
Postponed retirement	The first day of any month after Normal Retirement Date.
Vested termination	Termination for reasons other than death or retirement and completion of five years of vesting service (three years for employees with an account balance under the cash balance benefit provisions).
Disability	Totally and Permanently Disabled while a participant.

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Preretirement death benefit Death while vested with a spouse and before payments have commenced.

Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD
Early retirement	Normal retirement pension accrued to date of retirement. If the participant elects early commencement of his benefit, the accrued benefit is reduced by 0.25% for each month the benefits precede age 62. Benefit is unreduced if commencement is at or after age 62.
Vested termination	Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 5 years of credited service (10 years of participation service if NYPNU), payable any time on or after age 55, but reduced by 1/180 for each month not in excess of 60 plus 1/360 for each month in excess of 60 that the commencement date precedes the NRD.
Disablement	Based upon the Normal Retirement Benefit formula, including service during the period of disablement to the Normal Retirement Date, and commencing on Normal Retirement Date.
Preretirement death	If eligible for early retirement, 50% of participant's early retirement benefit as of the date of death, reduced as if the 50% Joint and Survivor option was elected immediately prior to the date of death. Otherwise, 50% of the benefit the participant would have received had the participant quit employment the day before death and elected a 50% Joint and Survivor option to commence at the earliest possible retirement date

Other Plan Provisions

Normal form of payment

Unmarried participants Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.

Married participants 50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the

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spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

Optional forms of payment

Single life annuity The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.

Joint and survivor annuity The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66⅔%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary (66⅔% not available to NYPNU participants). If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life.

A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.

Certain and life income annuity The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of 5, 10, 15 or 20 years (only a period of 10 years is available to NYPNU participants). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.

Small cashouts If the present value of the benefit is at least \$1,000 but less than \$5,000 the participant may elect to receive his or her benefit as a lump sum.

Plan participants' contributions None

Maximum benefit All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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Summary of Main Plan Provisions – NYSNA Retiree Health Care Benefit

Plan Provisions

NYSNA employees at certain locations who meet age and service criteria at retirement are entitled to a temporary retiree health care benefit until age 65.

The following is a summary of the locations, age and service criteria, and benefit amounts.

Syosset

\$2,500 annual benefit upon retirement after age 55 with 15 years of service if retire prior to September 12, 2018.

Plainview

\$2,500 annual benefit upon retirement after age 55 with 15 years of service if retire prior to October 16, 2018.

LIJ Valley Stream

\$2,500 annual benefit upon retirement after attaining age 58 with 20 years of service if retire prior to September 18, 2020.

South Shore

Retirement Date	Eligibility	Annual Benefit Amount
Prior to 1/24/2010	Age 60 with 20 years of service	\$2,500
1/24/2010 – 2/28/2015	Age 55 with 20 years of service	\$2,500
3/1/2015 – 12/27/2018	Age 60 with 20 years of service	\$3,500
12/27/2018 or later	Not eligible	

Syosset, Plainview, South Shore and LIJ Valley Stream NYSNA participants that retire on or after September 12, 2018, October 16, 2018, December 27, 2018 and September 18, 2020, respectively, will no longer be eligible for this benefit payable from the Cash Balance Plan.

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Summary of Main Plan Provisions – Huntington Hospital

Plan Provisions

Covered Employees Non-Union: All full-time and part-time employees hired prior to January 1, 2010 employed on the basis of at least 975 hours are eligible to participate at age 21 and one year of eligibility service. The Plan is closed to new non-union participants hired on or after January 1, 2010. Nurses: All full-time and part-time employees hired prior to January 1, 2012 employed on the basis of at least 975 hours are eligible to participate at age 21 and one year of eligibility service. The Plan is closed to new nurse participants hired on or after January 1, 2012. Non-union employees hired or rehired on or after January 1, 2009 and Nurses hired or rehired on or after January 1, 2012 benefit under the Northwell Health Cash Balance benefit formula effective January 1, 2012.

Definitions

Eligibility service Service as an employee of the hospital. Special rules apply for part-time employees.

Benefit service Eligibility service rendered after becoming a participant. Special rules apply for part-time participants. For non-union participants hired or rehired on or after January 1, 2009 and prior to December 31, 2009, benefit service is frozen as of December 31, 2010.

Vesting service Equal to eligibility service.

Final average earnings For participants hired prior to January 1, 2009:
Annual compensation of the three consecutive years out of the last ten which produces the highest average. Compensation is limited by the IRC Section 401(a)(17) compensation limit for benefit accrual purposes. Annual compensation is annualized base compensation, exclusive of overtime, bonuses and other special payments.

For participants hired on or after January 1, 2009:
Annual compensation of the five consecutive years out of the last ten which produces the highest average. Compensation is limited by the IRC Section 401(a)(17) compensation limit for benefit accrual purposes. Annual compensation is annualized base compensation, exclusive of overtime, bonuses and other special payments. For non-union participants hired or rehired on or after January 1, 2009 and prior to December 31, 2009, final average compensation is frozen as of December 31, 2010.

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Normal retirement date (NRD) If participation prior to January 1, 1988: the first day of the month coinciding with or next following the participant's 65th birthday. If participation on or after January 1, 1988: the first day of the month coinciding with or next following the later of the participant's 65th birthday or the fifth anniversary of the date the employee became a participant.

Pension benefit For participants hired before January 1, 2009:

The sum of the benefits determined under Part A and B, but no less than C.

- A. 1.3% of Final Average Earnings for the first 12 years of Benefit Service.
- B. 1.7% of Final Average Earnings after the first 12 years of Benefit Service.
- C. \$1,800 regardless of years of Benefit Service.

For non-union participants hired or rehired on or after January 1, 2009 and prior to December 31, 2009 or nurse participants hired or rehired on or after January 1, 2009 and prior to December 31, 2011:

The benefit determined under Part A, but no less than B.

- A. 1.3% of Final Average Earnings for all years of Benefit Service.
- B. \$1,800 regardless of years of Benefit Service when combined with his or her cash balance benefit, if any.

Final Average Earnings and Benefit Service are frozen for non-union participants hired or rehired on or after January 1, 2009 and prior to December 31, 2009 as of December 31, 2010.

Actuarial Equivalence (Joint and Survivor and Certain and Life optional forms) Tables of rates specified in plan document.

Actuarial Equivalence (Lump Sum optional form) The average of the yields on the PPA interest rates under section 417(e)(3) during the months of September, October, and November of the prior year, and Unisex Pensioner's 1984 mortality table.

Actuarial Equivalence (all other forms) 1984 GBB Female for the participant and the 1984 GBB Male for the beneficiary, and 8.50% interest.

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Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Non-Union: Retirement before NRD and on or after both attaining age 55 and completion of five years of credited service. Nurse: Retirement before NRD and on or after both attaining age 55 and completion of ten years of participation service.
Vested termination	Termination for reason other than death or retirement and completion of five years of eligibility service.
Preretirement death benefit	Death while vested and before payments have commenced.

Benefits Paid Upon the Following Events

Normal retirement	<i>Class A Participant</i> Pension benefit determined as of NRD. <i>Class B Participant</i> Maximum allowable annual pension under IRC Section 415
Early retirement	Normal retirement benefit reduced by 5/12 of 1% for each month the early retirement date precedes the NRD. For employees hired before January 1, 2009: <ul style="list-style-type: none">■ The early retirement benefit is unreduced at age 62■ An employee who retires after attaining age 55 and has completed 25 years of service may elect to receive his early retirement pension in a reduced amount equal to the normal retirement benefit reduced by 5/12 of 1% for each month the early retirement date precedes attaining age 62.
Vested termination	Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 5 years of credited service (10 years of vesting service if Nurse), payable any time on or after age 55, but reduced by 1/180 for each month not in excess of 60 plus 1/360 for each month in excess of 60 that the commencement date precedes the NRD.
Preretirement death	If eligible for early retirement, 50% of the participant's early retirement benefit as of the date of death is payable to the spouse, reduced as if the 50% Joint and Survivor option was elected immediately prior to the date of death. Otherwise, 50% of the benefit the participant would have received had the

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participant quit employment the day before death and elected a 50% Joint and Survivor option to commence at the earliest possible retirement date is payable to the spouse.

Other Plan Provisions

Normal form of payment

- ▶ Unmarried participants Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.

- ▶ Married participants 50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

Optional forms of payment

- Joint and survivor annuity The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66 2/3%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life.

A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.

- Certain and life income annuity The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of 5, 10, 15 or 20 years (only a period of 10 years is available to nurse participants). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.

Small cashouts

If the present value of the benefit is at least \$1,000 but less than \$5,000 the participant may elect to receive his or her benefit as a lump sum.

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Plan participants' contributions None

Maximum benefit All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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Summary of Main Plan Provisions – Staten Island

Plan Provisions

Covered Employees Any person employed by DHSI before eligibility was frozen as of March 21, 1996, and who is not covered by a collective bargaining agreement. As of January 1, 2018, employees benefit under the Northwell Health Cash Balance formula.

Definitions

Vesting service One year of vesting service is granted for each plan year in which an employee completes 1,000 hours of service, including service with an affiliated employer.

Eligibility service One year of eligibility service is granted for each plan year in which an employee completes 1,000 hours of service, including service with an affiliated employer.

Credited service One year of credited service is granted for each plan year in which an employee completes 1,000 hours of service prior to February 10, 1995.

Normal retirement date (NRD) First day of the month coincident with or next following the later of the Participant's attainment of age 65 or completion of three years of vesting service.

Pension benefit Participants who completed an hour of service on or after September 1, 1992: \$300 times credited service.

Participants who did not complete an hour of service on or after September 1, 1992: Benefit in accordance with the plan provisions applicable at that time.

Effective February 10, 1995, all benefits under this plan were frozen.

Actuarial equivalence (other than for 5 and 10-year Certain optional form) Group Annuity Mortality 1971 Male and 8% interest.

Actuarial equivalence (5 and 10-year Certain optional forms) The average of the yields on the PPA interest rates under section 417(e)(3) during the months of September, October, and November of the prior year and the PPA mandated Internal Revenue Code §417(e) mortality table.

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Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retired before NRD and on or after both attaining age 55 and completion of five years of credited service.
Vested termination	Termination for reasons other than death or retirement and completion of five years of vesting service.
Disability	Immediately upon the employer's declaration of disability.
Preretirement death benefit	Death while vested and before payments have commenced.

Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD.
Early retirement	Pension benefit, reduced by 0.5% for each month by which benefit commencement precedes NRD.
Vested termination	Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 5 years of credited service, payable any time on or after age 55, but reduced by 0.5% for each month by which benefit commencement precedes the Normal Retirement Date.
Disablement	Fully vested and unreduced pension benefit, payable immediately upon eligibility.
Preretirement death	Fifty percent of the pension benefit, actuarially adjusted for the joint and 50% survivor payment form and early commencement, if applicable, payable commencing on the earliest date the participant could have retired, to the surviving spouse and continuing for the remaining lifetime of the surviving spouse.

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Other Plan Provisions

Normal form of payment

Unmarried participants	Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
Married participants	50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

Optional forms of payment

Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66 $\frac{2}{3}$ %, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life.

A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.

Certain and life income annuity	The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of a specified period (5, 10, 15 or 20 years). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.
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Certain only	The participant may elect to receive reduced monthly installments over a guaranteed period of 5 or 10 years. If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over.
Lump sum	<p>The participant may elect to receive a retirement benefit in the form of a lump sum only under one of the following circumstances:</p> <p>(a) Termination of employment on or after age 62 or elects to defer receipt of retirement pension to age 62</p> <p>(b) Termination of service with the Actuarial Equivalent of the vested accrued pension in excess of \$1,000 but not in excess of \$10,000</p>
Age 70½ provisions	Benefit payments must commence no later than April 1 of the calendar year following the later of: (1) the calendar year in which the participant attains age 70½; or (2) the calendar year in which the participant retires.
Plan participants' contributions	None
Maximum benefit	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. Increases in the limitations under IRC 415(b) after 1996 shall not result in the increase of any benefits provided to any employee or former employee.

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Summary of Main Plan Provisions – Lenox Hill Hospital Health Services Retirement Plan

Plan Provisions

Covered Employees Employees regularly scheduled to work at least half-time will become participants upon completion of two consecutive months of service. Employees not scheduled to work at least half-time but who work at least 1,000 hours in the year following their date of hire will become plan participants on the first of the month following completion of 1,000 hours.

Definitions

Vesting and Credited service A participant is credited with one month of service for each month in which at least one day of service is completed. However, no service will be granted in a participant's final month of service if he terminates prior to the sixteenth day of the month.

Past Service Credit Credited service earned through November 1, 1970

Current Service Credit Credited service earned on or after November 1, 1970 and through December 31, 2006

Normal retirement date (NRD) First of the month coincident with or next following the later of attainment of age 65.

Pension benefit The sum of (1) and (2):

- (1) Current Service Benefit: 1.76% of average monthly compensation multiplied by years of current service credit
- (2) Past Service Benefit: 1.50% of past service compensation base multiplied by years of past service credit.

Effective December 31, 2006, all benefits under this plan were frozen.

Actuarial equivalence (other than for Lump Sum optional form) 1951 Group Annuity Male Mortality Table projected to 1970 on Scale C with a 5 year setback for participants and no setback for their beneficiaries and spouses. 7.25% interest rate.

Actuarial equivalence (Lump Sum optional form) The yield on the PPA interest rates under section 417(e)(3) during November of the prior year and the PPA mandated Internal Revenue Code §417(e) mortality table.

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Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retired before NRD and on or after both attaining age 55 and completion of five years of credited service.
Vested termination	Termination for reasons other than death or retirement and completion of five years of service including any related plan service credit.
Disability	First of the month coincident with or next following at least six months of disability and completion of 5 years of service credit including any related plan service credit.
Preretirement death benefit	Death while vested and before payments have commenced.

Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD.
Early retirement	A pension computed as for Normal retirement, but based on service and compensation at retirement, and reduced by 0.5% for each month that the commencement date precedes the NRD. If the participant retires at age 62 with 25 years of credited service, the benefit will be unreduced.
Vested termination	Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 5 years of credited service, payable any time on or after age 55, but reduced by 0.5% for each month by which benefit commencement precedes the Normal Retirement Date.
Disablement	A pension computed as for Normal retirement, but based on service and compensation at disability. Payment of benefits commences immediately without reduction.

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Preretirement death Fifty percent of the pension benefit, actuarially adjusted for the joint and 50% survivor payment form and early commencement, if applicable will be payable to their spouse. The benefit will commence immediately, if eligible, or at the participant's earliest retirement date.

Any benefit payable will be reduced for the period during which the election remains in effect as follows:

Participant's Age Reduction Per Month

34-44 1/120%

45-54 1/60%

55-64 1/20%

65 and over 1/10%

Other Plan Provisions

Normal form of payment

Unmarried participants Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.

Married participants 50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

Optional forms of payment

Single life annuity The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.

Joint and survivor annuity The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life.

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A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.

Certain and life income annuity The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of a specified period (5 or 10 years). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.

Level income early retirement annuity A participant who retires with an Early Retirement Pension Benefit may elect this option pursuant to which the participant will receive the Actuarial Equivalent of a straight life annuity in the form of a life annuity adjusted such that the monthly payments are larger in amount from the effective date of the Participant's Retirement through the month in which he or she attains age 62 or age 65 as the participant shall elect, and smaller in amount thereafter, so computed that such smaller amount, when added to his or her estimated Social Security benefit, will be approximately equal to the larger amount.

25% or 50% single lump sum payment If the benefit is not a Disability Pension Benefit, a participant may elect that the Actuarial Equivalent present value of either 25% or 50%, as the participant elects, of the participant's pension benefit shall be paid to the participant in a single lump sum cash payment either on the participant's Pension Commencement Date or on the January 1 immediately following such date, as the participant elects, and the remainder of the pension benefit shall be paid in another form of payment available under the plan which the participant shall elect

Lump Sum The participant may elect to receive a retirement benefit in the form of a total lump sum only if:

- (a) the Actuarial Equivalent present value of a participant's entire pension benefit does not exceed \$7,000 and
- (b) the benefit is not a Disability Pension Benefit
- (c) the participant has met all of the eligibility requirements for a Normal Pension Benefit or Early Retirement Pension Benefit.

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Age 70½ provisions	Benefit payments must commence no later than April 1 of the calendar year following the later of: (1) the calendar year in which the participant attains age 70½; or (2) the calendar year in which the participant retires.
Plan participants' contributions	None
Maximum benefit	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. Increases in the limitations under IRC 415(b) after 1996 shall not result in the increase of any benefits provided to any employee or former employee.

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Minimum Benefit Service	Twelve month period commencing on the first day of any plan year during which an employee commences 975 hours of service will constitute one year of minimum benefit service.
Annual Salary	Annual salary means the rate of compensation on April 1 of the Plan year, excluding bonuses and overtime. Effective January 1, 2008, annual bonus is included in the determination of Annual Salary.
Final Average Salary	Average of the Annual Salary for the five consecutive years of the 10 consecutive years immediately preceding termination, death, or retirement which produces the highest average.
Annual Compensation	Annual compensation means the basic compensation paid during each plan year, excluding bonuses and overtime. Effective January 1, 2008, annual bonus is included in the determination of Annual Compensation.
Covered Compensation	The average of 35 years of Social Security Taxable Wage Bases ending in the year in which the participant attains Social Security Retirement Age.
Vesting	3 years of vesting service, effective January 1, 2008.

Normal Retirement

Eligibility	Normal Retirement Date is the first of the month coincident with or following age 65.
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Cash Balance Formula

On January 1, 2001, the plan was converted to a cash balance plan. All active participants have a cash balance account under the plan. The account balance is equal to the opening account balance plus pay-related credits plus interest credits. On termination of employment the account balance may be taken as a lump sum or converted to an annuity on an actuarial equivalent basis.

Opening Account Balance as of January 1, 2001:

The present value of the accrued benefit under the Plan as in effect on December 31, 2000 determined assuming age 65 retirement, 6.5% interest and GATT 1994 mortality.

Pay Credits:

As of the last day of each year beginning after December 31, 2000, all participants' accounts shall be credited with an amount equal to a percentage of the participant's Annual Compensation for the year, based on the Participant's age and vesting service as of the last day of the plan year, as follows:

Points (age + service)	Percentage
Less than 30	3.0%
30 or more but less than 40	4.0%
40 or more but less than 50	5.0%
50 or more but less than 60	6.0%
60 or more but less than 70	7.0%
70 or more but less than 80	8.0%
80 or more	9.0%

Effective January 1, 2013, pay credits are frozen for all nongrandfathered participants.

Interest Credits:

The interest credits to Cash Balance Account are equal to the one-year U.S. Treasury Bills for the month of November immediately preceding the Plan Year plus 0.5%. In no event, will such "Interest Crediting Rate" applicable to any given year be less than 3.8%.

Annuity Conversion Rate:

Lump Sums are converted to life annuities using the 30-year U.S. Treasury rates for the month of November immediately preceding the Plan Year and the mortality prescribed by IRS Revenue Ruling 2001-62.

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Prior Plan Benefit Formula

The benefits paid from this plan will not be less than benefits earned under the prior plan formula accrued to December 31, 2000. Furthermore, all participants as of December 31, 2000 will be grandfathered. Grandfathered participants who as of December 31, 2000 are age 50 or age 45 with 65 points will receive a benefit which is determined as the greater of the benefit determined under the cash balance formula or the prior plan formula. All other grandfathered participants will receive a benefit which is the greater of the benefit determined under the cash balance formula or 90% of the benefit determined under the prior plan formula.

The prior plan formula benefit is the sum of:

- (i) 1.50% of Final Average Salary less .48% of Covered Compensation multiplied by Credited Service earned before January 1, 1993, plus 1.75% of Final Average Salary less .48% of Covered Compensation multiplied by Credited Service earned on or after January 1, 1993; plus
- (ii) 1.00% of Final Average Salary multiplied by Credited Service in excess of 35 years. The maximum number of years of Credited Service that shall be taken into account under subparagraph (i) shall not exceed 35. The prior plan formula has a minimum benefit which is equal to \$15.00 per month for each year of Minimum Benefit Service with the Hospital.

Early Retirement

Eligibility

Eligible upon vesting

Benefit

For nongrandfathered participants, benefits commencing prior to Normal Retirement Date will be reduced actuarially for each year the member's early retirement date preceded age 65. Benefits are unreduced at the age of 65.

For grandfathered participants who have attained age 55, benefits commencing prior to Normal Retirement Date will be reduced by 5% per year for each year the member's early retirement date precedes age 62. Benefits are unreduced at the age of 62.

For grandfathered participants who leave before they have attained age 55, the prior plan formula early retirement factors between ages 55 and 65 are 2/3 of 1% for each of the first 60 months and 1/3 of 1% for each of the net 60 months by which the Retirement Commencement Date precedes age 65. For retirement prior to age 55, benefits will be reduced actuarially from age 55 to commencement age.

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Deferred Retirement

Benefit To comply with the Age Discrimination in Employment Act (ADEA), the plan has been amended to provide for benefit accruals after age 65.

Ad-Hoc COLA

Ad-hoc COLA Effective January 1, 1987 retired members receiving benefits were granted an ad-hoc cost of living increase of 4% of the benefit payable as a life annuity for each completed year since retirement with a minimum increase of \$10.00 per month.

Pre-retirement death

Benefit The benefit payable upon death to a beneficiary is equal to the cash balance account. If the beneficiary is the participant's spouse, then the spouse may elect to receive the benefit in the form of an annuity. For participants whose benefit is determined under the Prior Plan, the Survivor is entitled to receive a qualified joint and 50% survivor benefit which is actuarially equivalent to the single life annuity otherwise payable.

Forms of benefits

Automatic form for unmarried participants

Life Annuity

Automatic form for married participants

50% Qualified Joint and Survivor Annuity

Optional forms of payment

Single life annuity

The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.

Joint and survivor annuity

The participant may elect to take a reduced monthly pension for life so that when the participant dies, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life.

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Certain and life income annuity The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of a specified period (5 or 10 years). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.

Lump Sum Basis

Annuities are converted to lump sums based on Actuarial Equivalence

Miscellaneous

Early Retirement Window

Effective November 11, 2012, an early retirement window was offered to select employees which provided an additional year of service in the determination of retirement benefits

Maximum compensation

Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually.

Maximum benefits

Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually.

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Summary of Main Plan Provisions – The Long Island Home

Plan Provisions

Covered employees	The plan is closed to new entrants. The plan provides benefits to all common law employees who are not covered by a collective bargaining agreement and who are not considered “Leased Employees”.
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Definitions

Vesting service	One year of vesting service is granted for each plan year in which an employee is credited with at least 250 hours of service.
Credited service	One year of credited service is granted for each plan year in which an employee is credited with at least 250 hours of service ending on or before December 31, 2005.
Pensionable pay	Total compensation which is subject to withholding for Federal income tax purposes. Compensation received after December 31, 2005 is not recognized.
Average earnings	The average of the highest five consecutive calendar years of pensionable pay during the ten-year period ending on the earlier of the participant’s termination date or retirement date (but not after December 31, 2005).
Normal retirement date (NRD)	The later of age 65 or the fifth anniversary of the employee’s date of participation.
Monthly pension benefit	One-twelfth of 1.55% of average earnings for each year of credited service. As of December 31, 2005, all benefit accruals have been frozen.
Social Security date	Age 62 or age 65 as selected by participant
Actuarial equivalence	Group Annuity Mortality 1951 Male, set back 6 years for employee and 1 year for beneficiary, and 4.50% interest.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service.
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Preretirement death benefit	Death while vested and before payments have commenced.
Continuation of employment after NRD	Continuation of service with The Long Island Home after NRD.

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Benefits Paid Upon the Following Events

Normal retirement or continuation of employment after NRD The monthly pension benefit determined as of NRD.

Early retirement

Normal retirement pension accrued to date of retirement. If the participant elects early commencement of his or her benefit, the accrued benefit is reduced by the following percentages:

Number of Years Early Retirement Date Precedes Normal Retirement Date	Early Retirement Benefit Percentage
0	100.0%
1	90.8%
2	82.7%
3	75.5%
4	69.1%
5	63.5%
6	58.4%
7	53.8%
8	49.7%
9	46.0%
10	42.6%

Vested termination

The monthly pension benefit, accrued to date of termination and payable at NRD.

Preretirement death

The survivor benefit which would be payable if the participant terminated on his/her date of death, elected payment at the earliest eligibility for early retirement in the form of a qualified joint and survivor annuity and died prior to the first payment.

Other Plan Provisions

Normal form of payment

Unmarried participants

Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.

Married participants

50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest

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of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

Optional forms of payment

Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66 2/3%, 75% or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, the participant will continue to receive the reduced amount for the remainder of his or her life.
Certain and life income annuity	The participant may elect to receive reduced monthly installments for life, with a guarantee minimum of 10 years. If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survived this guarantee period, the monthly benefit will continue to be paid for the remainder of his or her lifetime. In this case, no further payments will be made after the participant's death.
Lump sum	The participant may elect to receive a retirement benefit in the form of a lump sum only if the monthly benefit is less than \$100.
Social Security Adjustment Option	If the participant elects to receive benefits prior to age 65, the participant may elect this option whereby the monthly benefit payable to the participant prior to his Social Security Date will equal the amount of benefits he or she would have received had the Social Security Adjustment Option had not been elected plus a percentage of the participant's Social Security benefit. The benefit payable on or after his Social Security Date will equal the monthly benefit payable before his Social Security Date minus the Social Security benefit.
Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the limitations under IRC 415(b) after 2005 shall not result in the increase of any benefits provided to any employee or former employee.

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Summary of Main Plan Provisions – Central Suffolk Hospital

Plan Provisions

Covered employees The plan is closed to new entrants. Any participant who was a participant in the plan on December 31, 2008 shall remain in the plan and be eligible for ongoing interest credits only.

Definitions

Vesting service One year of vesting service is granted for each plan year in which an employee is credited with at least 1,000 hours of service.

Credited service One year of credited service is granted for each plan year in which an employee is credited with at least 1,950 hours of service.

Interest crediting rate The unadjusted applicable “third segment” safe harbor rate of Section 430(h)(2)(C)(iii) of the Internal Revenue Code.

Normal retirement date (NRD) The later of age 65 or the fifth anniversary of the employee’s date of participation.

Monthly pension benefit The greater of (a) or (b), but not less than (c):

- (a) Accrued benefit under the prior plan formula
- (b) Cash balance account, consisting of opening balance, service credits, and interest credits, converted to a life annuity
- (c) \$600

Except for ongoing interest credits on account balances, the Plan has been frozen for future benefit accruals with respect to participants represented by Local 1199 as of November 1, 2002; with respect to salaried and hourly non-union employees as of February 29, 2004; and with respect to employees represented by the New York State Nurses Association as of March 9, 2009.

Actuarial equivalence For converting between a lump sum and an annuity, mortality from Revenue Ruling 2001-62 and interest equal to the non-average funding segment rates for the third month preceding the plan year.

For converting between different annuity forms, the 2014 Unisex Mortality Table and 7% interest.

Eligibility for Benefits

Normal retirement Retirement on NRD.

Early retirement Retirement before NRD after completing five years of vesting service.

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Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Preretirement death benefit	Death while vested and before payments have commenced.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD.
Early retirement	For cash balance benefits, the early retirement benefit is equal to the cash balance at retirement. For prior plan benefits, the normal retirement benefit is reduced by 6.667% per year for each of the first five years commencement precedes age 65, and 3.333% per year for each of the next five years.
Vested termination	The monthly pension benefit, accrued to date of termination and payable at NRD.
Preretirement death	The survivor benefit which would be payable if the participant terminated on his/her date of death, elected payment at the earliest eligibility for early retirement in the form of a qualified joint and survivor annuity and died prior to the first payment.

Other Plan Provisions

Normal form of payment	
Unmarried participants	Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
Married participants	50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.
Optional forms of payment	
Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 75% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, the participant will continue to receive the reduced amount for the remainder of his or her life.
Lump sum	The participant may elect to receive a retirement benefit in the form of a lump sum.
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Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Changes in Benefits Valued Since Prior Year

The 401(a)(17) limitation on compensation was increased from \$290,000 to \$305,000 and the 415(b) maximum on benefits was increased from \$230,000 to \$245,000.

Benefits associated with former participants in the Central Suffolk Hospital Employees' Pension Plan and the Retirement Plan for Employees of The Long Island Home were added to the plan.

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Schedule SB, Line 24 Change in Actuarial Assumptions

- The cash balance interest crediting rate for Northwell Health benefit obligations was changed from 1.54% to 1.98% to reflect the actual rate in effect for 2022.

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