

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan THE RETIREMENT SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 004
1c	Effective date of plan 05/01/1989
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) THE NEW YORK-PRESBYTERIAN HOSPITAL 525 EAST 68TH STREET BOX 38004 NEW YORK, NY 10065
2b	Employer Identification Number (EIN) 13-3957095
2c	Plan Sponsor's telephone number 212-746-4000
2d	Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2024	RACHEL MARLING
	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 ☒ 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 60821
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(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) 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) 41528 6a(2) 45574 6b 424 6c 20601 6d 66599 6e 51 6f 66650 6g(1) 58629 6g(2) 61873 6h 243
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2F 2G 2L 2M 2R 2S 2T 3F 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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 11
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan THE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK-PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-3957095

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

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	556345-02	3633	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	141852876
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year**7b**

135863148

c Additions: (1) Contributions deposited during the year**7c(1)**

15287408

(2) Dividends and credits

7c(2)

0

(3) Interest credited during the year

7c(3)

2866871

(4) Transferred from separate account.....

7c(4)

3950750

(5) Other (specify below)

7c(5)

19551172

▶ **LOAN REPAYMENTS, TRANSFERS IN, MISC IN, FORFEITURE CREDITS**

(6) Total additions.....

7c(6)

41656201

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

177519349

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

14070411

(2) Administration charge made by carrier

7e(2)

77745

(3) Transferred to separate account.....

7e(3)

6375367

(4) Other (specify below)

7e(4)

15142950

▶ **LOAN INITIATIONS, TRANSFERS OUT, MISC OUT, FORFEITURE DEBITS**

(5) Total deductions.....

7e(5)

35666473

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

141852876

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)		
(2) Increase (decrease) in amount due but unpaid.....		9a(2)		
(3) Increase (decrease) in unearned premium reserve		9a(3)		
(4) Earned ((1) + (2) - (3)).....			9a(4)	0
b Benefit charges (1) Claims paid.....		9b(1)		
(2) Increase (decrease) in claim reserves		9b(2)		
(3) Incurred claims (add (1) and (2)).....			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies.....	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention		9c(1)(H)		0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves.....			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			10b	
Specify nature of costs.				

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan THE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK-PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-3957095	

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

(a) Name of insurance carrier
LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-0832760	60139	891489+006	8	01/01/2023	12/31/2023

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

(a) Total amount of commissions paid 223524	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
HEALTHCARE COMMUNITY SECURITIE
1 EMPIRE DRIVE
RENSSELAER, NY 12144

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
223524			4

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 219196**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP VARIABLE ANNUITY**b** Balance at the end of the previous year **7b** 240748**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 9698
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 9698**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 250446**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 31250(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 31250**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 219196

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan THE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK-PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-3957095

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

(a) Name of insurance carrier
LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-0832760	60139	194329+011	1069	01/01/2023	12/31/2023

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 48047288**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP VARIABLE ANNUITY**b** Balance at the end of the previous year **7b** 50203226**c** Additions: (1) Contributions deposited during the year **7c(1)** 84644
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 2068928
(4) Transferred from separate account **7c(4)** 286644
(5) Other (specify below) **7c(5)** 58477

▶ MISCELLANEOUS IN, LOAN ADJUST

(6) Total additions **7c(6)** 2498693**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 52701919**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 4306493(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)** 278907(4) Other (specify below) **7e(4)** 69231

▶ MISCELLANEOUS OUT

(5) Total deductions **7e(5)** 4654631**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 48047288

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan THE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK-PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-3957095	

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

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-0832760	60139	892187+006	230	01/01/2023	12/31/2023

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

(a) Total amount of commissions paid 99348	(b) Total amount of fees paid 0
---	------------------------------------

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
HEALTHCARE COMMUNITY SECURITIE
1 EMPIRE DRIVE
RENSSELAER, NY 12144

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
99348			4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 23777032**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 24660027**c** Additions: (1) Contributions deposited during the year **7c(1)** 554790(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 973264(4) Transferred from separate account **7c(4)** 3922(5) Other (specify below) **7c(5)** 343931

▶ MISCELLANEOUS IN, LOAN ADJUST

(6) Total additions **7c(6)** 1875907**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 26535934**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 2369696(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)** 114847(4) Other (specify below) **7e(4)** 274359

▶ MISCELLANEOUS OUT

(5) Total deductions **7e(5)** 2758902**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 23777032

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	
10 Nonexperience-rated contracts:			
a Total premiums or subscription charges paid to carrier		10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount		10b	
Specify nature of costs.			

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan THE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK-PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-3957095

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	100780	397	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	15434481
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	1377416

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

15826423

c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

757749

(4) Transferred from separate account.....

7c(4)

726496

(5) Other (specify below)

7c(5)

▶

(6) Total additions.....

7c(6)

1484245

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

17310668

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

1000966

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account.....

7e(3)

755811

(4) Other (specify below)

7e(4)

119410

▶ MISCELLANEOUS OUT

(5) Total deductions.....

7e(5)

1876187

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

15434481

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan THE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK-PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-3957095

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	150494	601	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	12126022
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	1126795

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

12317958

c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

529677

(4) Transferred from separate account.....

7c(4)

1162625

(5) Other (specify below)

7c(5)

▶

(6) Total additions

7c(6)

1692302

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

14010260

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

1109906

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account.....

7e(3)

774332

(4) Other (specify below)

7e(4)

▶

(5) Total deductions

7e(5)

1884238

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

12126022

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan THE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK-PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-3957095

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	100781	3093	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	107055291
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	8660877

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

110609718

c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

4501464

(4) Transferred from separate account.....

7c(4)

4619825

(5) Other (specify below)

7c(5)

▶

(6) Total additions

7c(6)

9121289

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

119731007

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

7838931

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account.....

7e(3)

4822914

(4) Other (specify below)

7e(4)

13871

▶ MISCELLANEOUS OUT

(5) Total deductions

7e(5)

12675716

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

107055291

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan THE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK-PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-3957095

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	151304	778	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	20777039
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	5769314

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

20247847

c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

935528

(4) Transferred from separate account.....

7c(4)

761116

(5) Other (specify below)

7c(5)

▶

(6) Total additions

7c(6)

1696644

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

21944491

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

890828

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account.....

7e(3)

215721

(4) Other (specify below)

7e(4)

60903

▶ MISCELLANEOUS OUT

(5) Total deductions

7e(5)

1167452

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

20777039

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan THE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK-PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-3957095	

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

(a) Name of insurance carrier
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	L7550358	20	01/01/2023	12/31/2023

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

(a) Total amount of commissions paid 529	(b) Total amount of fees paid 0
---	------------------------------------

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
HEALTHCARE COMMUNITY SECURITIES COR ONE EMPIRE DRIVE
RENSSELAER, NY 12144

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
529			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	332966
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	111

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

347043

c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

7290

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

83

▶ TRANSFERS

(6) Total additions

7c(6)

7373

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

354416

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

21430

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

20

▶ TRANSFERS

(5) Total deductions

7e(5)

21450

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

332966

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan THE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK-PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-3957095	

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

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	L7550091	122	01/01/2023	12/31/2023

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

(a) Total amount of commissions paid 7799	(b) Total amount of fees paid 0
--	------------------------------------

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
HEALTHCARE COMMUNITY SECURITIES COR ONE EMPIRE DRIVE
RENSSELAER, NY 12144

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7799			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	3043462
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	82305

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

3018109

c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

96639

(4) Transferred from separate account.....

7c(4)

11202

(5) Other (specify below)

7c(5)

16083

▶ MISCELLANEOUS IN

(6) Total additions.....

7c(6)

123924

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

3142033

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

73268

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account.....

7e(3)

7958

(4) Other (specify below)

7e(4)

17345

▶ LOAN DISTRIBUTION

(5) Total deductions.....

7e(5)

98571

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

3043462

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan THE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK-PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-3957095

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

1 Coverage Information:

(a) Name of insurance carrier
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	524176-01	25	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1161497
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	4647387

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

1497448

c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

43770

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions.....

7c(6)

43770

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

1541218

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

379721

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions.....

7e(5)

379721

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

1161497

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan THE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK-PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-3957095

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

X

Yes

No
- b

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

(b)	Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
EMPOWER ANNUITY INSURANCE COMPANY	
06-1050034	

(b)	Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
LINCOLN-PENFACTS	
13-1740120	

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

(b)	Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS	
13-3689044	

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

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

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

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

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY

06-1050034

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 37 50 64	NONE	1833374	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

AON INVESTMENTS USA INC.

36-3109431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 17 27	NONE	221095	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRUDENTIAL INVESTMENT MANAGEMENT SE

13-4122960

(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?
63 71	NONE	474	Yes ☒ No ☐	Yes ☐ No ☒	9949	Yes ☐ No ☒

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)

LINCOLN NATIONAL CORPORATION

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	4822	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

NATIONAL FINANCIAL SERVICES, LLC

04-3523567

(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?
15	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	1599	Yes ☐ No ☒

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

TRANSAMERIA RETIREMENT SOLUTIONS

13-3689044

(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?
12 15 28 37 38 50 54 59 61 62 63 64 65	RECORD KEEPER	40	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRUDENTIAL INVESTMENTS MANAGEMENTSE	63 71	9949
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRUDENTIAL INVESTMENTS MANAGEMENTSE 13-4122960	DISTRIBUTION 12(B)1FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan THE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	004
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE NEW YORK-PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-3957095	

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: TIAA REAL ESTATE			
b Name of sponsor of entity listed in (a): TIAA-CREF			
c EIN-PN 13-1624203-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16934402	
a Name of MTIA, CCT, PSA, or 103-12 IE: GOVERNMENT FIXED INCOME			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO			
c EIN-PN 36-6071399-009	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 82416	
a Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY PSF GLOBAL PORTFOLIO			
b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA			
c EIN-PN 22-1211670-071	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 372008	
a Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY PSF PGIM JENNISON BLEND PORT			
b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA			
c EIN-PN 22-1211670-069	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 724617	
a Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY PSF PGIM FLEXIBLE MANAGED PO			
b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA			
c EIN-PN 22-1211670-086	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 99004	
a Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY PRUDENTIAL CAPITAL GROWTH AC			
b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA			
c EIN-PN 22-1211670-005	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 664500	
a Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY PSF PGIM 50/50 BALANCED PORT			
b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA			
c EIN-PN 22-1211670-087	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 330476	

a Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY PSF STOCK INDEX PORTFOLIO

b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

c EIN-PN 22-1211670-070	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1890800
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a Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY PSF PGIM GOVT INCOME PORTFOL

b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

c EIN-PN 22-1211670-084	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 268341
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a Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY PSF PGIM TOTAL RET BOND PORT

b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

c EIN-PN 22-1211670-083	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 297642
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
	For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
	A Name of plan THE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ► 004
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK-PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-3957095	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	4225903	4715467
(2) Participant contributions	1b(2)	7349728	9533484
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	20195589	21483662
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)	34269254	39576891
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	25860146	21664206
(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)	2862157305	3624962884
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	374831695	373827150
(15) Other.....	1c(15)	14161600	18766686

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	3343051220	4114530430
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	2555268	2403863
k Total liabilities (add all amounts in lines 1g through 1j)	1k	2555268	2403863
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3340495952	4112126567

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)	14793947	
(B) Participants	2a(1)(B)	334345123	
(C) Others (including rollovers)	2a(1)(C)	21683213	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		370822283
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	578491	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	2155292	
(F) Other	2b(1)(F)	12810380	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		15544163
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	91780661	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		91780661
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-2009990
(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)		520970433
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		997107550

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	219987134	
(2) To insurance carriers for the provision of benefits.....	2e(2)	1098506	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		221085640
f Corrective distributions (see instructions)	2f		427100
g Certain deemed distributions of participant loans (see instructions)	2g		1987766
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	1909480	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	28404	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	38545	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1976429
j Total expenses. Add all expense amounts in column (b) and enter total	2j		225476935

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		771630615
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **ERNST & YOUNG, LLP**

(2) EIN: **34-6565596**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☒		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☒		

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan THE RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK-PRESBYTERIAN HOSPITAL		D Employer Identification Number (EIN) 13-3957095
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): 20-3691708 22-1211670		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14a 14b 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 b The corresponding number for the second preceding plan year	15a 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 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	16a 16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
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: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☒ Yes ☐ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☐ Design-based safe harbor method ☐ "Prior year" ADP test ☒ "Current year" ADP test ☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>09 / 21 / 2022</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>J500956A</u> .	

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

The Retirement Savings Plan
December 31, 2023 and 2022
and Year Ended December 31, 2023
With Report of Independent Auditors

Ernst & Young LLP



The Retirement Savings Plan

Financial Statements and Supplemental Schedule

December 31, 2023 and 2022 and
Year Ended December 31, 2023

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Report of Independent Auditors

The Board of Trustees
The New York and Presbyterian Hospital

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

We were engaged to perform audits of the financial statements of The Retirement Savings 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, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, 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 qualified institutions as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion

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

Basis for Disclaimer of Opinion

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

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

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

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

Other Matters

Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2023 (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.

Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule.

Ernst & Young LLP

October 10, 2024

The Retirement Savings Plan

Statements of Net Assets Available for Benefits

	December 31	
	2023	2022
Assets		
Investments, at fair value:		
Cash equivalents and money market funds	\$ 21,483,662	\$ 20,195,589
Mutual funds	3,357,826,064	2,640,292,582
Self-directed brokerage accounts	18,766,686	14,161,600
Pooled separate/variable annuity accounts	287,760,153	245,538,866
Guaranteed investment contracts	95,897,548	98,138,512
Total investments, at fair value	3,781,734,113	3,018,327,149
Fully benefit-responsive guaranteed investment contracts, at contract value	278,970,475	278,879,186
Employee contributions receivable	9,533,484	7,349,728
Employer contributions receivable	4,715,467	4,225,903
Participant notes receivable	39,576,891	34,269,254
Total assets	4,114,530,430	3,343,051,220
Liabilities		
Due to TIAA-CREF	2,403,863	2,555,268
Total liabilities	2,403,863	2,555,268
Net assets available for benefits	<u>\$ 4,112,126,567</u>	<u>\$ 3,340,495,952</u>

See accompanying notes.

The Retirement Savings Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2023

Additions

Interest and dividends	\$ 105,169,532
Employee contributions	334,345,123
Employer contributions	14,793,947
Rollover contributions	21,683,213
Interest on participant notes receivable	2,155,292
Total additions	<u>478,147,107</u>

Deductions

Benefits paid to participants	221,512,740
Deemed distributed loans	1,987,766
Administrative expenses	1,976,429
Total deductions	<u>225,476,935</u>

Net realized and unrealized appreciation in fair value of investments	<u>518,960,443</u>
Net increase in net assets available for benefits	771,630,615

Net assets available for benefits, beginning of year	<u>3,340,495,952</u>
Net assets available for benefits, end of year	<u><u>\$ 4,112,126,567</u></u>

See accompanying notes.

The Retirement Savings Plan

Notes to Financial Statements

December 31, 2023

1. Background and Significant Accounting Policies

The Retirement Savings Plan (the Plan) is a tax deferred annuity plan covering eligible employees of The New York and Presbyterian Hospital (NYPH), NewYork-Presbyterian/Queens (NYP/Queens), Hudson Valley Hospital Center d/b/a NewYork-Presbyterian/Hudson Valley Hospital (NYP/HV), entities doing business as NYP Medical Group/Brooklyn, and certain affiliated entities. The Plan's sponsor is NYPH.

Effective October 1, 2022, New York-Presbyterian/Brooklyn Methodist excluding its affiliates (NYP/BM) was merged with and into NYPH, with NYPH as the surviving corporation acquiring all assets and liabilities of NYP/BM. Prior to October 1, 2022, NYP Community Programs, Inc. (Community Programs) was the sole member of NYP/BM; NYPH is the sole member of Community Programs.

On April 1, 2022, Empower Annuity Insurance Company of America (EAICA), formerly known as Great-West Life & Annuity Insurance Company, the parent company of Empower Retirement, LLC (Empower) acquired the full-service retirement business of Prudential Financial, Inc. (Prudential), including Prudential Retirement Insurance and Annuity Company (PRIAC) and Prudential Bank & Trust, FSB (PB&T). Empower became the recordkeeper of the Plan. Additionally, on October 3, 2022, PRIAC was renamed Empower Annuity Insurance Company (EAIC). Lastly, on March 31, 2023, PB&T was merged into Empower Trust Company, LLC (ETC).

Effective October 21, 2023, the Plan's recordkeeping and plan level reporting system with Prudential moved to Empower. Custody of the assets remains with EAIC for certain investments previously issued by Prudential. All other investments related to EAICA are held by Empower Trust Company, LLC.

ETC and EAIC are the current trustees and custodians of the Plan.

The following is a summary of the Plan's significant accounting policies:

Basis of Accounting: The Plan maintains its financial records on the accrual basis of accounting.

Investment Valuation and Income Recognition: Investments consist of cash equivalents and money market funds, mutual funds, self-directed brokerage accounts, pooled separate/variable annuity accounts, and guaranteed investment contracts. Investments held by the Plan (except for certain guaranteed investment contracts) are stated at fair value. Fair value is defined as the

The Retirement Savings Plan

Notes to Financial Statements (continued)

1. Background and Significant Accounting Policies (continued)

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 (an exit price). See Note 7 for further disclosures related to fair value measurements.

The Plan's variable annuity accounts are held by Teachers Insurance and Annuity Association and College Retirement Equities Fund (collectively, TIAA-CREF), EAIC, Transamerica Financial Life Insurance Company (TFLIC), and The Lincoln National Life Insurance Company. Variable annuity accounts are investment portfolios that offer periodic payment options for participants. The value of future payments is based on performance of the investment portfolio. Investment portfolios for variable annuity accounts typically consist of equity securities, fixed income, and short-term investments, depending upon the objective of each variable annuity account. The aforementioned entities determine the net asset value of variable annuity accounts daily, and they are audited on an annual basis.

The Plan invests in the following fully benefit-responsive guaranteed investment contracts: Empower Guaranteed Long Term Fund Investment (GLT) (formerly Prudential Guaranteed Long Term Fund Investment), TIAA Traditional Group Supplemental Retirement Annuity (the GSRA), Lincoln Guaranteed Fixed Interest Account (LGFIA), and Lincoln Stable Value M16. These investment contracts are recorded at contract value (see Note 4). Contract value is the relevant measurement attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions plus earnings, less participant withdrawals and administrative expenses.

The Plan also invests in the TIAA Traditional Non Benefit Responsive Retirement Annuity (the Retirement Annuity), a guaranteed investment contract. The Retirement Annuity guarantees principal and a specified interest rate, with the opportunity for additional amounts determined annually by TIAA-CREF's Board of Trustees. Certain restrictions limit participant access to funds. Participants are unable to receive lump-sum cash withdrawals from the Retirement Annuity and transfers must be spread over a ten-year period. Given the limitations on participant access to the fund, management does not consider the Retirement Annuity to be fully benefit-responsive. The Retirement Annuity is reported at fair value on the statements of net assets available for benefits. The Plan also invests in certain other guaranteed investment contracts that are not considered to be fully benefit-responsive and, accordingly, are reported at fair value on the statements of net assets available for benefits.

The Retirement Savings Plan

Notes to Financial Statements (continued)

1. Background and Significant Accounting Policies (continued)

All investment transactions are recorded on the dates such trades take place. The realized gain or loss resulting from these transactions is the difference between the proceeds received and the average historical cost of the assets sold. The change in the difference between the fair value and the cost of investments held, plus net realized gains or losses, is reported on the accompanying statement of changes in net assets available for benefits as net realized and unrealized appreciation in fair value of investments. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date.

Participant Notes Receivable: Participant notes receivable represent participant loans that are recorded at their unpaid principal balance, plus any accrued but unpaid interest. Interest income on participant loans receivable is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded at December 31, 2023 or 2022. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

Participant loans from TIAA-CREF are funded directly by TIAA-CREF (rather than funded by the participant's account in the Plan). The balance of a participant's loan from TIAA-CREF is guaranteed by the participant's plan assets. If a participant defaults on the loan, the amount of plan assets that guarantee the participant loan will become payable to TIAA-CREF. All participant loans in the Plan from TIAA-CREF as of December 31, 2023 and 2022 are in default (see Note 8).

Contributions: Employee and employer contributions are recognized when earned.

Payment of Benefits: Benefits are recorded when paid.

Use of Estimates: The preparation of the financial statements in accordance with accounting principles generally accepted in the United States of America 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.

The Retirement Savings Plan

Notes to Financial Statements (continued)

2. Description of the Plan

The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan's amended plan document for more complete information.

General

The Plan covers eligible employees of NYPH; NYP/Queens; NYP/HV; entities doing business as NYP Medical Group/Brooklyn; NewYork-Presbyterian Medical Group/Westchester; Westchester Medical Practice, P.C. (d/b/a NewYork-Presbyterian Medical Group/Hudson Valley); and other participating employers. A participant of the Plan, as amended, will be deemed eligible upon hiring. Effective January 1, 2012, the Plan adopted an automatic enrollment provision whereby an eligible employee becomes a participant at the time of hire. Upon enrollment, an eligible participant's deferral is set at 6% of eligible compensation until changed by the participant. Certain employees are excluded from the automatic enrollment provision.

The Plan, which was established and became effective May 1, 1989, was amended and restated effective January 1, 2009. The amended Plan prohibits employee contributions to any vendor that existed prior to January 1, 2008. The Plan was further amended and restated effective January 2022. Further, the Plan was amended and restated effective January 2023. Based on the various amendments and other changes, employee and employer contributions may only be made to EAICA and Lincoln Life and Annuity Company of New York, the record-keepers. Participants may elect to transfer assets to EAICA or allow assets to remain with certain prior vendors. Assets of the Plan in existence prior to January 1, 2008, are maintained and the transactions therein are executed by other vendors.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Contributions

Each year, participants may contribute up to 75% of pretax annual compensation, as defined by the Plan. Participants may also make Roth 403(b) deferrals and Roth rollover contributions and contribute amounts representing distributions from other qualified plans. All contributions are subject to certain limitations by the Internal Revenue Code (the Code). Participants are immediately vested in their contributions plus actual earnings thereon. Participants direct their elective contributions into various investment options offered by the Plan and can change their investment options on a daily basis.

The Retirement Savings Plan

Notes to Financial Statements (continued)

2. Description of the Plan (continued)

Participant Accounts

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

Participant Notes Receivable

Active participants in the Plan may borrow from their accounts a minimum of \$1,000 and up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. Loan terms range from 1 to 5 years or up to 15 years for the purchase of a primary residence. The \$50,000 limit is reduced by the participant's highest outstanding loan balance during the preceding 12-month period. A participant may only have one outstanding loan at any point in time. The loans bear interest at a rate equal to the prime rate at the time of issuance. The loans are secured by the balance in the participant's account. If a participant terminates employment with NYPH or other participating employers, the participant may continue to make loan payments through a preauthorized agreement. If a loan is not repaid, it will automatically be treated as a deemed distribution to the participant after the end of the calendar quarter following the quarter in which the repayment was due.

Payment of Benefits

In-service withdrawals are available in certain limited circumstances, as defined by the Plan. Hardship withdrawals are allowed for participants incurring an immediate and heavy financial need, as defined by the Plan. Hardship withdrawals are strictly regulated by the Internal Revenue Service (the IRS) and a participant must exhaust all available loan options and available distributions prior to requesting a hardship withdrawal.

Normal retirement is upon attainment of 65 years of age. A participant may remain employed past the normal retirement date and continue to contribute to the Plan. Upon retirement and having attained the normal retirement age, a participant will be entitled to 100% of the participant's account balance, beginning at a reasonable time after retirement. Upon separation from service

The Retirement Savings Plan

Notes to Financial Statements (continued)

2. Description of the Plan (continued)

with NYPH or other participating employers due to death, disability, or termination, a participant may elect to receive an annuity, installment payments, or a lump-sum payment. Benefit provisions for certain subplans are as described in the amended plan document. Participants should refer to the amended plan document for more information.

Administrative Expenses

Custodial fees to the Plan's custodians, legal fees, and certain consulting fees are paid directly from the Plan's assets. Expenses relating to purchases, sales, or transfers of the Plan's investments are charged to the particular investment fund to which such expenses relate. Accounting fees and fees for other services rendered are paid by the plan sponsor; such expenses are excluded from the accompanying financial statements.

Plan Termination

NYPH is the plan administrator. Although it has not expressed any intent to do so, NYPH has the right to amend or terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants' accounts will be distributed in accordance with the plan agreement.

3. Investments

All investments held in the Plan are participant-directed. See Note 7 for the composition of investments held in the Plan.

Certain investment and participant notes receivable information disclosed in the accompanying financial statements and supplemental schedule, including investments at fair value, guaranteed investment contracts at contract value, and participant notes receivable at December 31, 2023 and 2022, and net realized and unrealized appreciation in fair value of investments, interest and dividends, and interest on participant notes receivable for the year ended December 31, 2023, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by Fidelity Management Trust Company, ETC, PB&T (for the period January 1, 2022 through October 20, 2023), EAICA (for the period October 21, 2023 through December 31, 2023), Lincoln National Life Insurance Company, and TFLIC, the custodians of the Plan, and TIAA-CREF, as an insurance company, and as record-keeper for TIAA-CREF Trust Company.

The Retirement Savings Plan

Notes to Financial Statements (continued)

4. Fully Benefit-Responsive Investment Contracts

As described in Note 1, the Plan invests in the GLT, GSRA, LGFIA, and Lincoln Stable Value M16, which are fully benefit-responsive investment contracts. The issuers maintain the contributions for participant withdrawals and administrative expenses. The issuers are contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan as further described below.

The GLT and GSRA do not have a maturity date or penalties for early withdrawals. Certain events limit the ability of the Plan to transact at contract value with the insurance company and the financial institution issuer. Such events include, but are not limited to, a merger, layoffs, bankruptcy, full or partial plan termination, and early retirement incentive programs. For GLT specifically, a plan-sponsor-initiated termination of the contract is an event that could limit the ability of the Plan to transact at contract value paid within 90 days. In this instance, contract value would be paid over time or, at the plan sponsor's discretion, paid immediately after applying a market value adjustment. The plan administrator does not believe that the occurrence of any such events that would limit the Plan's ability to transact at contract value with participants is probable. The crediting interest rate for GLT and GSRA ranges from 1% – 3%.

The contract issuers for the LGFIA and Lincoln Stable Value M16 are contractually obligated to repay the principal and interest at specified interest rates that are guaranteed to the Plan. The crediting rate for the LGFIA is based on a formula established by the contract issuer but may not be less than 4.5%; the crediting rate is reviewed on an annual basis for resetting. The crediting rate for the Lincoln Stable Value M16 is based on a formula established by the contract issuer but may not be less 1.0%, depending on the date at which a participant's contribution was invested in the fund; the crediting rate is reviewed on an annual basis for resetting. The LGFIA and Lincoln Stable Value M16 contracts cannot be terminated before the respective scheduled maturity dates.

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

The Retirement Savings Plan

Notes to Financial Statements (continued)

4. Fully Benefit-Responsive Investment Contracts (continued)

Certain events might limit the ability of the Plan to transact at contract value with the contract issuers. Examples of such events include the following:

- The Plan's failure to qualify under Section 401(a) of the Code or the failure of the trust to be tax-exempt under Section 501(a) of the Code
- Premature termination of a contract
- Plan termination or merger
- Changes to the Plan's prohibition on competing investment options
- Bankruptcy of the plan sponsor or other plan sponsor events (e.g., divestitures or spin-offs of a subsidiary) that significantly affect the Plan's normal operations

In addition, certain events allow an issuer to terminate its contract with the Plan and settle at an amount different from contract value. Examples of such events include the following:

- An uncured violation of the Plan's investment guidelines
- A breach of material obligation under the contract
- A material misrepresentation
- A material amendment to the agreements without the consent of the issuer

The plan administrator does not believe that the occurrence of any such events that would limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants is probable.

The Retirement Savings Plan

Notes to Financial Statements (continued)

5. Risks and Uncertainties

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

Effective January 1, 2009, the IRS issued final regulations for purposes of determining common control for qualified retirement plans sponsored by tax-exempt organizations. In general, tax-exempt entities that are under common control are treated as one entity for certain of the requirements of qualified plans. The regulations determine control based on facts and circumstances; for this purpose, common control would exist if, among other situations, at least 80% of the directors or trustees of one organization were either representatives of, or directly or indirectly controlled by, another organization. These regulations could have an effect on the operations of NYPH and its related entities' retirement plans and the responsibilities of those entities for associated liabilities, although such effects are uncertain at this time.

6. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated September 21, 2022, stating that the Plan is qualified under Section 403(b) of the Internal Revenue Code (the Code), and, therefore, the related custodial accounts are tax-exempt. 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 custodial accounts are tax-exempt.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2023, there are no uncertain tax positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress.

The Retirement Savings Plan

Notes to Financial Statements (continued)

7. Fair Value Measurements

Fair value is defined as 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 (i.e., an exit price). The fair value framework establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

- Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.
- Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable, either directly or indirectly, for substantially the full term of the asset or liability. Level 2 inputs include the following:
 - Quoted prices for similar assets and liabilities in active markets
 - Quoted prices for identical or similar assets or liabilities in markets that are not active
 - Observable inputs other than quoted prices that are used in the valuation of the assets or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means
- Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumptions about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy within which the fair value measurement is classified is determined based upon the lowest level of input that is significant to the fair value measurement in its entirety.

The Retirement Savings Plan

Notes to Financial Statements (continued)

7. Fair Value Measurements (continued)

Financial assets carried at fair value are classified in the table below in one of the three categories described above as of December 31:

	2023			
	Level 1	Level 2	Level 3	Total
Cash equivalents and money market funds	\$ 21,483,662	\$ —	\$ —	\$ 21,3483,662
Mutual funds	3,357,826,064	—	—	3,357,826,064
Self-directed brokerage accounts	18,766,686	—	—	18,766,686
Pooled separate/variable annuity accounts ^(a)	270,107,757	—	—	270,107,757
Guaranteed investment contracts	—	—	95,897,548	95,897,548
	<u>\$ 3,668,184,169</u>	<u>\$ —</u>	<u>\$ 95,897,548</u>	<u>3,764,081,717</u>

Assets measured at net asset value:

Pooled separate/variable annuity accounts ^(a)	17,652,396
	<u>\$ 3,781,734,113</u>

	2022			
	Level 1	Level 2	Level 3	Total
Cash equivalents and money market funds	\$ 20,195,589	\$ —	\$ —	\$ 20,195,589
Mutual funds	2,640,292,582	—	—	2,640,292,582
Self-directed brokerage accounts	14,161,600	—	—	14,161,600
Pooled separate/variable annuity accounts ^(a)	229,848,128	—	—	229,848,128
Guaranteed investment contracts	—	—	98,138,512	98,138,512
	<u>\$ 2,904,497,899</u>	<u>\$ —</u>	<u>\$ 98,138,512</u>	<u>3,002,636,411</u>

Assets measured at net asset value:

Pooled separate/variable annuity accounts ^(a)	15,690,738
	<u>\$ 3,018,327,149</u>

- ^(a) This category includes highly diversified investments in equity securities, fixed-income instruments, short-term investments, real estate properties, and real-estate-related investments in accordance with each portfolio's objectives. These investments share the common goal of favorable long-term return. There are currently no liquidity or redemption restrictions or unfunded commitments on these investments.

The Retirement Savings Plan

Notes to Financial Statements (continued)

7. Fair Value Measurements (continued)

At December 31, 2023 and 2022, the application of valuation techniques applied to similar assets and liabilities has been consistent. The following is a description of the valuation methodologies used for assets measured at fair value:

- Cash equivalents and money market funds: Fair value is based upon quoted market prices in active markets for identical assets.
- Mutual funds: Fair value is based upon quoted market prices in active markets for identical assets.
- Self-directed brokerage accounts: Such accounts include mutual funds and exchange-traded funds, all of which are quoted at the closing price reported in an active market.
- Pooled separate/variable annuity accounts: Certain pooled separate/variable annuity accounts are valued based upon the unit price as determined on a daily basis. Other pooled separate/variable annuity accounts are reported at fair value using the net asset value as a practical expedient. Each pooled separate/variable annuity account's valuation is based on quoted market prices of underlying assets and other valuation considerations.
- Guaranteed investment contracts: Fair value is determined using techniques consistent with the income approach by using a discounted cash flow analysis with consideration of the creditworthiness of the issuers. The fair value for these guaranteed investment contracts approximates the contract value. Contract value for these guaranteed investment contracts represents accumulated cash contributions and interest credited to the Plan's contracts, less any withdrawals.

The methods described above may produce a fair value that is not indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

The Retirement Savings Plan

Notes to Financial Statements (continued)

7. Fair Value Measurements (continued)

The following is a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2023:

Balance, beginning of year	\$ 98,138,512
Interest income	2,907,425
Purchases	3,302,771
Sales	(8,451,160)
Balance, end of year	<u>\$ 95,897,548</u>

8. Related-Party and Party-in-Interest Transactions

The Plan holds certain investments managed by the custodians of the Plan and TIAA-CREF. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

The Plan has approximately \$2.4 million and \$2.6 million due to TIAA-CREF at December 31, 2023 and 2022, respectively, related to defaulted participant loans that are payable to TIAA-CREF from certain plan assets used to guarantee the participant loans (see Note 1). Such amounts are distributed to TIAA-CREF upon the related participant's separation from service with NYPH due to death, disability, retirement, or termination.

9. Subsequent Events

Subsequent events have been evaluated through October 10, 2024, which is the date the accompanying financial statements were available to be issued. No subsequent events have occurred that require disclosure in or adjustment to the financial statements.

Supplemental Schedule

The Retirement Savings Plan

EIN 13-3957095 Plan #004

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

December 31, 2023

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual funds			
Lincoln National Life*	ABS VPS Global Thematic Growth	** \$	380,409
Lincoln National Life*	ABS VPS Growth	**	670,800
Lincoln National Life*	AF EuroPacific Growth Fund R4	**	2,210,118
Lincoln National Life*	AF EuroPacific Growth Fund R6	**	35,899,622
Lincoln National Life*	American Century VP Balanced	**	484,682
Lincoln National Life*	American Funds Global Growth	**	890,511
Lincoln National Life*	American Funds Growth Fund	**	4,294,246
Lincoln National Life*	American Funds Growth Income	**	998,240
Lincoln National Life*	American Funds International	**	689,320
Lincoln National Life*	BlackRock Global Allocation Fund, Inc.	**	134,015
College Retirement Equities Fund*	Columbia Small Cap Value IZ	**	413,842
Lincoln National Life*	Delaware VIP Small Cap Value Fund	**	370,323
Deutsche Asset & Wealth Management	Deutsche Alternative Asset Allocation VIP	**	658
DFA Securities, LLC	DFA Emerging Markets Core Equity I	**	10,220,221
Fidelity Investments*	Fidelity 500 Index Premium Class	**	13,900,084
Lincoln National Life*	Fidelity Asset Manager	**	716,846
Lincoln National Life*	Fidelity Asset Manager 20%	**	666,254
Lincoln National Life*	Fidelity Asset Manager 30%	**	105,895
Lincoln National Life*	Fidelity Asset Manager 40%	**	391,723
Lincoln National Life*	Fidelity Asset Manager 50%	**	1,800,916
Lincoln National Life*	Fidelity Asset Manager 60%	**	35,276
Lincoln National Life*	Fidelity Asset Manager 70%	**	2,761,745
Lincoln National Life*	Fidelity Asset Manager 85%	**	548,051
Fidelity Investments*	Fidelity Balanced Fund	**	3,280,811
Fidelity Investments*	Fidelity Blue Chip Growth Fund	**	27,799,487
Fidelity Investments*	Fidelity Blue Chip Value Fund	**	196,017
Fidelity Investments*	Fidelity Canada Fund	**	120,552
Fidelity Investments*	Fidelity Capital & Income Fund	**	1,233,328
Fidelity Investments*	Fidelity Capital Appreciation Fund	**	2,278,504
Fidelity Investments*	Fidelity China Region Fund	**	108,935
Fidelity Investments*	Fidelity Conservative Income Bond Fund	**	13,198
Fidelity Investments*	Fidelity Contrafund Fund	**	33,591,946
Fidelity Investments*	Fidelity Convertible Securities Fund	**	278,430
Fidelity Investments*	Fidelity Corporate Bond Fund	**	304,319
Fidelity Investments*	Fidelity Disciplined Equity Fund	**	1,307,382
Fidelity Investments*	Fidelity Diversified International Fund	**	1,130,139
Fidelity Investments*	Fidelity Dividend Growth	**	1,379,510
Fidelity Investments*	Fidelity Emerging Asia Fund	**	129,540
Fidelity Investments*	Fidelity Emerging Markets Fund	**	210,116
Fidelity Investments*	Fidelity Emerging Market Index Fund	**	187,322
Fidelity Investments*	Fidelity Environmental and Alternative Energy Fund	**	136,964
Fidelity Investments*	Fidelity Equity Dividend Income Fund	**	1,228,639

The Retirement Savings Plan

EIN 13-3957095 Plan #004

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

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual funds (continued)			
Fidelity Investments*	Fidelity Equity Income Fund	** \$	2,627,532
Fidelity Investments*	Fidelity Europe Fund	**	603,551
Fidelity Investments*	Fidelity Extended Market Index Fund – Premium Class	**	490,858
Fidelity Investments*	Fidelity Fund	**	2,410,656
Fidelity Investments*	Fidelity Float Retirement High Income Fund	**	77,633
Fidelity Investments*	Fidelity Focused High Income Fund	**	6,186
Fidelity Investments*	Fidelity Focused Stock Fund	**	520,088
Fidelity Investments*	Fidelity Freedom 2005 Fund	**	33,218
Fidelity Investments*	Fidelity Freedom 2010 Fund	**	685,710
Fidelity Investments*	Fidelity Freedom 2015 Fund	**	1,065,566
Fidelity Investments*	Fidelity Freedom 2020 Fund	**	3,686,683
Fidelity Investments*	Fidelity Freedom 2025 Fund	**	3,311,242
Fidelity Investments*	Fidelity Freedom 2030 Fund	**	8,318,251
Fidelity Investments*	Fidelity Freedom 2035 Fund	**	4,828,006
Fidelity Investments*	Fidelity Freedom 2040 Fund	**	2,861,513
Fidelity Investments*	Fidelity Freedom 2045 Fund	**	300,062
Fidelity Investments*	Fidelity Freedom 2050 Fund	**	188,781
Fidelity Investments*	Fidelity Freedom 2055 Fund	**	48,188
Fidelity Investments*	Fidelity Freedom 2060 Fund	**	22,471
Fidelity Investments*	Fidelity Freedom 2065 Fund	**	1,229
Fidelity Investments*	Fidelity Freedom Income Fund	**	414,486
Fidelity Investments*	Fidelity Global Commodity Stock Fund	**	38,665
Fidelity Investments*	Fidelity Global Credit Fund	**	6,303
Fidelity Investments*	Fidelity Global Ex U.S. Index Fund – Premium Class	**	10,533
Fidelity Investments*	Fidelity GNMA Fund	**	396,638
Fidelity Investments*	Fidelity Global High Income Fund	**	14,056
Fidelity Investments*	Fidelity Government Income Fund	**	317,302
Fidelity Investments*	Fidelity Growth Portfolio	**	3,465,972
Fidelity Investments*	Fidelity Growth & Income Fund	**	7,028,213
Fidelity Investments*	Fidelity Growth Company Fund	**	20,477,352
Fidelity Investments*	Fidelity Growth Discovery Fund	**	796,798
Fidelity Investments*	Fidelity Growth Strategies Fund	**	3,107,846
Fidelity Investments*	Fidelity High Income Fund	**	347,694
Fidelity Investments*	Fidelity Inflation-Protected Bond Index Fund – Premium Class	**	81,416
Fidelity Investments*	Fidelity Intermediate Bond Fund	**	625,306
Fidelity Investments*	Fidelity Intermediate Government Income Fund	**	80,724
Fidelity Investments*	Fidelity Intermediate Trust Bond Index Fund – Premium Class	**	229,303
Fidelity Investments*	Fidelity International Capital Appreciation Fund	**	312,808
Fidelity Investments*	Fidelity International Discovery Fund	**	398,022
Fidelity Investments*	Fidelity International Growth Fund	**	51,503

The Retirement Savings Plan

EIN 13-3957095 Plan #004

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

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual funds (continued)			
Fidelity Investments*	Fidelity International Index Fund – Premium Class	** \$	522,428
Fidelity Investments*	Fidelity International Real Estate Fund	**	54,582
Fidelity Investments*	Fidelity International Small Cap Fund	**	40,859
Fidelity Investments*	Fidelity International Small Cap Opportunity Fund	**	65,957
Fidelity Investments*	Fidelity International Value Fund	**	8,344
Fidelity Investments*	Fidelity Investment Grade Bond Fund	**	1,231,711
Fidelity Investments*	Fidelity Japan Fund	**	68,656
Fidelity Investment*	Fidelity Japan Smaller Companies Fund	**	47,349
Fidelity Investments*	Fidelity Large Cap Stock Fund	**	410,346
Fidelity Investments*	Fidelity Latin America Fund	**	173,471
Fidelity Investments*	Fidelity Leveraged Company Stock Fund	**	959,557
Fidelity Investments*	Fidelity Limited Term Government Fund	**	9,017
Fidelity Investments*	Fidelity Long-Term Treasury Bond Index Fund – Premium Class	**	52,225
Fidelity Investments*	Fidelity Low Priced Stock Fund	**	3,469,793
Fidelity Investments*	Fidelity Magellan Fund	**	18,724,786
Fidelity Investments*	Fidelity Mega Cap Stock Fund	**	366,592
Fidelity Investments*	Fidelity Mid Cap Enhanced Index Fund	**	–
Fidelity Investments*	Fidelity Mid Cap Index Fund	**	253,124
Fidelity Investments*	Fidelity Mid Cap Stock Fund	**	1,782,803
Fidelity Investments*	Fidelity Mid Cap Value Fund	**	411,439
Fidelity Investments*	Fidelity Mortgage Securities Fund	**	78,960
Fidelity Investments*	Fidelity Multi Asset Index Fund	**	213,659
Fidelity Investments*	Fidelity Nasdaq Composite Index Fund	**	2,211,998
Fidelity Investments*	Fidelity Natural Resources Fund	**	129,593
Fidelity Investments*	Fidelity New Markets Income Fund	**	346,812
Fidelity Investments*	Fidelity New Millennium Fund	**	4,246,853
Fidelity Investments*	Fidelity Nordic Fund	**	85,181
Fidelity Investments*	Fidelity OTC Portfolio	**	8,617,007
Fidelity Investments*	Fidelity Overseas Fund	**	1,723,739
Fidelity Investments*	Fidelity Pacific Basin Fund	**	760,442
Fidelity Investments*	Fidelity Puritan Fund	**	5,342,611
Fidelity Investments*	Fidelity Real Estate Income Fund	**	113,396
Fidelity Investments*	Fidelity Real Estate Index Fund	**	80,585
Fidelity Investments*	Fidelity Real Estate Investment Fund	**	581,734
Fidelity Investments*	Fidelity Select Automotive Portfolio	**	45,414
Fidelity Investments*	Fidelity Select Banking Fund	**	120,966
Fidelity Investments*	Fidelity Select Biotechnology Portfolio	**	2,308,318
Fidelity Investments*	Fidelity Select Brokerage & Investment Management Portfolio	**	316,998
Fidelity Investments*	Fidelity Select Chemicals Fund	**	151,521
Fidelity Investments*	Fidelity Select Communications Services Fund	**	149,236

The Retirement Savings Plan

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

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual funds (continued)			
Fidelity Investments*	Fidelity Select Consumer Discretionary Portfolio	** \$	33,714
Fidelity Investments*	Fidelity Select Consumer Staples Portfolio	**	122,489
Fidelity Investments*	Fidelity Select Construction and Housing Portfolio	**	629,987
Fidelity Investments*	Fidelity Select Defense and Aerospace Fund	**	952,709
Fidelity Investments*	Fidelity Select Energy Portfolio	**	862,109
Fidelity Investments*	Fidelity Select Financial Services Portfolio	**	149,414
Fidelity Investments*	Fidelity Select FinTech Portfolio	**	110,459
Fidelity Investments*	Fidelity Select Gold Portfolio	**	462,721
Fidelity Investments*	Fidelity Select Health Care Fund	**	2,877,883
Fidelity Investments*	Fidelity Select Health Care Service Fund	**	414,696
Fidelity Investments*	Fidelity Select Industrials Fund	**	100,000
Fidelity Investments*	Fidelity Select Insurance Fund	**	108,658
Fidelity Investments*	Fidelity Select IT Services Portfolio	**	221,358
Fidelity Investments*	Fidelity Select Leisure Fund	**	91,207
Fidelity Investments*	Fidelity Select Materials Portfolio	**	133,068
Fidelity Investments*	Fidelity Select Med Technology & Devices Portfolio	**	1,317,863
Fidelity Investments*	Fidelity Select Pharmaceutical Portfolio	**	211,722
Fidelity Investments*	Fidelity Select Retailing Fund	**	235,129
Fidelity Investments*	Fidelity Select Semiconductors Portfolio	**	3,691,634
Fidelity Investments*	Fidelity Select Software and Computer Fund	**	984,213
Fidelity Investments*	Fidelity Select Tech Hardware Portfolio	**	1,204,226
Fidelity Investments*	Fidelity Select Technology Portfolio Fund	**	7,153,329
Fidelity Investments*	Fidelity Select Telecomm Fund	**	89,358
Fidelity Investments*	Fidelity Select Transport Portfolio	**	139,512
Fidelity Investments*	Fidelity Select Utilities Portfolio	**	126,680
Fidelity Investments*	Fidelity Select Wireless Portfolio	**	80,233
Fidelity Investments*	Fidelity Short-Term Treasury Bond Index Fund – Premium Class	**	43,094
Fidelity Investments*	Fidelity Small Cap Discovery Fund	**	741,566
Fidelity Investments*	Fidelity Small Cap Growth Fund	**	432,641
Fidelity Investments*	Fidelity Small Cap Index Fund – Premium Class	**	92,189
Fidelity Investments*	Fidelity Small Cap Stock Fund	**	777,555
Fidelity Investments*	Fidelity Small Cap Value Fund	**	420,739
Fidelity Investments*	Fidelity Stock Selector All Cap Value Fund	**	321,807
Fidelity Investments*	Fidelity Stock Selector Large Cap Value Fund	**	174,177
Fidelity Investments*	Fidelity Stock Selector Mid Cap	**	74,569
Fidelity Investments*	Fidelity Stock Selector Small Cap Fund	**	258,938
Fidelity Investments*	Fidelity Strategic Dividend & Income Fund	**	11,548
Fidelity Investments*	Fidelity Strategic Income Fund	**	367,953
Fidelity Investments*	Fidelity Strategic Real Return Fund	**	9,534

The Retirement Savings Plan

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

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual funds (continued)			
Fidelity Investments*	Fidelity Telecom and Utilities Fund	** \$	85,446
Fidelity Investments*	Fidelity Total Bond Fund	**	497,855
Fidelity Investments*	Fidelity Total Emerging Markets	**	7,282
Fidelity Investments*	Fidelity Total International Equity Fund	**	10,635
Fidelity Investments*	Fidelity Total Market Index Fund – Premium Class	**	1,171,708
Fidelity Investments*	Fidelity Trend Fund	**	265,898
Fidelity Investments*	Fidelity US Bond Index Fund	**	661,242
Fidelity Investments*	Fidelity Value Fund	**	2,420,469
Fidelity Investments*	Fidelity Value Discovery Fund	**	73,071
Fidelity Investments*	Fidelity Value Strategies Fund	**	28,320
Fidelity Investments*	Fidelity Worldwide Fund	**	185,720
Harbor Capital	Harbor Capital Appreciation Fund	**	160,400,181
Janus Henderson	Janus Henderson Global Research Fund	**	592,521
JP Morgan	JPMorgan Equity Income A	**	1,972,440
Lazard Asset Management	Lazard Emerging Markets Open	**	108,305
Lincoln National Life*	Lincoln VIP Baron Inflation Protected	**	41,699
Lincoln National Life*	Lincoln VIP Black Rock Global Real Estate	**	8,823
Lincoln National Life*	Lincoln VIP Blended Large Cap Growth Managed Volatility	**	322,824
Lincoln National Life*	Lincoln VIP Blended Mid Cap Growth Managed Volatility	**	6,536
Lincoln National Life*	Lincoln VIP Bond Fund	**	690,182
Lincoln National Life*	Lincoln VIP Delaware Wealth Builder	**	17,817
Lincoln National Life*	Lincoln VIP Delaware Divers Floating Rate	**	190
Lincoln National Life*	Lincoln VIP Dimensional US Core Equity 1	**	438,985
Lincoln National Life*	Lincoln VIP Global Conservative Allocation Manager	**	292,221
Lincoln National Life*	Lincoln VIP Global Growth Allocation Manager	**	509,341
Lincoln National Life*	Lincoln VIP Global Moderate Allocation Manager	**	181,620
Lincoln National Life*	Lincoln VIP Global Income	**	35,058
Lincoln National Life*	Lincoln VIP JPMorgan Retirement Income	**	89,733
Lincoln National Life*	Lincoln VIP JPMorgan Select Mid Cap Value MV	**	10,094
Lincoln National Life*	Lincoln VIP SSGA International Index	**	144,617
Lincoln National Life*	Lincoln VIP SSGA International Managed Volatility	**	11,096
Lincoln National Life*	Lincoln VIP SSGA Emerging Market 100	**	117,054
Lincoln National Life*	Lincoln VIP SSGA Global Tac Allocation Managed Volatility Fund	**	107,614
Lincoln National Life*	Lincoln VIP T. Rowe Price Structured	**	809,387
Lincoln National Life*	Lincoln VIP T. Rowe Price 2020	**	343,419

The Retirement Savings Plan

EIN 13-3957095 Plan #004

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

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual funds (continued)			
Lincoln National Life*	Lincoln VIP T. Rowe Price 2030	** \$	323,986
Lincoln National Life*	Lincoln VIP T. Rowe Price 2040	**	64,578
Lincoln National Life*	Lincoln VIP T. Rowe Price 2050	**	24,491
Lincoln National Life*	Lincoln VIP T. Rowe Price Structured Mid-Cap Growth Fund	**	20,676
Lincoln National Life*	Lincoln VIP Smid Cap Core Fund	**	433,816
Lincoln National Life*	Lincoln VIP FT Global Equity Managed Volatility Fund	**	10,777
Neuberger Berman	Neuberger Berman Genesis R6 Fund	**	37,192,351
Neuberger Berman	Neuberger Berman Sustainable Equity Fund	**	566,330
PIMCO	PIMCO Real Return Institutional Fund	**	24,806,530
BlackRock*	BlackRock Total Return Fund Class K	**	1,221,067
Dodge & Cox*	Dodge & Cox Stock Fund Class I	**	60,823,248
Prudential Insurance Company of America*	PGIM Jennison Mid Cap Growth Z	**	1,473,928
Prudential Insurance Company of America*	PGIM Jennison Small Company Z	**	1,237,094
College Retirement Equities Fund*	T. Rowe Price Cap Appreciation Adv	**	3,100,724
College Retirement Equities Fund*	T. Rowe Price International Stock	**	692,883
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2010	**	977,647
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2015	**	896,877
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2020	**	2,086,022
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2025	**	3,051,985
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2030	**	2,281,351
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2035	**	2,260,387
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2040	**	1,335,938
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2045	**	858,029
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2050	**	279,033
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2055	**	8,400
TIAA-CREF*	TIAA-CREF Lifecycle Retirement Inc.	**	4,281
TIAA-CREF*	TIAA-CREF Mid-Cap Value	**	751,753
Vanguard	Vanguard Extended Market Index	**	95,519,971
Vanguard	Vanguard FTSE All World ex-US Index I	**	44,416,982
Vanguard	Vanguard Institutional Index Fund	**	255,766,176
Vanguard	Vanguard Index I	**	46,431,202
Vanguard	Vanguard Target Retirement 2020 Inv	**	54,134,833
Vanguard	Vanguard Target Retirement 2025 Inv	**	349,285,462
Vanguard	Vanguard Target Retirement 2030 Inv	**	150,244,074
Vanguard	Vanguard Target Retirement 2035 Inv	**	402,104,771
Vanguard	Vanguard Target Retirement 2040 Inv	**	148,290,190
Vanguard	Vanguard Target Retirement 2045 Inv	**	423,978,074
Vanguard	Vanguard Target Retirement 2050 Inv	**	199,530,351
Vanguard	Vanguard Target Retirement 2055 Inv	**	313,174,814
Vanguard	Vanguard Target Retirement 2060 Inv	**	139,204,406

The Retirement Savings Plan

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

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual funds (continued)			
Vanguard	Vanguard Target Retirement 2065 Inv	** \$	24,677,701
Vanguard	Vanguard Target Retirement Income Fund	**	85,327,429
Total mutual funds			3,357,826,064
Self-directed brokerage			
Self Directed Brokerage	Empower Self-Directed Brokerage	** \$	18,348,817
Personal Choice	Transamerica Personal Choice	**	417,869
Total self-directed brokerage			18,766,686
Pooled separate/variable annuity accounts			
College Retirement Equities Fund*	CREF Bond Market	** \$	8,934,627
College Retirement Equities Fund*	CREF Equity Index	**	36,165,249
College Retirement Equities Fund*	CREF Global Equities	**	24,524,875
College Retirement Equities Fund*	CREF Growth	**	62,676,226
College Retirement Equities Fund*	CREF Inflation-Linked Bond	**	5,831,831
College Retirement Equities Fund*	CREF Stock	**	101,242,116
College Retirement Equities Fund*	CREF Social Choice	**	9,151,043
Lincoln National Life*	Delaware VIP Dvrs Income	**	272,344
Lincoln National Life*	Delaware VIP High Yield Series	**	396,272
Lincoln National Life*	Delaware VIP REIT Series	**	582,764
Lincoln National Life*	Lincoln VIP Baron Growth Opportunity	**	1,795,340
Lincoln National Life*	Lincoln VIP Clarion Global Real Estate	**	7,403
Lincoln National Life*	Lincoln VIP Mondrian International Value Fund	**	239,053
Lincoln National Life*	Lincoln VIP Social Awareness Fund	**	291,861
Lincoln National Life*	Lincoln VIP SSGA Bond Index Fund	**	8,188
Lincoln National Life*	Lincoln VIP SSGA Small Cap Index Fund	**	1,216,917
Lincoln National Life*	Lincoln VIP SSGA S&P 500 Fund	**	8,615,115
Empower Annuity Insurance Company*	Medley PSF Diversified Bond Portfolio	**	297,642
Empower Annuity Insurance Company*	Medley PSF Government Income Portfolio	**	268,341
Prudential Insurance Company of America*	Medley Capital Growth Account	**	664,500
Prudential Insurance Company of America*	Medley PSF PGIM 50/50 Balanced Portfolio	**	330,476
Prudential Insurance Company of America*	Medley PSF PGIM Jennison Blend Portfolio	**	724,617
Prudential Insurance Company of America*	Medley PSF Flexible Managed Portfolio	**	99,004
Prudential Insurance Company of America*	Medley PSF Global Portfolio	**	372,008

The Retirement Savings Plan

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

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Pooled separate/variable annuity accounts (continued)			
Prudential Insurance Company of America*	Medley PSF Stock Index Portfolio	** \$	1,890,800
College Retirement Equities Fund*	TIAA Real Estate	**	16,934,402
College Retirement Equities Fund*	TFLIC Balanced II Variable	**	361,701
Transamerica Financial Life Ins. Co.*	TFLIC Intermediate Bond Variable	**	139,972
Transamerica Financial Life Ins. Co.*	TFLIC Large Value Opportunities Variable	**	653,594
Transamerica Financial Life Ins. Co.*	Transamerica Partners Funds Group Calvert Fund	**	8,761
Transamerica Financial Life Ins. Co.*	Transamerica Partners Funds Group Inflation Protected Securities Fund	**	112,520
Transamerica Financial Life Ins. Co.*	Transamerica Partners Funds Group International Equity Fund	**	174,765
Transamerica Financial Life Ins. Co.*	Transamerica Partners Funds Group Large Core Fund	**	1,077,740
Transamerica Financial Life Ins. Co.*	Transamerica Partners Funds Group Large Growth Fund	**	1,611,357
Transamerica Financial Life Ins. Co.*	Transamerica Short-Term Bond	**	50,918
Transamerica Financial Life Ins. Co.*	Transamerica Small Cap Growth	**	11,942
Transamerica Financial Life Ins. Co.*	Transamerica Small Cap Value	**	10,854
Transamerica Financial Life Ins. Co.*	Transamerica Partners High Yield	**	13,015
Total pooled separate/variable annuity accounts			287,760,153
Guaranteed investment contracts			
Empower Annuity Insurance Company*	Empower Guaranteed Long Term Fund Investment	** \$	141,852,876
Lincoln National Life*	Lincoln Fixed Annuity Contract	**	48,266,483
Lincoln National Life*	Lincoln Guaranteed Fixed Interest Account	**	23,777,032
Lincoln National Life*	Lincoln Stable Value M16	**	958,459
Prudential Insurance Co. of America*	Prudential Guaranteed Interest Account	**	1,161,497
Transamerica Financial Life Ins. Co.*	TFLIC Fixed Fund	**	2,944,708
Transamerica Financial Life Ins. Co.*	TFLIC Government Fixed Fund	**	82,416
Transamerica Financial Life Ins. Co.*	TFLIC Stable Fund	**	431,719
College Retirement Equities Fund*	TIAA Traditional Non Benefit Responsive	**	43,010,725
College Retirement Equities Fund*	TIAA Traditional Group Supplemental Retirement Annuity	**	112,382,108
Total guaranteed investment contracts			374,868,023

The Retirement Savings Plan

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

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Cash equivalents and money market funds			
College Retirement Equities Fund*	CREF Money Market	** \$	8,461,966
Fidelity Investments*	Fidelity Government Cash Reserves	**	5,733,744
Fidelity Investments*	Fidelity Government Money Market Fund	**	2,905,587
Fidelity Investments*	Fidelity Government Money Market PRM Fund	**	3,422,362
Fidelity Investments*	Fidelity Short-Term Bond Fund	**	115,330
Fidelity Investments*	Fidelity Treasury Only Money Market	**	469,148
Lincoln Employer account*	Cash	**	29,813
Empower Annuity Insurance Company*	Medley PSF Government Money Market Portfolio	**	102,882
Transamerica Partners Funds Group*	Transamerica Partners Government Money Market Fund	**	242,830
Total cash equivalents and money market funds			21,483,662
Total investments			4,060,704,588
Participant notes receivable*	Varying maturity dates, with interest rates ranging from 3.25% to 9.5%		39,576,891
			\$ 4,100,281,479

* Party in interest to the Plan.

** All participant-directed investments – cost not required.

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The Retirement Savings Plan

EIN 13-3957095 Plan #004

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

December 31, 2023

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual funds			
Lincoln National Life*	ABS VPS Global Thematic Growth	** \$	380,409
Lincoln National Life*	ABS VPS Growth	**	670,800
Lincoln National Life*	AF EuroPacific Growth Fund R4	**	2,210,118
Lincoln National Life*	AF EuroPacific Growth Fund R6	**	35,899,622
Lincoln National Life*	American Century VP Balanced	**	484,682
Lincoln National Life*	American Funds Global Growth	**	890,511
Lincoln National Life*	American Funds Growth Fund	**	4,294,246
Lincoln National Life*	American Funds Growth Income	**	998,240
Lincoln National Life*	American Funds International	**	689,320
Lincoln National Life*	BlackRock Global Allocation Fund, Inc.	**	134,015
College Retirement Equities Fund*	Columbia Small Cap Value IZ	**	413,842
Lincoln National Life*	Delaware VIP Small Cap Value Fund	**	370,323
Deutsche Asset & Wealth Management	Deutsche Alternative Asset Allocation VIP	**	658
DFA Securities, LLC	DFA Emerging Markets Core Equity I	**	10,220,221
Fidelity Investments*	Fidelity 500 Index Premium Class	**	13,900,084
Lincoln National Life*	Fidelity Asset Manager	**	716,846
Lincoln National Life*	Fidelity Asset Manager 20%	**	666,254
Lincoln National Life*	Fidelity Asset Manager 30%	**	105,895
Lincoln National Life*	Fidelity Asset Manager 40%	**	391,723
Lincoln National Life*	Fidelity Asset Manager 50%	**	1,800,916
Lincoln National Life*	Fidelity Asset Manager 60%	**	35,276
Lincoln National Life*	Fidelity Asset Manager 70%	**	2,761,745
Lincoln National Life*	Fidelity Asset Manager 85%	**	548,051
Fidelity Investments*	Fidelity Balanced Fund	**	3,280,811
Fidelity Investments*	Fidelity Blue Chip Growth Fund	**	27,799,487
Fidelity Investments*	Fidelity Blue Chip Value Fund	**	196,017
Fidelity Investments*	Fidelity Canada Fund	**	120,552
Fidelity Investments*	Fidelity Capital & Income Fund	**	1,233,328
Fidelity Investments*	Fidelity Capital Appreciation Fund	**	2,278,504
Fidelity Investments*	Fidelity China Region Fund	**	108,935
Fidelity Investments*	Fidelity Conservative Income Bond Fund	**	13,198
Fidelity Investments*	Fidelity Contrafund Fund	**	33,591,946
Fidelity Investments*	Fidelity Convertible Securities Fund	**	278,430
Fidelity Investments*	Fidelity Corporate Bond Fund	**	304,319
Fidelity Investments*	Fidelity Disciplined Equity Fund	**	1,307,382
Fidelity Investments*	Fidelity Diversified International Fund	**	1,130,139
Fidelity Investments*	Fidelity Dividend Growth	**	1,379,510
Fidelity Investments*	Fidelity Emerging Asia Fund	**	129,540
Fidelity Investments*	Fidelity Emerging Markets Fund	**	210,116
Fidelity Investments*	Fidelity Emerging Market Index Fund	**	187,322
Fidelity Investments*	Fidelity Environmental and Alternative Energy Fund	**	136,964
Fidelity Investments*	Fidelity Equity Dividend Income Fund	**	1,228,639

The Retirement Savings Plan

EIN 13-3957095 Plan #004

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

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual funds (continued)			
Fidelity Investments*	Fidelity Equity Income Fund	** \$	2,627,532
Fidelity Investments*	Fidelity Europe Fund	**	603,551
Fidelity Investments*	Fidelity Extended Market Index Fund – Premium Class	**	490,858
Fidelity Investments*	Fidelity Fund	**	2,410,656
Fidelity Investments*	Fidelity Float Retirement High Income Fund	**	77,633
Fidelity Investments*	Fidelity Focused High Income Fund	**	6,186
Fidelity Investments*	Fidelity Focused Stock Fund	**	520,088
Fidelity Investments*	Fidelity Freedom 2005 Fund	**	33,218
Fidelity Investments*	Fidelity Freedom 2010 Fund	**	685,710
Fidelity Investments*	Fidelity Freedom 2015 Fund	**	1,065,566
Fidelity Investments*	Fidelity Freedom 2020 Fund	**	3,686,683
Fidelity Investments*	Fidelity Freedom 2025 Fund	**	3,311,242
Fidelity Investments*	Fidelity Freedom 2030 Fund	**	8,318,251
Fidelity Investments*	Fidelity Freedom 2035 Fund	**	4,828,006
Fidelity Investments*	Fidelity Freedom 2040 Fund	**	2,861,513
Fidelity Investments*	Fidelity Freedom 2045 Fund	**	300,062
Fidelity Investments*	Fidelity Freedom 2050 Fund	**	188,781
Fidelity Investments*	Fidelity Freedom 2055 Fund	**	48,188
Fidelity Investments*	Fidelity Freedom 2060 Fund	**	22,471
Fidelity Investments*	Fidelity Freedom 2065 Fund	**	1,229
Fidelity Investments*	Fidelity Freedom Income Fund	**	414,486
Fidelity Investments*	Fidelity Global Commodity Stock Fund	**	38,665
Fidelity Investments*	Fidelity Global Credit Fund	**	6,303
Fidelity Investments*	Fidelity Global Ex U.S. Index Fund – Premium Class	**	10,533
Fidelity Investments*	Fidelity GNMA Fund	**	396,638
Fidelity Investments*	Fidelity Global High Income Fund	**	14,056
Fidelity Investments*	Fidelity Government Income Fund	**	317,302
Fidelity Investments*	Fidelity Growth Portfolio	**	3,465,972
Fidelity Investments*	Fidelity Growth & Income Fund	**	7,028,213
Fidelity Investments*	Fidelity Growth Company Fund	**	20,477,352
Fidelity Investments*	Fidelity Growth Discovery Fund	**	796,798
Fidelity Investments*	Fidelity Growth Strategies Fund	**	3,107,846
Fidelity Investments*	Fidelity High Income Fund	**	347,694
Fidelity Investments*	Fidelity Inflation-Protected Bond Index Fund – Premium Class	**	81,416
Fidelity Investments*	Fidelity Intermediate Bond Fund	**	625,306
Fidelity Investments*	Fidelity Intermediate Government Income Fund	**	80,724
Fidelity Investments*	Fidelity Intermediate Trust Bond Index Fund – Premium Class	**	229,303
Fidelity Investments*	Fidelity International Capital Appreciation Fund	**	312,808
Fidelity Investments*	Fidelity International Discovery Fund	**	398,022
Fidelity Investments*	Fidelity International Growth Fund	**	51,503

The Retirement Savings Plan

EIN 13-3957095 Plan #004

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

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual funds (continued)			
Fidelity Investments*	Fidelity International Index Fund – Premium Class	** \$	522,428
Fidelity Investments*	Fidelity International Real Estate Fund	**	54,582
Fidelity Investments*	Fidelity International Small Cap Fund	**	40,859
Fidelity Investments*	Fidelity International Small Cap Opportunity Fund	**	65,957
Fidelity Investments*	Fidelity International Value Fund	**	8,344
Fidelity Investments*	Fidelity Investment Grade Bond Fund	**	1,231,711
Fidelity Investments*	Fidelity Japan Fund	**	68,656
Fidelity Investment*	Fidelity Japan Smaller Companies Fund	**	47,349
Fidelity Investments*	Fidelity Large Cap Stock Fund	**	410,346
Fidelity Investments*	Fidelity Latin America Fund	**	173,471
Fidelity Investments*	Fidelity Leveraged Company Stock Fund	**	959,557
Fidelity Investments*	Fidelity Limited Term Government Fund	**	9,017
Fidelity Investments*	Fidelity Long-Term Treasury Bond Index Fund – Premium Class	**	52,225
Fidelity Investments*	Fidelity Low Priced Stock Fund	**	3,469,793
Fidelity Investments*	Fidelity Magellan Fund	**	18,724,786
Fidelity Investments*	Fidelity Mega Cap Stock Fund	**	366,592
Fidelity Investments*	Fidelity Mid Cap Enhanced Index Fund	**	–
Fidelity Investments*	Fidelity Mid Cap Index Fund	**	253,124
Fidelity Investments*	Fidelity Mid Cap Stock Fund	**	1,782,803
Fidelity Investments*	Fidelity Mid Cap Value Fund	**	411,439
Fidelity Investments*	Fidelity Mortgage Securities Fund	**	78,960
Fidelity Investments*	Fidelity Multi Asset Index Fund	**	213,659
Fidelity Investments*	Fidelity Nasdaq Composite Index Fund	**	2,211,998
Fidelity Investments*	Fidelity Natural Resources Fund	**	129,593
Fidelity Investments*	Fidelity New Markets Income Fund	**	346,812
Fidelity Investments*	Fidelity New Millennium Fund	**	4,246,853
Fidelity Investments*	Fidelity Nordic Fund	**	85,181
Fidelity Investments*	Fidelity OTC Portfolio	**	8,617,007
Fidelity Investments*	Fidelity Overseas Fund	**	1,723,739
Fidelity Investments*	Fidelity Pacific Basin Fund	**	760,442
Fidelity Investments*	Fidelity Puritan Fund	**	5,342,611
Fidelity Investments*	Fidelity Real Estate Income Fund	**	113,396
Fidelity Investments*	Fidelity Real Estate Index Fund	**	80,585
Fidelity Investments*	Fidelity Real Estate Investment Fund	**	581,734
Fidelity Investments*	Fidelity Select Automotive Portfolio	**	45,414
Fidelity Investments*	Fidelity Select Banking Fund	**	120,966
Fidelity Investments*	Fidelity Select Biotechnology Portfolio	**	2,308,318
Fidelity Investments*	Fidelity Select Brokerage & Investment Management Portfolio	**	316,998
Fidelity Investments*	Fidelity Select Chemicals Fund	**	151,521
Fidelity Investments*	Fidelity Select Communications Services Fund	**	149,236

The Retirement Savings Plan

EIN 13-3957095 Plan #004

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

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual funds (continued)			
Fidelity Investments*	Fidelity Select Consumer Discretionary Portfolio	** \$	33,714
Fidelity Investments*	Fidelity Select Consumer Staples Portfolio	**	122,489
Fidelity Investments*	Fidelity Select Construction and Housing Portfolio	**	629,987
Fidelity Investments*	Fidelity Select Defense and Aerospace Fund	**	952,709
Fidelity Investments*	Fidelity Select Energy Portfolio	**	862,109
Fidelity Investments*	Fidelity Select Financial Services Portfolio	**	149,414
Fidelity Investments*	Fidelity Select FinTech Portfolio	**	110,459
Fidelity Investments*	Fidelity Select Gold Portfolio	**	462,721
Fidelity Investments*	Fidelity Select Health Care Fund	**	2,877,883
Fidelity Investments*	Fidelity Select Health Care Service Fund	**	414,696
Fidelity Investments*	Fidelity Select Industrials Fund	**	100,000
Fidelity Investments*	Fidelity Select Insurance Fund	**	108,658
Fidelity Investments*	Fidelity Select IT Services Portfolio	**	221,358
Fidelity Investments*	Fidelity Select Leisure Fund	**	91,207
Fidelity Investments*	Fidelity Select Materials Portfolio	**	133,068
Fidelity Investments*	Fidelity Select Med Technology & Devices Portfolio	**	1,317,863
Fidelity Investments*	Fidelity Select Pharmaceutical Portfolio	**	211,722
Fidelity Investments*	Fidelity Select Retailing Fund	**	235,129
Fidelity Investments*	Fidelity Select Semiconductors Portfolio	**	3,691,634
Fidelity Investments*	Fidelity Select Software and Computer Fund	**	984,213
Fidelity Investments*	Fidelity Select Tech Hardware Portfolio	**	1,204,226
Fidelity Investments*	Fidelity Select Technology Portfolio Fund	**	7,153,329
Fidelity Investments*	Fidelity Select Telecomm Fund	**	89,358
Fidelity Investments*	Fidelity Select Transport Portfolio	**	139,512
Fidelity Investments*	Fidelity Select Utilities Portfolio	**	126,680
Fidelity Investments*	Fidelity Select Wireless Portfolio	**	80,233
Fidelity Investments*	Fidelity Short-Term Treasury Bond Index Fund – Premium Class	**	43,094
Fidelity Investments*	Fidelity Small Cap Discovery Fund	**	741,566
Fidelity Investments*	Fidelity Small Cap Growth Fund	**	432,641
Fidelity Investments*	Fidelity Small Cap Index Fund – Premium Class	**	92,189
Fidelity Investments*	Fidelity Small Cap Stock Fund	**	777,555
Fidelity Investments*	Fidelity Small Cap Value Fund	**	420,739
Fidelity Investments*	Fidelity Stock Selector All Cap Value Fund	**	321,807
Fidelity Investments*	Fidelity Stock Selector Large Cap Value Fund	**	174,177
Fidelity Investments*	Fidelity Stock Selector Mid Cap	**	74,569
Fidelity Investments*	Fidelity Stock Selector Small Cap Fund	**	258,938
Fidelity Investments*	Fidelity Strategic Dividend & Income Fund	**	11,548
Fidelity Investments*	Fidelity Strategic Income Fund	**	367,953
Fidelity Investments*	Fidelity Strategic Real Return Fund	**	9,534

The Retirement Savings Plan

EIN 13-3957095 Plan #004

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

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual funds (continued)			
Fidelity Investments*	Fidelity Telecom and Utilities Fund	** \$	85,446
Fidelity Investments*	Fidelity Total Bond Fund	**	497,855
Fidelity Investments*	Fidelity Total Emerging Markets	**	7,282
Fidelity Investments*	Fidelity Total International Equity Fund	**	10,635
Fidelity Investments*	Fidelity Total Market Index Fund – Premium Class	**	1,171,708
Fidelity Investments*	Fidelity Trend Fund	**	265,898
Fidelity Investments*	Fidelity US Bond Index Fund	**	661,242
Fidelity Investments*	Fidelity Value Fund	**	2,420,469
Fidelity Investments*	Fidelity Value Discovery Fund	**	73,071
Fidelity Investments*	Fidelity Value Strategies Fund	**	28,320
Fidelity Investments*	Fidelity Worldwide Fund	**	185,720
Harbor Capital	Harbor Capital Appreciation Fund	**	160,400,181
Janus Henderson	Janus Henderson Global Research Fund	**	592,521
JP Morgan	JPMorgan Equity Income A	**	1,972,440
Lazard Asset Management	Lazard Emerging Markets Open	**	108,305
Lincoln National Life*	Lincoln VIP Baron Inflation Protected	**	41,699
Lincoln National Life*	Lincoln VIP Black Rock Global Real Estate	**	8,823
Lincoln National Life*	Lincoln VIP Blended Large Cap Growth Managed Volatility	**	322,824
Lincoln National Life*	Lincoln VIP Blended Mid Cap Growth Managed Volatility	**	6,536
Lincoln National Life*	Lincoln VIP Bond Fund	**	690,182
Lincoln National Life*	Lincoln VIP Delaware Wealth Builder	**	17,817
Lincoln National Life*	Lincoln VIP Delaware Divers Floating Rate	**	190
Lincoln National Life*	Lincoln VIP Dimensional US Core Equity 1	**	438,985
Lincoln National Life*	Lincoln VIP Global Conservative Allocation Manager	**	292,221
Lincoln National Life*	Lincoln VIP Global Growth Allocation Manager	**	509,341
Lincoln National Life*	Lincoln VIP Global Moderate Allocation Manager	**	181,620
Lincoln National Life*	Lincoln VIP Global Income	**	35,058
Lincoln National Life*	Lincoln VIP JPMorgan Retirement Income	**	89,733
Lincoln National Life*	Lincoln VIP JPMorgan Select Mid Cap Value MV	**	10,094
Lincoln National Life*	Lincoln VIP SSGA International Index	**	144,617
Lincoln National Life*	Lincoln VIP SSGA International Managed Volatility	**	11,096
Lincoln National Life*	Lincoln VIP SSGA Emerging Market 100	**	117,054
Lincoln National Life*	Lincoln VIP SSGA Global Tac Allocation Managed Volatility Fund	**	107,614
Lincoln National Life*	Lincoln VIP T. Rowe Price Structured	**	809,387
Lincoln National Life*	Lincoln VIP T. Rowe Price 2020	**	343,419

The Retirement Savings Plan

EIN 13-3957095 Plan #004

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

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual funds (continued)			
Lincoln National Life*	Lincoln VIP T. Rowe Price 2030	** \$	323,986
Lincoln National Life*	Lincoln VIP T. Rowe Price 2040	**	64,578
Lincoln National Life*	Lincoln VIP T. Rowe Price 2050	**	24,491
Lincoln National Life*	Lincoln VIP T. Rowe Price Structured Mid-Cap Growth Fund	**	20,676
Lincoln National Life*	Lincoln VIP Smid Cap Core Fund	**	433,816
Lincoln National Life*	Lincoln VIP FT Global Equity Managed Volatility Fund	**	10,777
Neuberger Berman	Neuberger Berman Genesis R6 Fund	**	37,192,351
Neuberger Berman	Neuberger Berman Sustainable Equity Fund	**	566,330
PIMCO	PIMCO Real Return Institutional Fund	**	24,806,530
BlackRock*	BlackRock Total Return Fund Class K	**	1,221,067
Dodge & Cox*	Dodge & Cox Stock Fund Class I	**	60,823,248
Prudential Insurance Company of America*	PGIM Jennison Mid Cap Growth Z	**	1,473,928
Prudential Insurance Company of America*	PGIM Jennison Small Company Z	**	1,237,094
College Retirement Equities Fund*	T. Rowe Price Cap Appreciation Adv	**	3,100,724
College Retirement Equities Fund*	T. Rowe Price International Stock	**	692,883
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2010	**	977,647
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2015	**	896,877
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2020	**	2,086,022
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2025	**	3,051,985
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2030	**	2,281,351
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2035	**	2,260,387
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2040	**	1,335,938
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2045	**	858,029
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2050	**	279,033
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2055	**	8,400
TIAA-CREF*	TIAA-CREF Lifecycle Retirement Inc.	**	4,281
TIAA-CREF*	TIAA-CREF Mid-Cap Value	**	751,753
Vanguard	Vanguard Extended Market Index	**	95,519,971
Vanguard	Vanguard FTSE All World ex-US Index I	**	44,416,982
Vanguard	Vanguard Institutional Index Fund	**	255,766,176
Vanguard	Vanguard Index I	**	46,431,202
Vanguard	Vanguard Target Retirement 2020 Inv	**	54,134,833
Vanguard	Vanguard Target Retirement 2025 Inv	**	349,285,462
Vanguard	Vanguard Target Retirement 2030 Inv	**	150,244,074
Vanguard	Vanguard Target Retirement 2035 Inv	**	402,104,771
Vanguard	Vanguard Target Retirement 2040 Inv	**	148,290,190
Vanguard	Vanguard Target Retirement 2045 Inv	**	423,978,074
Vanguard	Vanguard Target Retirement 2050 Inv	**	199,530,351
Vanguard	Vanguard Target Retirement 2055 Inv	**	313,174,814
Vanguard	Vanguard Target Retirement 2060 Inv	**	139,204,406

The Retirement Savings Plan

EIN 13-3957095 Plan #004

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

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual funds (continued)			
Vanguard	Vanguard Target Retirement 2065 Inv	** \$	24,677,701
Vanguard	Vanguard Target Retirement Income Fund	**	85,327,429
Total mutual funds			3,357,826,064
Self-directed brokerage			
Self Directed Brokerage	Empower Self-Directed Brokerage	** \$	18,348,817
Personal Choice	Transamerica Personal Choice	**	417,869
Total self-directed brokerage			18,766,686
Pooled separate/variable annuity accounts			
College Retirement Equities Fund*	CREF Bond Market	** \$	8,934,627
College Retirement Equities Fund*	CREF Equity Index	**	36,165,249
College Retirement Equities Fund*	CREF Global Equities	**	24,524,875
College Retirement Equities Fund*	CREF Growth	**	62,676,226
College Retirement Equities Fund*	CREF Inflation-Linked Bond	**	5,831,831
College Retirement Equities Fund*	CREF Stock	**	101,242,116
College Retirement Equities Fund*	CREF Social Choice	**	9,151,043
Lincoln National Life*	Delaware VIP Dvrs Income	**	272,344
Lincoln National Life*	Delaware VIP High Yield Series	**	396,272
Lincoln National Life*	Delaware VIP REIT Series	**	582,764
Lincoln National Life*	Lincoln VIP Baron Growth Opportunity	**	1,795,340
Lincoln National Life*	Lincoln VIP Clarion Global Real Estate	**	7,403
Lincoln National Life*	Lincoln VIP Mondrian International Value Fund	**	239,053
Lincoln National Life*	Lincoln VIP Social Awareness Fund	**	291,861
Lincoln National Life*	Lincoln VIP SSGA Bond Index Fund	**	8,188
Lincoln National Life*	Lincoln VIP SSGA Small Cap Index Fund	**	1,216,917
Lincoln National Life*	Lincoln VIP SSGA S&P 500 Fund	**	8,615,115
Empower Annuity Insurance Company*	Medley PSF Diversified Bond Portfolio	**	297,642
Empower Annuity Insurance Company*	Medley PSF Government Income Portfolio	**	268,341
Prudential Insurance Company of America*	Medley Capital Growth Account	**	664,500
Prudential Insurance Company of America*	Medley PSF PGIM 50/50 Balanced Portfolio	**	330,476
Prudential Insurance Company of America*	Medley PSF PGIM Jennison Blend Portfolio	**	724,617
Prudential Insurance Company of America*	Medley PSF Flexible Managed Portfolio	**	99,004
Prudential Insurance Company of America*	Medley PSF Global Portfolio	**	372,008

The Retirement Savings Plan

EIN 13-3957095 Plan #004

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

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Pooled separate/variable annuity accounts (continued)			
Prudential Insurance Company of America*	Medley PSF Stock Index Portfolio	** \$	1,890,800
College Retirement Equities Fund*	TIAA Real Estate	**	16,934,402
College Retirement Equities Fund*	TFLIC Balanced II Variable	**	361,701
Transamerica Financial Life Ins. Co.*	TFLIC Intermediate Bond Variable	**	139,972
Transamerica Financial Life Ins. Co.*	TFLIC Large Value Opportunities Variable	**	653,594
Transamerica Financial Life Ins. Co.*	Transamerica Partners Funds Group Calvert Fund	**	8,761
Transamerica Financial Life Ins. Co.*	Transamerica Partners Funds Group Inflation Protected Securities Fund	**	112,520
Transamerica Financial Life Ins. Co.*	Transamerica Partners Funds Group International Equity Fund	**	174,765
Transamerica Financial Life Ins. Co.*	Transamerica Partners Funds Group Large Core Fund	**	1,077,740
Transamerica Financial Life Ins. Co.*	Transamerica Partners Funds Group Large Growth Fund	**	1,611,357
Transamerica Financial Life Ins. Co.*	Transamerica Short-Term Bond	**	50,918
Transamerica Financial Life Ins. Co.*	Transamerica Small Cap Growth	**	11,942
Transamerica Financial Life Ins. Co.*	Transamerica Small Cap Value	**	10,854
Transamerica Financial Life Ins. Co.*	Transamerica Partners High Yield	**	13,015
Total pooled separate/variable annuity accounts			287,760,153
Guaranteed investment contracts			
Empower Annuity Insurance Company*	Empower Guaranteed Long Term Fund Investment	** \$	141,852,876
Lincoln National Life*	Lincoln Fixed Annuity Contract	**	48,266,483
Lincoln National Life*	Lincoln Guaranteed Fixed Interest Account	**	23,777,032
Lincoln National Life*	Lincoln Stable Value M16	**	958,459
Prudential Insurance Co. of America*	Prudential Guaranteed Interest Account	**	1,161,497
Transamerica Financial Life Ins. Co.*	TFLIC Fixed Fund	**	2,944,708
Transamerica Financial Life Ins. Co.*	TFLIC Government Fixed Fund	**	82,416
Transamerica Financial Life Ins. Co.*	TFLIC Stable Fund	**	431,719
College Retirement Equities Fund*	TIAA Traditional Non Benefit Responsive	**	43,010,725
College Retirement Equities Fund*	TIAA Traditional Group Supplemental Retirement Annuity	**	112,382,108
Total guaranteed investment contracts			374,868,023

The Retirement Savings Plan

EIN 13-3957095 Plan #004

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

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Cash equivalents and money market funds			
College Retirement Equities Fund*	CREF Money Market	** \$	8,461,966
Fidelity Investments*	Fidelity Government Cash Reserves	**	5,733,744
Fidelity Investments*	Fidelity Government Money Market Fund	**	2,905,587
Fidelity Investments*	Fidelity Government Money Market PRM Fund	**	3,422,362
Fidelity Investments*	Fidelity Short-Term Bond Fund	**	115,330
Fidelity Investments*	Fidelity Treasury Only Money Market	**	469,148
Lincoln Employer account*	Cash	**	29,813
Empower Annuity Insurance Company*	Medley PSF Government Money Market Portfolio	**	102,882
Transamerica Partners Funds Group*	Transamerica Partners Government Money Market Fund	**	242,830
Total cash equivalents and money market funds			21,483,662
Total investments			4,060,704,588
Participant notes receivable*	Varying maturity dates, with interest rates ranging from 3.25% to 9.5%		39,576,891
			\$ 4,100,281,479

* Party in interest to the Plan.

** All participant-directed investments – cost not required.