

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
---	---	---

**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) \_\_\_\_\_

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

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan  <u>EMPLOYEES' RETIREMENT PLAN OF NEWYORK-PRESBYTERIAN WESTCHESTER HOSPITAL</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>006</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)          Mailing address (include room, apt., suite no. and street, or P.O. Box)          City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  <u>THE NEW YORK AND PRESBYTERIAN HOSPITAL</u></p> <p><u>525 EAST 68TH STREET, BOX 38004</u>  <u>NEW YORK, NY 10065-4870</u></p>	<p><b>1c</b> Effective date of plan  <u>01/01/1962</u></p> <p><b>2b</b> Employer Identification Number (EIN)  <u>13-3957095</u></p> <p><b>2c</b> Plan Sponsor's telephone number  <u>646-697-4727</u></p> <p><b>2d</b> Business code (see instructions)  <u>622000</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/15/2024	RACHEL MARLING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  																				
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>THE NEW YORK PRESBYTERIAN HOSPITAL</b> <b>c</b> Plan Name <b>EMPLOYEES' RETIREMENT PLAN OF NEWYORK-PRESBYTERIAN WESTCHESTER HOSPITAL</b>	<b>4b</b> EIN <b>13-3957095</b>  <b>4d</b> PN <b>006</b>																				
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> <b>2373</b>																				
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;"><b>6a(1)</b></td><td style="text-align: right;"><b>934</b></td></tr> <tr><td><b>6a(2)</b></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td><b>6b</b></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td><b>6c</b></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td><b>6d</b></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td><b>6e</b></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td><b>6f</b></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td style="text-align: right;"><b>2</b></td></tr> </table>	<b>6a(1)</b>	<b>934</b>	<b>6a(2)</b>	<b>0</b>	<b>6b</b>	<b>0</b>	<b>6c</b>	<b>0</b>	<b>6d</b>	<b>0</b>	<b>6e</b>	<b>0</b>	<b>6f</b>	<b>0</b>	<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	<b>2</b>
<b>6a(1)</b>	<b>934</b>																				
<b>6a(2)</b>	<b>0</b>																				
<b>6b</b>	<b>0</b>																				
<b>6c</b>	<b>0</b>																				
<b>6d</b>	<b>0</b>																				
<b>6e</b>	<b>0</b>																				
<b>6f</b>	<b>0</b>																				
<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>	<b>2</b>																				
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>																				

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 1A 1I 3H

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
---	---

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

<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u> (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

---

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
---	--	--

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

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

<b>A</b> Name of plan <u>EMPLOYEES' RETIREMENT PLAN OF NEWYORK-PRESBYTERIAN WESTCHESTER HOSPITAL</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>006</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE NEW YORK AND PRESBYTERIAN HOSPITAL</u>	<b>D</b> Employer Identification Number (EIN) <u>13-3957095</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2023</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	<u>301364392</u>	
<b>b</b> Actuarial value .....	<b>2b</b>	<u>323160672</u>	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>755</u>	<u>124987836</u>	<u>124987836</u>
<b>b</b> For terminated vested participants .....	<u>684</u>	<u>48888284</u>	<u>48888284</u>
<b>c</b> For active participants .....	<u>934</u>	<u>84465770</u>	<u>85531303</u>
<b>d</b> Total .....	<u>2373</u>	<u>258341890</u>	<u>259407423</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	<u>5.05 %</u>	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>1088112</u>	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>400000</u>	
<b>c</b> Target normal cost .....	<b>6c</b>	<u>1488112</u>	

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

<b>SIGN HERE</b>  Signature of actuary  <u>JONATHAN SCHATZ</u> Type or print name of actuary  <u>BUCK GLOBAL, LLC</u> Firm name  <u>420 LEXINGTON AVENUE, SUITE 2220</u> <u>NEW YORK, NY 10170-2220</u>  Address of the firm	<u>09/19/2024</u> Date  <u>23-07386</u> Most recent enrollment number  <u>212-330-1000</u> Telephone number (including area code)
---	--

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	48936555
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	48936555
<b>10</b>	Interest on line 9 using prior year's actual return of <u>-9.67</u> % .....	0	-4732165
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.47</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	44204390

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	107.53 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	124.57 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	110.76 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

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

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

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

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

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
-------------------------	-------------------	-------------------	-------------------	--

**b** Applicable month (enter code)..... **21b** 66

**22** Weighted average retirement age ..... **22** 66

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

**Part VI Miscellaneous Items**

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

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

**26** Demographic and benefit information

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

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

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

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

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	1488112
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	1488112

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

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

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

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0

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

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

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

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

<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0

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

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

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

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

<b>A</b> Name of plan <b>EMPLOYEES' RETIREMENT PLAN OF NEWYORK-PRESBYTERIAN WESTCHESTER HOSPITAL</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>006</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>THE NEW YORK AND PRESBYTERIAN HOSPITAL</b>	<b>D</b> Employer Identification Number (EIN) <b>13-3957095</b>	

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

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

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

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

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

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

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

BUCK GLOBAL, LLC

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50 70	NONE	260991	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE BANK OF NEW YORK MELLON

13-5160382

(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 13 21 50	NONE	7143	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

**SCHEDULE 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.**

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

<b>A</b> Name of plan <u>EMPLOYEES' RETIREMENT PLAN OF NEWYORK-PRESBYTERIAN WESTCHESTER HOSPITAL</u>		<b>B</b> Three-digit plan number (PN) ▶ <u>006</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE NEW YORK AND PRESBYTERIAN HOSPITAL</u>		<b>D</b> Employer Identification Number (EIN) <u>13-3957095</u>

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

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NYPH MT WESTCHESTER DREYFUS</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>THE NEW YORK PRESBYTERIAN HOSPITAL</u>		
<b>c</b> EIN-PN <u>13-4011699-004</u>	<b>d</b> Entity code <u>M</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NYPH MT LONG TERM POOL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>THE NEW YORK PRESBYTERIAN HOSPITAL</u>		
<b>c</b> EIN-PN <u>13-4011699-001</u>	<b>d</b> Entity code <u>M</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Financial Information**

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

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

OMB No. 1210-0110

**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**

<b>A</b> Name of plan <b>EMPLOYEES' RETIREMENT PLAN OF NEWYORK-PRESBYTERIAN WESTCHESTER HOSPITAL</b>		<b>B</b> Three-digit plan number (PN) ▶	<b>006</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>THE NEW YORK AND PRESBYTERIAN HOSPITAL</b>		<b>D</b> Employer Identification Number (EIN) <b>13-3957095</b>	

**Part I Asset and Liability Statement**

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

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

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	1d(1)		
(2) Employer real property .....	1d(2)		
e Buildings and other property used in plan operation .....	1e		
f Total assets (add all amounts in lines 1a through 1e) .....	1f	301364392	0
<b>Liabilities</b>			
g Benefit claims payable .....	1g		
h Operating payables .....	1h		
i Acquisition indebtedness .....	1i		
j Other liabilities .....	1j		
k Total liabilities (add all amounts in lines 1g through 1j) .....	1k	0	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	301364392	0

**Part II Income and Expense Statement**

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		22861614
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		
<b>c</b> Other income.....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		22861614

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	12128868	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		12128868
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees.....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees.....	<b>2i(6)</b>	7144	
(7) Actuarial fees.....	<b>2i(7)</b>	260991	
(8) Legal fees.....	<b>2i(8)</b>		
(9) Valuation/appraisal fees.....	<b>2i(9)</b>		
(10) Other trustee fees and expenses.....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	226944	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		495079
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		12623947

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		10237667
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan.....	<b>2l(2)</b>		311602059

**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
<b>a</b> 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.) .....		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
<b>e</b> Was this plan covered by a fidelity bond?.....	X		25000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....	X		189515287
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....		X	
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....	X		
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....			

**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)
NEWYORK-PRESBYTERIAN PENSION PLAN	13-3957095	009

**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 511222.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
--	---	---

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

<b>A</b> Name of plan <u>EMPLOYEES' RETIREMENT PLAN OF NEWYORK-PRESBYTERIAN WESTCHESTER HOSPITAL</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>006</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>THE NEW YORK AND PRESBYTERIAN HOSPITAL</u>	<b>D</b> Employer Identification Number (EIN) <u>13-3957095</u>	

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

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

<b>1</b> 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): 25-1926855

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	0
--	---	---

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

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

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

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

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

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: 47.4 % Private Equity: 16.8 % Investment-Grade Debt and Interest Rate Hedging Assets: 12.5 %  
 High-Yield Debt: 4.5 % Real Assets: 13.1 % Cash or Cash Equivalents: 1.3 % Other: 4.4 %

**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**

**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 \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

FINANCIAL STATEMENTS

The Employees' Retirement Plan of  
NewYork-Presbyterian Westchester Hospital  
Years Ended December 31, 2023 and 2022  
With Report of Independent Auditors

Ernst & Young LLP



The Employees' Retirement Plan of New York-Presbyterian Westchester Hospital

Financial Statements

Years Ended December 31, 2023 and 2022

**Contents**

Report of Independent Auditors ..... 1

Financial Statements

Statements of Net Assets Available for Benefits.....5

Statements of Changes in Net Assets Available for Benefits.....6

Notes to Financial Statements .....7



## 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 have performed audits of the financial statements of The Employees' Retirement Plan of New York-Presbyterian Westchester Hospital (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 statements of changes in net assets available for benefits for the years then ended, and the related notes (collectively referred to as the "financial statements").

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

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### **Opinion**

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

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

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

### **Basis for Opinion**

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

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

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

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

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

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

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

In performing an audit in accordance with GAAS, we:

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

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



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

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

*Ernst + Young LLP*

October 14, 2024

The Employees' Retirement Plan of New York-Presbyterian Westchester Hospital

Statements of Net Assets Available for Benefits

	<b>December 31</b>	
	<b>2023</b>	<b>2022</b>
<b>Assets</b>		
Beneficial interest in the New York-Presbyterian Hospital Master Trust	\$ –	\$ 301,364,392
Total assets	–	301,364,392
Net assets available for benefits	\$ –	\$ 301,364,392

*See accompanying notes.*

The Employees' Retirement Plan of New York-Presbyterian Westchester Hospital

Statements of Changes in Net Assets Available for Benefits

	<b>Year Ended December 31</b>	
	<b>2023</b>	<b>2022</b>
<b>Deductions</b>		
Benefit payments	\$ 12,128,868	\$ 11,696,052
Administrative expenses	495,079	296,075
Total deductions	<u>12,623,947</u>	<u>11,992,127</u>
Net investment gain (loss) from Plan interest in the New York-Presbyterian Hospital Master Trust	<u>22,861,614</u>	(32,958,463)
Net increase (decrease) in net assets available for benefits	<u>10,237,667</u>	(44,950,590)
Transfer to New York-Presbyterian Pension Plan for plan merger ( <i>Note 1</i> )	(311,602,059)	–
Net assets available for benefits at beginning of year	<u>301,364,392</u>	346,314,982
Net assets available for benefits at end of year	<u>\$ –</u>	<u>\$ 301,364,392</u>

*See accompanying notes.*

# The Employees' Retirement Plan of New York-Presbyterian Westchester Hospital

## Notes to Financial Statements

December 31, 2023

### **1. Description of the Plan**

Effective December 31, 2023, The Employees' Retirement Plan of New York-Presbyterian Westchester Hospital (the Plan) was merged into New York-Presbyterian Pension Plan, formerly known as New York-Presbyterian/Queens Retirement Plan, (the Continuing Plan) with all of the Plan's net assets available for benefits transferred from the Plan to the Continuing Plan as of December 31, 2023.

The following description of the Plan provides general information about the Plan's provisions prior to the plan merger. Participants should refer to the plan document and summary plan description for a more complete description of the Plan's provisions, copies of which may be obtained from The New York and Presbyterian Hospital (the Hospital or Plan Sponsor). The Plan's provisions applicable to its participants will continue to be in effect in the Continuing Plan.

#### **General**

Prior to the plan merger, the Plan, established January 1, 1962, was a noncontributory defined benefit pension plan for eligible employees of the entity formerly known as Lawrence Hospital Center (LHC). Effective January 1, 2001, all employees of Lawrence Community Health Services (LCHS), formerly a subsidiary of LHC and now an affiliate of the Hospital, became eligible participants in the Plan, subject to the then current provisions of the Plan. Effective June 1, 2009, all employees of Lawrence Medical Associates, P.C. d/b/a New York-Presbyterian Medical Group Westchester, formerly a subsidiary of LHC and now an affiliate of the Hospital, became eligible participants in the Plan, subject to the then current provisions of the Plan. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Board of Trustees of the Hospital served as the plan administrator. The Bank of New York Mellon (the Trustee) served as Trustee and was authorized to make payments from the Plan upon direction from the plan administrator.

The Plan's investments were combined with the investments of retirement plans of related entities in a unitized investment program called the New York-Presbyterian Hospital Master Trust (the Master Trust). The unitized investment program was established with the objective of optimizing investment returns, while managing investment risk.

# The Employees' Retirement Plan of New York-Presbyterian Westchester Hospital

## Notes to Financial Statements (continued)

### 1. Description of the Plan (continued)

#### Eligibility

Prior to January 1, 2018, employees became members of the Plan upon the attainment of age 21 and the completion of one year of continuous service, as defined in the Plan document. Effective January 1, 2018, union employees became members on the Plan upon the attainment of age 21 and the completion of one year of continuous service, as defined by the Plan document.

Effective December 31, 2019, Plan benefits of employees who are represented by 1199 SEIU United Health Care Workers East (1199 Union) were frozen. No employee who is represented by the 1199 Union will become a Plan participant on or after that date.

#### Benefits

Participants with five years of continuous service, as defined by the Plan, become 100% vested and are entitled to pension benefits upon retirement. If employees terminate before rendering five years of continuous service, they forfeit the right to receive pension benefits upon retirement. Pension benefits are provided to participants under several types of retirement options based upon years of continuous service and age. Retirement benefits are paid to pensioners or beneficiaries in various forms of joint-and-survivor annuities and certain-and-life annuities. Lump-sum payment options may also apply.

In 2005, the Board of Directors of LHC approved an amendment to the definition of credited service. Previously, credit was recognized from the date an employee became a Plan participant – age 21 and one year of service. Effective for retirements/terminations after December 31, 2005, credited service will include all service from the date of employment.

The Plan was amended on November 15, 2017 such that effective after December 31, 2017, benefit accruals for certain Plan participants was frozen. Non-union participants who were at least age 59 with 10 years of credited service as of December 31, 2017 are grandfathered and will continue to accrue benefits.

If a participant eligible for vested benefits dies before benefit commencement, the participant's surviving spouse shall receive one-half of the benefit the participant would have received had the participant retired or terminated immediately before the participant's date of death and elected to commence benefits, as a 50% Joint and Survivor Annuity at the earliest possible date.

# The Employees' Retirement Plan of New York-Presbyterian Westchester Hospital

## Notes to Financial Statements (continued)

### **1. Description of the Plan (continued)**

An active participant with 15 years of credited service who becomes totally and permanently disabled is eligible for disability pension benefits. The participant may either elect to commence an immediate disability pension which is an actuarially reduced normal retirement allowance based on compensation and credited service at time of disability, commencing on the first day of the month following disability increasing to the unreduced benefit upon receipt of a social security disability award, or the participant may defer commencement to age 65 based on additional service credited for the period beginning on date of disability and ending on earlier of age 65 or cessation of disability.

Unclaimed benefit payments shall be forfeited and applied to reduce future Hospital contributions otherwise payable and will not be applied to increase the benefits of any participant that would otherwise receive under the Plan.

### **Funding**

Contributions to provide benefits under the Plan were made by the Hospital. The funding policy was to make cash contributions in amounts as determined by the Plan's independent actuary. All contributions to the Plan were invested in the Master Trust. The Hospital did not contribute to the Plan in 2023 or 2022. The Plan has met the minimum funding requirements of ERISA for the years ended December 31, 2023 and 2022.

### **Plan Termination**

Prior to the plan merger, the Hospital reserved the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

In general, upon termination of a plan, the net assets of the plan are allocated for payment to the participants in an order of priority as prescribed by ERISA and its related regulations and the plan document. Whether all participants receive their benefits should a plan terminate at some future time depends on the sufficiency, at that time, of the plan's net assets to provide for accumulated plan benefits and may also depend on the financial condition of the Hospital and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) as well as the priority of those benefits. Some benefits may be fully or partially provided for by the then-existing net assets of the plan and the PBGC guarantee, while other benefits may not be provided for at all.

# The Employees' Retirement Plan of New York-Presbyterian Westchester Hospital

## Notes to Financial Statements (continued)

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

The following is a summary of the Plan's significant accounting policies prior to the plan merger:

#### **Basis of Accounting**

The accompanying financial statements were prepared on the accrual basis of accounting.

#### **Payment of Benefits**

Benefits were recorded when paid.

#### **Use of Estimates**

The preparation of 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. Actual results could differ from those estimates.

#### **Administrative Expenses**

Custodial fees to the Plan trustee, actuarial, legal and accounting fees and fees for other services rendered were paid from Plan assets.

#### **Valuation of Investments**

All of the Plan's investments in the Master Trust were held with the Trustee.

Investments held by the Master Trust at December 31, 2023 and 2022 consisted of cash and cash equivalents, fixed income securities (including U.S. government bonds and notes), equity securities (including readily tradeable stocks, exchange traded funds, and mutual funds), interests in common collective equity funds and alternative investments (nontraditional, not readily marketable holdings).

# The Employees' Retirement Plan of New York-Presbyterian Westchester Hospital

## Notes to Financial Statements (continued)

### **2. Summary of Significant Accounting Policies (continued)**

All investments are carried at fair value by the Master Trust. See Note 9 for further discussion and disclosures related to fair value measurements. Fixed income and equity securities with readily determinable values are carried at fair value as determined based on active markets. The fair value of common collective equity funds is estimated by using the net asset value per share provided by the administrator of the applicable common collective equity funds as a practical expedient.

Alternative investments include investments in hedge funds, private equity funds and private real asset funds. Alternative investment interests generally are structured such that the Master Trust holds a limited partnership interest or an interest in an investment management company. The ownership structure does not provide for control over the related investees and the financial risk is limited to the carrying amount reported for each investee, in addition to any unfunded capital commitment.

Individual investment holdings within the alternative investments include non-marketable and market-traded debt, equity and real asset securities and interests in other alternative investments. The Plan may have been exposed indirectly to securities lending, short sales of securities and trading in futures and forward contracts, options and other derivative products.

Alternative investments are reported at fair value, as estimated in an unquoted market. Fair value is determined by the Plan Sponsor's management for each investment using net asset value as a practical expedient, as permitted by accounting principles generally accepted in the United States of America, rather than using another valuation method to independently estimate fair value. Financial information used by the Plan Sponsor's management to evaluate the alternative investments is provided by the investment manager or general partner and includes fair value valuations (quoted market prices and values determined through other means) of underlying securities and other financial instruments held by the investee and estimates that require varying degrees of judgment. The financial statements of the investee companies are audited annually by independent auditors.

There is uncertainty in the accounting for alternative investments arising from factors such as lack of active markets (primary and secondary), lack of transparency into underlying holdings and time lags associated with reporting by the investee companies. As a result, the estimated fair values reported in the accompanying statements of net assets available for benefits prior to the plan merger might have differed from the values that would have been used had a ready market for alternative investment interests existed and there was at least a reasonable possibility that estimates will change.

# The Employees' Retirement Plan of New York-Presbyterian Westchester Hospital

## Notes to Financial Statements (continued)

### **2. Summary of Significant Accounting Policies (continued)**

#### **Investment Transactions**

All investment transactions made by the Plan and the Master Trust were recorded on the dates such trades took place. The realized gain or loss resulting from these transactions was the difference between the proceeds received and the average historical cost of the assets sold. Interest income was recorded as earned. Dividends were recorded on the ex-dividend date. Unrealized net appreciation or depreciation in fair value of investments represented the change in the difference between the fair value and the carrying value of investments held. The Plan recognized the aggregate of such activity as the net investment gain or loss from its interest in the Master Trust.

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

Accumulated plan benefits (see Note 4) represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees through the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability and termination of employment – are included, to the extent they were deemed attributable to employee services rendered to the valuation date. As a result of the plan merger, the accumulated plan benefits were transferred to the Continuing Plan effective December 31, 2023.

### **3. Investments**

As described in Note 1, prior to the plan merger, the Plan's investments were combined with the investments of related entities' retirement plans in a unitized investment program which consists of various pools of investments. Each plan that participates in the Master Trust has a divided interest in the Master Trust through percentage ownership interests in certain investment pools within the Master Trust. All administrative expenses are paid from the assets of the Master Trust. Each plan is allocated gains, losses and investment management fees based on its monthly ownership interest in the respective pools. Other transactions (primarily consisting of contributions, benefit payments, and plan-specific expenses) are recorded based on specific Plan activity as determined by the Plan Sponsor.

# The Employees' Retirement Plan of New York-Presbyterian Westchester Hospital

## Notes to Financial Statements (continued)

### 3. Investments (continued)

Other than the fair value of the investments classified as alternative investments and the related net realized and unrealized appreciation or depreciation in fair value of alternative investments, certain investment information for the Master Trust and the Plan disclosed in the accompanying financial statements, including investments held at December 31, 2023 and 2022, net realized and unrealized appreciation and depreciation in fair value of investments, interest and dividends and net investment gain and loss from Plan interest in the Master Trust for the years then ended, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by the Trustee.

As a result of the plan merger, the Plan's interest in the Master Trust as of December 31, 2023 was transferred to the Continuing Plan.

The financial information for the Master Trust and the Plan's interest in the Master Trust as of December 31, 2022 was summarized as follows:

	<b>Master Trust</b>	<b>Plan's Interest in Master Trust</b>
Investments:		
Cash and cash equivalents*	\$ 180,379,177	\$ 22,816,314
Fixed income securities*	4,250,095	539,311
Equities*	15,528,675	1,970,494
Common collective equity funds*	629,529,823	79,883,509
Alternative investments	<u>1,521,982,347</u>	<u>192,978,197</u>
Total investments	2,351,670,117	298,187,825
Accrued income*	324,051	41,121
Due from broker*	24,709,189	3,135,446
Total net assets	<u>\$ 2,376,703,357</u>	<u>\$ 301,364,392</u>

\* This information has been certified as complete and accurate by the Trustee.

# The Employees' Retirement Plan of New York-Presbyterian Westchester Hospital

## Notes to Financial Statements (continued)

### 3. Investments (continued)

For the year ended December 31, 2023, the Master Trust's dividends, interest income and net appreciation in the fair value of the Master Trust's investments (including investments bought, sold, as well as held during the year) and the Plan's interest in the Master Trust were as follows:

	<b>Master Trust</b>	<b>Plan's Interest in Master Trust</b>
Dividends and interest income*	\$ 22,349,758	\$ 2,823,115
Net realized and unrealized appreciation in fair value of investments:		
Fixed income securities*	1,079,554	140,504
Equities*	2,927,469	373,137
Common collective equity funds*	138,292,903	17,618,261
	<u>142,299,926</u>	<u>18,131,902</u>
Net realized and unrealized appreciation in fair value of alternative investments	14,667,228	1,906,597
Net investment gain	<u>\$ 179,316,912</u>	<u>\$ 22,861,614</u>

\* This information has been certified as complete and accurate by the Trustee.

For the year ended December 31, 2022, the Master Trust's dividends, interest income and net depreciation in the fair value of the Master Trust's investments (including investments bought, sold, as well as held during the year) and the Plan's interest in the Master Trust were as follows:

	<b>Master Trust</b>	<b>Plan's Interest in Master Trust</b>
Dividends and interest income*	\$ 26,231,048	\$ 3,313,893
Net realized and unrealized depreciation in fair value of investments:		
Fixed income securities*	(2,364,999)	(304,557)
Equities*	(7,298,052)	(927,780)
Common collective equity funds*	(136,891,819)	(17,366,426)
	<u>(146,554,870)</u>	<u>(18,598,763)</u>
Net realized and unrealized depreciation in fair value of alternative investments	(139,777,217)	(17,673,593)
Net investment loss	<u>\$ (260,101,039)</u>	<u>\$ (32,958,463)</u>

\* This information has been certified as complete and accurate by the Trustee.

# The Employees' Retirement Plan of New York-Presbyterian Westchester Hospital

## Notes to Financial Statements (continued)

### 4. Accumulated Plan Benefits

The Plan's consulting actuary estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefit information as of December 31, 2023 prior to the plan merger and December 31, 2022 is as follows:

	<b>2023</b> <b>(Prior to the</b> <b>Plan Merger)</b>	<b>2022</b>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefits	<b>\$ 106,232,284</b>	\$ 104,037,157
Other participants	<b>95,650,424</b>	93,994,725
Total vested benefits	<b>201,882,708</b>	198,031,882
Nonvested benefits	<b>1,168,442</b>	1,269,676
Total actuarial present value of accumulated plan benefits	<b>\$ 203,051,150</b>	\$ 199,301,558

The changes in accumulated plan benefits were as follows:

	<b>2023</b> <b>(Prior to the</b> <b>Plan Merger)</b>	<b>2022</b>
Actuarial present value of accumulated plan benefits at beginning of year	<b>\$ 199,301,558</b>	\$ 193,723,866
(Decrease) increase during the year attributable to:		
Benefits paid	<b>(12,128,868)</b>	(11,696,052)
Interest	<b>14,501,007</b>	14,098,617
Benefits accumulated and other plan experience	<b>1,377,453</b>	3,175,127
Net change	<b>3,749,592</b>	5,577,692
Actuarial present value of accumulated plan benefits at end of year	<b>\$ 203,051,150</b>	\$ 199,301,558

# The Employees' Retirement Plan of New York-Presbyterian Westchester Hospital

## Notes to Financial Statements (continued)

### 4. Accumulated Plan Benefits (continued)

As a result of the plan merger, the accumulated plan benefits were transferred to the Continuing Plan effective December 31, 2023.

### 5. Actuarial Assumptions

Significant assumptions used by the Plan's consulting actuaries to estimate the accumulated plan benefits were as follows:

Assumed rate of return  
on investments 7.50% in 2023 and 2022

Mortality table 2023 and 2022: The Pri-2012 Total Employee and Retiree  
Mortality Tables (base year 2012) and projected with Mortality  
Improvement Scale MP-2021

Retirement age Assumed to occur between ages 55 and 70 in accordance with  
the following schedule of retirement rates:

<u>Age</u>	<u>Retirement Rate</u>
55-59	3%
60-61	4
62-64	11
65-69	24
70	100

Vesting Any member whose employment with the Hospital is  
terminated for reasons other than death or retirement is to be  
eligible for a vested retirement allowance if the employee has  
at least 5 years of continuous service rendered after age 18.

Disability Retirement Eligibility upon completion of 15 years of credited service.

# The Employees' Retirement Plan of New York-Presbyterian Westchester Hospital

## Notes to Financial Statements (continued)

### **5. Actuarial Assumptions (continued)**

The actuarial assumptions were based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. As a result of the plan merger, the accumulated plan benefits were transferred to the Continuing Plan effective December 31, 2023.

### **6. Tax Status**

The Plan received a determination letter from the Internal Revenue Service (IRS) dated September 7, 2017, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended and restated. Once qualified, the Plan was required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan was being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan, as amended and restated, was qualified and the related trust and Master Trust are tax-exempt.

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

### **7. Risks and Uncertainties**

The Master Trust 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 the amounts reported by the Master Trust.

# The Employees' Retirement Plan of New York-Presbyterian Westchester Hospital

## Notes to Financial Statements (continued)

### **7. Risks and Uncertainties (continued)**

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

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 the Hospital's and its related entities' retirement plans and the responsibilities of those entities for associated liabilities, although such effects are uncertain at this time.

### **8. Party-In-Interest Transactions**

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

### **9. Fair Value Measurements**

The Master Trust uses various methods of calculating fair value for its financial assets and liabilities, when applicable. 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. Fair value measurements are applied based on the unit of account from the reporting entity's perspective. The unit of account determines what is being measured by reference to the level at which the asset or liability is aggregated (or disaggregated).

# The Employees' Retirement Plan of New York-Presbyterian Westchester Hospital

## Notes to Financial Statements (continued)

### 9. Fair Value Measurements (continued)

The Master Trust uses a three-level valuation hierarchy for disclosure of fair value measurements. The valuation hierarchy is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows:

*Level 1:* Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.

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

*Level 3:* Unobservable inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to Level 3 inputs.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. In determining fair value, the Plan uses valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible and considers non-performance risk in its assessment of fair value. As described in Note 2, the Plan records certain investments at fair value based on net asset value as a practical expedient, as permitted by accounting principles generally accepted in the United States of America.

As a result of the plan merger, the Plan's interest in the Master Trust as of December 31, 2023 was transferred to the Continuing Plan. Accordingly, disclosures related to the Master Trust's investment holdings as of December 31, 2023 have been omitted.

# The Employees' Retirement Plan of New York-Presbyterian Westchester Hospital

## Notes to Financial Statements (continued)

### 9. Fair Value Measurements (continued)

The Master Trust's financial instruments carried at fair value as of December 31, 2022 are classified in the table below in one of the three categories described above:

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents <sup>(a)</sup>	\$ 180,379,177	\$ –	\$ –	\$ 180,379,177
Fixed income securities:				
U.S. government bonds and notes	4,250,095	–	–	4,250,095
Equities:				
U.S. equities <sup>(b)</sup>	563,814	–	–	563,814
Non-U.S. equities <sup>(c)</sup>	14,964,861	–	–	14,964,861
	<u>\$ 200,157,947</u>	<u>\$ –</u>	<u>\$ –</u>	<u>200,157,947</u>

Assets measured at net asset value:

Common collective equity funds <sup>(d)</sup>	629,529,823
Hedge funds <sup>(e)</sup>	346,575,741
Private equity <sup>(f)</sup>	699,396,474
Private real assets <sup>(g)</sup>	476,010,132
	<u>\$ 2,351,670,117</u>

<sup>(a)</sup> Cash and cash equivalents, including accrued income and amounts due from broker.

<sup>(b)</sup> Equity portfolios invested in common stock of corporations primarily domiciled in the United States.

<sup>(c)</sup> Equity portfolios invested in common stock of corporations primarily domiciled outside the United States, including emerging market countries.

<sup>(d)</sup> Common collective equity funds invested in common stock of corporations domiciled in the United States and outside the United States, including emerging market countries.

<sup>(e)</sup> Hedge funds include long and short equity, multi-strategy, event driven and relative value funds invested with managers who invest with different strategies and typically employ some leverage. In long and short equity, fund managers create a portfolio of long positions in stocks expected to appreciate over time and short positions in stocks expected to depreciate. Event driven managers create a portfolio designed to profit from corporate events such as mergers, spin-offs, defaults and bankruptcy. Relative value managers invest in long and short positions, but typically have a more neutral net market position than long and short. Multi-strategy is a fund employing a variety of hedge fund strategies.

<sup>(f)</sup> Private equity investments include limited partnership investments in funds pursuing strategies in corporate buyouts, venture capital, growth equity, distressed and turnaround investments.

<sup>(g)</sup> Real estate, infrastructure, and natural resources investments.

# The Employees' Retirement Plan of New York-Presbyterian Westchester Hospital

## Notes to Financial Statements (continued)

### 9. Fair Value Measurements (continued)

The following is a description of the valuation methodologies for assets measured at fair value. The fair value methodologies are not necessarily indicators of investment risk, but are descriptive of the measures used to arrive at fair value pricing. Fair value for Level 1 is based upon quoted market prices. The valuation for common collective equity funds and alternative investments is described in Note 2. 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 following is a summary of investments (by major class) that have restrictions on the Master Trust's ability to redeem its investments at the measurement date, any unfunded capital commitments and the investment strategies of the investees as of December 31, 2022:

Description of Investment	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Common collective equity funds	\$ 629,529,823	\$ –	Weekly to annually	5 to 150 days
Hedge funds	346,575,741	–	Monthly to annually	30 to 180 days
Private equity	699,396,474	377,610,804	*	*
Private real assets	476,010,132	179,244,972	*	*
	<u>\$ 2,151,512,170</u>	<u>\$ 556,855,776</u>		

\* Liquidity restrictions range from several months to seven or more years for certain private equity and private real asset investments depending upon the investments' fund cycle. Liquidity restrictions may apply to all or portions of a particular invested amount.

### 10. Subsequent Events

Subsequent events have been evaluated through October 14, 2024, which is the date the accompanying financial statements were available to be issued. Refer to Note 1 regarding the plan merger. There were no subsequent events that require disclosure in or adjustment to the financial statements.

## **EY | Building a better working world**

**EY exists to build a better working world, helping to create long-term value for clients, people and society and build trust in the capital markets.**

**Enabled by data and technology, diverse EY teams in over 150 countries provide trust through assurance and help clients grow, transform and operate.**

**Working across assurance, consulting, law, strategy, tax and transactions, EY teams ask better questions to find new answers for the complex issues facing our world today.**

EY refers to the global organization, and may refer to one or more, of the member firms of Ernst & Young Global Limited, each of which is a separate legal entity. Ernst & Young Global Limited, a UK company limited by guarantee, does not provide services to clients. Information about how EY collects and uses personal data and a description of the rights individuals have under data protection legislation are available via [ey.com/privacy](https://ey.com/privacy). EY member firms do not practice law where prohibited by local laws. For more information about our organization, please visit [ey.com](https://ey.com).

Ernst & Young LLP is a client-serving member firm of Ernst & Young Global Limited operating in the US.

© 2024 Ernst & Young LLP.  
All Rights Reserved.

**[ey.com](https://ey.com)**

# Employees' Retirement Plan of NewYork-Presbyterian Westchester Hospital

EIN/PN: 13-3957095/006

## Schedule SB, Line 26a – Schedule of Active Participants

### Schedule of Grandfathered and Local 30 Active Participants

Attained Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up			
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.		
Under 25	0		0		0		0		0		0		0		0		0		0		0	
25 to 29	0		1		0		0		0		0		0		0		0		0		0	
30 to 34	0		0		1		0		0		0		0		0		0		0		0	
35 to 39	0		1		1		1		0		0		0		0		0		0		0	
40 to 44	0		0		0		0		0		0		0		0		0		0		0	
45 to 49	0		1		2		0		0		0		0		0		0		0		0	
50 to 54	0		2		1		2		1		0		0		0		0		0		0	
55 to 59	0		0		1		0		0		0		0		0		0		0		0	
60 to 64	0		0		1		0		3		1		2		1		0		1		1	
65 to 69	0		0		0		0		5		5		4		4		1		1		1	
70 & up	0		0		0		0		0		1		0		0		0		0		0	

### Schedule of Non-Grandfathered and 1199 Active Participants

Attained Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up			
	No.	Avg. Bft	No.	Avg. Bft	No.	Avg. Bft	No.	Avg. Bft	No.	Avg. Bft	No.	Avg. Bft	No.	Avg. Bft	No.	Avg. Bft	No.	Avg. Bft	No.	Avg. Bft		
Under 25	0		1		0		0		0		0		0		0		0		0		0	
25 to 29	0		24	1,893	1		0		0		0		0		0		0		0		0	
30 to 34	2		53	2,279	14		2		0		0		0		0		0		0		0	
35 to 39	2		49	2,502	35	6,953	11		2		0		0		0		0		0		0	
40 to 44	0		43	3,259	28	7,733	26	13,399	11		0		0		0		0		0		0	
45 to 49	2		45	3,062	33	7,907	20	10,977	15		5		0		0		0		0		0	
50 to 54	2		42	3,585	33	8,718	29	15,100	12		10		10		1		0		0		0	
55 to 59	2		33	3,397	33	7,229	25	14,053	13		10		15		11		0		0		0	
60 to 64	0		33	4,748	26	12,394	28	16,630	18		7		13		13		1		0		0	
65 to 69	0		9		18		3		1		2		0		0		0		0		0	
70 & up	0		1		8		0		0		0		1		1		1		0		0	

# Employees' Retirement Plan of NewYork-Presbyterian Westchester Hospital

EIN/PN: 13-3957095/006

## Schedule SB, Part V– Statement of Actuarial Assumptions/Method

### Prescribed Funding/PBGC Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

#### Interest rates

For 2023 Plan Year:

Full Yield Curve for December 2022

Effective Interest Rate 5.05%

	2022 Plan Year
<b>Funding Rates – Constrained*</b>	
First Segment Rate	4.75%
Second Segment Rate	5.18%
Third Segment Rate	5.92%
Effective Interest Rate	5.47%
<b>Funding Rates – Unconstrained</b>	
First Segment Rate	1.07%
Second Segment Rate	2.68%
Third Segment Rate	3.36%
Effective Interest Rate	2.98%

\* Used for minimum funding and benefit restriction purposes

The interest rates used for 2022 funding purposes are the Segment Rates with 4-month lookback, constrained in accordance with relevant legislation.

#### Mortality

Mortality tables for non-disabled participants mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended by IRS Notice 2022-22, applied on a static basis. For disabled participants, mortality is based on Disabled Mortality Table defined by IRS Notice 2008-29.

#### Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan administrative expenses to be paid from plan assets during the year.

# Employees' Retirement Plan of NewYork-Presbyterian Westchester Hospital

**EIN/PN: 13-3957095/006**

## **Schedule SB, Part V– Statement of Actuarial Assumptions/Method (continued)**

### **Non-Prescribed Funding Assumptions and Methods**

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under the applicable provisions of the Internal Revenue Code and associated regulations.

The demographic assumptions are based on an experience study conducted in 2021 covering plan experience from January 1, 2016 through December 31, 2020, as well as the plan sponsor's future expectations. Experience during 2020 was atypical due to the COVID-19 pandemic and the hospital's voluntary retirement offering, so retirement and withdrawal assumptions are based on plan experience through December 31, 2019. Disability rates are based on a standard table and recent experience has not revealed significant gains or losses from the current assumption. The salary increase assumption is based on a review of recent experience from 2016-2020 and the plan sponsor's future expectations of salary increases. The actuary's expected rate of return is based on the plan's asset allocation and forward-looking expected rates of return by asset category provided by the plan's investment consultant.

### **Withdrawal rates for active participants not eligible for retirement**

Sample rates as follows:

<b>Age</b>	<b>Service</b>	
	<b>0-4 Years</b>	<b>5 Years &amp; Later</b>
20	14.00%	12.00%
25	14.00%	12.00%
30	14.00%	12.00%
35	14.00%	12.00%
40	10.00%	6.00%
45	7.00%	6.00%
50	7.00%	6.00%
54	7.00%	6.00%

# Employees' Retirement Plan of NewYork-Presbyterian Westchester Hospital

EIN/PN: 13-3957095/006

Schedule SB, Part V– Statement of Actuarial Assumptions/Method (continued)

## Non-Prescribed Funding Assumptions and Methods (continued)

### Disability rates

Age	Assumption
25	0.02%
30	0.02%
35	0.02%
40	0.03%
45	0.07%
50	0.20%
55	0.44%
56	0.51%
57	0.60%
58	0.70%
59	0.83%
60	1.00%
61	1.20%
62	1.43%
63	1.69%
64	1.99%

### Salary increases

The assumed annual rate of future salary increase is 3.00% for union participants.

The salary increase assumption is 3.50% plus service-related promotional increases for non-union participants. Sample rates as follows:

Years of Service	Assumption
5	5.25%
10	5.00%
15	4.75%
20	4.50%
25	4.00%
30	3.50%
35	3.50%
40+	3.50%

### Social Security

Assumed annual increase of 3.00% in the Social Security wage base.

# Employees' Retirement Plan of NewYork-Presbyterian Westchester Hospital

EIN/PN: 13-3957095/006

## Schedule SB, Part V– Statement of Actuarial Assumptions/Method (continued)

### Non-Prescribed Funding Assumptions and Methods (continued)

#### Expenses

Expected administrative expenses were added to the Target Normal Cost and were based on the prior year's non-PBGC plan administrative expenses plus the current year's PBGC premium (\$400,000 for the 2022 valuation and \$400,000 for the 2023 valuation).

#### Normal, early, and late retirement

Retirements are assumed to occur according to these rates:

Age	Retirement Rate
55	3.00%
56	3.00
57	3.00
58	3.00
59	3.00
60	4.00
61	4.00
62	11.00
63	11.00
64	11.00
65	24.00
66	24.00
67	24.00
68	24.00
69	24.00
70	100.00

Terminated vested participants are assumed to retire at age 65.

Suspension of benefit notices are provided to active participants at their Normal Retirement Date.

#### Spouse's benefit

80% of the members are assumed to be married. Husbands are assumed to be three years older than wives.

# Employees' Retirement Plan of NewYork-Presbyterian Westchester Hospital

EIN/PN: 13-3957095/006

## Schedule SB, Part V– Statement of Actuarial Assumptions/Method (continued)

### Non-Prescribed Funding Assumptions and Methods (continued)

#### Frequency of optional payment forms

It is assumed that future retirees and terminations will elect the following forms of payment:

Payment Form	Assumption
Life Annuity	65.00%
10 Year Certain & Life Annuity	10.00%
50% Joint & Survivor Annuity	15.00%
75% Joint & Survivor Annuity	0.00%
100% Joint & Survivor Annuity	10.00%

#### Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including discounted receivable contributions, reduced by decreasing fractions, 2/3 and 1/3, of the gain/(loss) in each of the prior 2 years, respectively. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions. Starting with the 2024 valuation, the limit on the actuary's assumption will be the average third segment rate for the 24-month period ending on each valuation date.

	Actuary's Assumption	Third Segment Rate	Reflecting PPA Limit
2023 Expected Return	7.50%	5.74%	5.74%
2022 Expected Return	7.50%	5.92%	5.92%
2021 Expected Return	7.50%	6.11%	6.11%

The actuary's expected rate of return is based on the plan's asset allocation and forward-looking expected rates of return by asset category provided by the plan's investment consultant.

#### Miscellaneous

The valuation was prepared on an ongoing plan basis. The valuation was based on members in the Plan as of the valuation date and did not take future members into account. No provisions have been made for contingent liabilities with respect to non-vested terminated employees who may be re-employed.

#### Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the actuarial assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report. However, in accordance with ASOP 51, an assessment of risks for the plan was performed.

# **Employees' Retirement Plan of NewYork-Presbyterian Westchester Hospital**

**EIN/PN: 13-3957095/006**

**Schedule SB, Part V– Statement of Actuarial Assumptions/Method (continued)**

## **Non-Prescribed Funding Assumptions and Methods (continued)**

### **Use of Models**

Actuarial Standard of Practice No. 56 (“ASOP 56”) provides guidance to actuaries when performing actuarial services with respect to designing, developing, selecting, modifying, using, reviewing, or evaluating models. Gallagher uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules and/or accounting standard specified in this report. Further, the model applies those funding rules and/or accounting standard to the liabilities derived and other inputs, such as plan assets and contributions, to generate many of the exhibits found in this report. Gallagher has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding and/or accounting outputs are similarly reviewed in detail and at a high level for accuracy, reasonability, and consistency with prior results. Gallagher also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding and/or accounting rules as well as the manner in which the model generates its output.

### **Summary of Changes from the January 1, 2022 Valuation**

- The mortality tables were updated to those applicable to the current year in accordance with the requirements of the Internal Revenue Code and associated regulations.
- The interest rates were updated from the Segment Rates with 4-month lookback, constrained in accordance with relevant legislation, to the Full Yield Curve for December 2022.
- The change in assumptions mentioned above increased the Funding Target by approximately \$15,207,000.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
---	--	--

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

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

<b>A</b> Name of plan EMPLOYEES' RETIREMENT PLAN OF NEWYORK-PRESBYTERIAN WESTCHESTER HOSPITAL.	<b>B</b> Three-digit plan number (PN) ▶	006
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF  THE NEW YORK AND PRESBYTERIAN HOSPITAL	<b>D</b> Employer Identification Number (EIN)  13-3957095	

**E** Type of plan:  Single  Multiple-A  Multiple-B  **F** Prior year plan size:  100 or fewer  101-500  More than 500

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2023</u>			
<b>2</b> Assets:			
a Market value.....	<b>2a</b>	301,364,392	
b Actuarial value.....	<b>2b</b>	323,160,672	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	755	124,987,836	124,987,836
b For terminated vested participants.....	684	48,888,284	48,888,284
c For active participants.....	934	84,465,770	85,531,303
d Total.....	2,373	258,341,890	259,407,423
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....			<b>4a</b>
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....			<b>4b</b>
<b>5</b> Effective interest rate.....			<b>5</b> 5.05%
<b>6</b> Target normal cost			
a Present value of current plan year accruals.....			<b>6a</b> 1,088,112
b Expected plan-related expenses.....			<b>6b</b> 400,000
c Target normal cost.....			<b>6c</b> 1,488,112

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

<b>SIGN HERE</b>	<u>JONATHAN SCHATZ</u> Signature of actuary	<u>9/19/24</u> Date
	<u>JONATHAN SCHATZ</u> Type or print name of actuary	<u>2307386</u> Most recent enrollment number
	<u>Buck Global, LLC</u> Firm name	<u>212-330-1000</u> Telephone number (including area code)
	<u>420 LEXINGTON AVENUE, SUITE 2220</u> <u>NEW YORK NY 10170-2220</u> Address of the firm	

<b>Part II</b>		<b>Beginning of Year Carryover and Prefunding Balances</b>	
		<b>(a) Carryover balance</b>	<b>(b) Prefunding balance</b>
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	48,936,555
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	48,936,555
<b>10</b>	Interest on line 9 using prior year's actual return of <u>-9.67%</u> .....	0	-4,732,165
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year).....		0
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.47%</u> .....		0
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance.....		0
<b>d</b>	Portion of (c) to be added to prefunding balance.....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections.....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	44,204,390

<b>Part III</b>		<b>Funding Percentages</b>	
<b>14</b>	Funding target attainment percentage.....	<b>14</b>	107.53%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	124.57%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	110.76%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....	<b>17</b>	%

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

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years.....	<b>19a</b>	0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date. ....	<b>19b</b>	0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date. ....	<b>19c</b>	0

<b>20</b>	Quarterly contributions and liquidity shortfalls:	
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>b</b>	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c</b>	If line 20a is "Yes," see instructions and complete the following table as applicable:	

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

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

**21** Discount rate:

**a** Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
-------------------	-------------------	-------------------	--

**b** Applicable month (enter code)..... **21b**

**22** Weighted average retirement age ..... **22** 66

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

**Part VI Miscellaneous Items**

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

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

**26** Demographic and benefit information

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

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

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

**28** Unpaid minimum required contributions for all prior years..... **28** 0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... **29** 0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0

**Part VIII Minimum Required Contribution For Current Year**

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

**a** Target normal cost (line 6c)..... **31a** 1,488,112

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 1,488,112

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment .....	0	0

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

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

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0

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

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

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

**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 0

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b**

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

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

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

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

# Employees' Retirement Plan of NewYork-Presbyterian Westchester Hospital

EIN/PN: 13-3957095/006

## Schedule SB, Line 22 – Description of Weighted Average Retirement Age

This table calculates the weighted average retirement age for all active persons in the plan.

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	311.5724	0.0270	8.4153	462.8421
56	328.5079	0.0273	8.9799	502.8751
57	347.6231	0.0278	9.6660	550.9639
58	365.7817	0.0274	10.0354	582.0513
59	375.6485	0.0278	10.4386	615.8785
60	385.6526	0.0375	14.4585	867.5091
61	395.0123	0.0372	14.6857	895.8268
62	404.9337	0.1038	42.0295	2,605.8312
63	382.6321	0.1041	39.8344	2,509.5648
64	368.9324	0.1040	38.3824	2,456.4762
65	338.7552	0.2400	81.3012	5,284.5805
66	269.1794	0.2400	64.6031	4,263.8018
67	216.4545	0.2400	51.9491	3,480.5887
68	170.5098	0.2400	40.9224	2,782.7202
69	134.7056	0.2400	32.3294	2,230.7254
70	106.6007	1.0000	106.6007	7,462.0519
71	2.0000	1.0000	2.0000	142.0000
72	3.0000	1.0000	3.0000	216.0000
73	1.0000	1.0000	1.0000	73.0000
74	3.0000	1.0000	3.0000	222.0000
75	0.0000	1.0000	0.0000	0.0000
76	1.0000	1.0000	1.0000	76.0000
77	0.0000	1.0000	0.0000	0.0000
78	0.0000	1.0000	0.0000	0.0000
79	0.0000	1.0000	0.0000	0.0000
80	0.0000	1.0000	0.0000	0.0000
81	0.0000	1.0000	0.0000	0.0000
82	0.0000	1.0000	0.0000	0.0000
83	0.0000	1.0000	0.0000	0.0000
84	0.0000	1.0000	0.0000	0.0000
85	1.0000	1.0000	<u>1.0000</u>	<u>85.0000</u>
<b>Total</b>			<b>585.6316</b>	<b>38,368.2876</b>
<b>Weighted Average Retirement Age = 38368.2876 / 585.6316</b>				<b>65.52</b>
<b>Rounded Weighted Average Retirement Age</b>				<b>66</b>

**Note to Column 2:** The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

**Note to Column 3:** At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

**General note:** The table presents values rounded to fewer significant digits than used in the calculation

# Employees' Retirement Plan of NewYork-Presbyterian Westchester Hospital

EIN/PN: 13-3957095/006

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	\$755,946	\$1,003,217	\$11,799,485	\$13,558,648
2024	\$1,513,928	\$971,557	\$11,514,280	\$13,999,765
2025	\$2,221,688	\$1,282,652	\$11,239,702	\$14,744,042
2026	\$2,924,297	\$1,780,281	\$10,949,066	\$15,653,644
2027	\$3,511,959	\$1,958,307	\$10,650,343	\$16,120,609
2028	\$4,058,674	\$2,281,988	\$10,332,901	\$16,673,563
2029	\$4,573,433	\$2,524,124	\$10,003,014	\$17,100,571
2030	\$4,973,632	\$2,796,311	\$9,651,117	\$17,421,060
2031	\$5,370,965	\$3,033,719	\$9,279,227	\$17,683,911
2032	\$5,693,537	\$3,289,971	\$8,893,709	\$17,877,217
2033	\$5,928,439	\$3,426,521	\$8,495,292	\$17,850,252
2034	\$6,156,385	\$3,482,965	\$8,087,562	\$17,726,912
2035	\$6,376,501	\$3,711,467	\$7,666,269	\$17,754,237
2036	\$6,578,511	\$3,808,844	\$7,232,699	\$17,620,054
2037	\$6,724,938	\$3,868,447	\$6,788,605	\$17,381,990
2038	\$6,833,616	\$3,904,439	\$6,336,196	\$17,074,251
2039	\$6,881,184	\$3,903,633	\$5,878,087	\$16,662,904
2040	\$6,930,300	\$3,928,024	\$5,417,292	\$16,275,616
2041	\$6,917,336	\$3,876,255	\$4,957,183	\$15,750,774
2042	\$6,879,025	\$3,841,550	\$4,501,369	\$15,221,944
2043	\$6,818,410	\$3,861,964	\$4,053,655	\$14,734,029
2044	\$6,736,389	\$3,855,997	\$3,617,985	\$14,210,371
2045	\$6,645,980	\$3,800,838	\$3,198,278	\$13,645,096
2046	\$6,496,706	\$3,728,477	\$2,798,337	\$13,023,520
2047	\$6,339,084	\$3,643,698	\$2,421,766	\$12,404,548
2048	\$6,149,083	\$3,545,196	\$2,071,752	\$11,766,031
2049	\$5,976,883	\$3,517,409	\$1,750,885	\$11,245,177
2050	\$5,723,427	\$3,460,073	\$1,461,059	\$10,644,559
2051	\$5,465,717	\$3,319,785	\$1,203,282	\$9,988,784
2052	\$5,210,709	\$3,195,205	\$977,629	\$9,383,543
2053	\$4,956,759	\$3,044,042	\$783,336	\$8,784,137
2054	\$4,666,500	\$2,893,059	\$618,847	\$8,178,406
2055	\$4,393,670	\$2,734,562	\$481,985	\$7,610,217
2056	\$4,097,528	\$2,564,153	\$370,136	\$7,031,817
2057	\$3,818,708	\$2,392,627	\$280,375	\$6,491,710
2058	\$3,545,793	\$2,224,394	\$209,636	\$5,979,823
2059	\$3,268,642	\$2,058,434	\$154,883	\$5,481,959
2060	\$3,006,310	\$1,893,440	\$113,245	\$5,012,995
2061	\$2,755,147	\$1,740,717	\$82,110	\$4,577,974
2062	\$2,518,843	\$1,594,532	\$59,190	\$4,172,565
2063	\$2,296,651	\$1,459,268	\$42,557	\$3,798,476
2064	\$2,084,793	\$1,331,780	\$30,632	\$3,447,205
2065	\$1,887,291	\$1,213,199	\$22,165	\$3,122,655
2066	\$1,704,062	\$1,103,083	\$16,195	\$2,823,340
2067	\$1,533,992	\$1,000,755	\$12,000	\$2,546,747
2068	\$1,376,548	\$905,579	\$9,052	\$2,291,179
2069	\$1,231,099	\$816,971	\$6,975	\$2,055,045
2070	\$1,096,781	\$734,443	\$5,502	\$1,836,726
2071	\$973,035	\$657,421	\$4,451	\$1,634,907
2072	\$859,214	\$585,578	\$3,691	\$1,448,483

# Employees' Retirement Plan of NewYork-Presbyterian Westchester Hospital

**EIN/PN: 13-3957095/006**

## Schedule SB, Part V – Summary of Plan Provisions

### Continuous Service

Service as an employee, based on 1,000 hours for part-time employees.

### Credited Service

Effective January 1, 2006 Credited Service will equal Continuous Service from date of hire. Former LCHS employees earn Credited Service from the later of Continuous Service from the date of hire or January 1, 2001.

### Membership

Age 21 and one year of Continuous Service.

### Average Final Compensation

Annual average of the highest 60 consecutive months of pay during the last 120 months of service.

### Normal Retirement Allowance

#### Eligibility

Age 65 and five years of service.

#### Allowance

The greater of the "Regular" benefit or the "Core" benefit.

The Regular benefit is 1.35% of Average Final Compensation not greater than the Social Security Covered Compensation plus 2% of average final compensation in excess of such Covered Compensation multiplied by years of credited service.

(For participants as of 12/31/93 whose compensations are limited by the new \$150,000 limitation the above benefit is not to be less than above formula using current average final compensation times service after 1/1/94 plus the accrued benefit as of 12/31/93 using the \$200,000 as indexed compensation limitation.)

Above sum not to be less than the benefit accrued as of 1/1/91 (1/1/89 for super highly compensated participants) under prior plan formula.

The Core benefit is the sum of (i), (ii) and (iii).

- i. The frozen "Regular" benefit as of December 31, 2000.  
plus
- ii. 0.65% of 2000 compensation not greater than \$250, multiplied by years of Credited Service prior to January 1, 2001  
plus
- iii. 1.76% of Average Final Compensation multiplied by years of Credited Service after December 31, 2000.

# Employees' Retirement Plan of NewYork-Presbyterian Westchester Hospital

**EIN/PN: 13-3957095/006**

## **Schedule SB, Part V – Summary of Plan Provisions (continued)**

Effective December 31, 2017, benefits are frozen for most non-union participants. Non-union participants who are at least age 59 with 10 years of credited service as of that date will be grandfathered and continue to accrue benefits.

Effective December 31, 2019, benefits are frozen for participants in the 1199 union. Participants in the Local 30 union will continue to accrue benefits.

### **Early Retirement Allowance**

#### Eligibility

Age 55 and 10 years of Credited Service.

#### Allowance

Normal retirement allowance deferred to age 65 based on compensation and credited service at time of early retirement or an immediate benefit equal to the greater of the Normal Retirement Allowance determined under Regular benefit above reduced for months between commencement date and age 65 based upon the following table or the Normal Retirement Allowance determined under the Core benefit reduced by 6% for each year between commencement date and age 65. No reduction applies to the Core benefit for those who retire on or after age 62 with at least 20 years of continuous service.

Age	Early Retirement Factor
55	.46830
56	.50160
57	.53800
58	.57790
59	.62170
60	.66980
61	.72290
62	.78170
63	.84680
64	.91920
65	1.00000

### **Disability Retirement Allowance**

#### Eligibility

15 years of Credited Service.

# Employees' Retirement Plan of NewYork-Presbyterian Westchester Hospital

**EIN/PN: 13-3957095/006**

## **Schedule SB, Part V – Summary of Plan Provisions (continued)**

### Allowance

An actuarially-reduced normal retirement allowance based on compensation and credited service at time of disability, commencing on first day of month following disability increasing to the unreduced benefit upon receipt of a social security disability award

or

benefit commencing at age 65 based on additional credited service for the period beginning on date of disability and ending on earlier of age 65 or cessation of disability.

### **Vested Retirement Allowance**

#### Eligibility

Five years of Continuous Service after age 18.

#### Allowance

Normal retirement allowance deferred to age 65 based on compensation and credited service at time of termination.

### **Spouse's Allowance**

#### Eligibility

Death after eligibility for vested allowance.

#### Allowance

The surviving spouse shall receive one-half of the benefit the member would have received had he retired immediately before his date of death and elected to commence benefits, as a 50% Joint and Survivor Annuity at the earliest possible date.

### **Normal Form of Payment**

#### Single

Life annuity.

#### Married

Reduced 50% joint and survivorship annuity.

### **Optional Forms of Payment**

1. Life annuity.
2. 100% joint and survivorship annuity.
3. 75% joint and survivorship annuity.
4. 50% joint and survivorship annuity.
5. 10-year certain and life thereafter.

# **Employees' Retirement Plan of NewYork-Presbyterian Westchester Hospital**

**EIN/PN: 13-3957095/006**

## **Schedule SB, Part V – Summary of Plan Provisions (continued)**

### **Increase in Pensions**

Effective January 1, 1998 benefits to current retirees and beneficiaries on the pension rolls as of January 1, 1996 were increased by:

1-1/2% of current pension for each year of retirement, up to a maximum of \$50 per month or 15% of current pension. The minimum is \$25 per month for those who retired before 1991 and \$15 per month for those who retired between 1991 and 1995.

Effective January 1, 1988 benefits to retirees and beneficiaries on the pension rolls as of January 1, 1986 were increased by: 1-1/2% of current pension for each year of retirement, up to a maximum of \$40 per month. The minimum is \$25 per month for those who retired before 1981 and \$15 per month for those who retired between 1982 and 1986.

### **Contributions**

Paid by the Hospital.

### **Summary of Change from the January 1, 2022 Valuation**

None.

# **Employees' Retirement Plan of NewYork-Presbyterian Westchester Hospital**

**EIN/PN: 13-3957095/006**

## **Schedule SB, Line 25 – Change in Method**

- The interest rates were updated from the Segment Rates with 4-month lookback, constrained in accordance with relevant legislation, to the Full Yield Curve for December 2022.