

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 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>1a Name of plan <u>NEWYORK-PRESBYTERIAN BROOKLYN METHODIST HOSPITAL EMPLOYEES' RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>008</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>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>1c Effective date of plan <u>01/01/1962</u></p> <p>2b Employer Identification Number (EIN) <u>13-3957095</u></p> <p>2c Plan Sponsor's telephone number <u>646-697-4727</u></p> <p>2d Business code (see instructions) <u>622000</u></p>

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

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

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number 																																	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name THE NEW YORK PRESBYTERIAN HOSPITAL c Plan Name NEWYORK-PRESBYTERIAN BROOKLYN METHODIST HOSPITAL EMPLOYEES' RETIREMENT PLAN	4b EIN 13-3957095 4d PN 008																																	
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">3678</td> </tr> </table>	5	3678																															
5	3678																																	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td></td> <td style="text-align: right;">1269</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6d</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6f</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> <td style="text-align: right;">32</td> </tr> </table>				6a(1)		1269	6a(2)		0	6b		0	6c		0	6d		0	6e		0	6f		0	6g(1)			6g(2)			6h		32
6a(1)		1269																																
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6e		0																																
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6g(1)																																		
6g(2)																																		
6h		32																																
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:90%;"></td> </tr> </table>	7																																
7																																		

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

9a 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	9b 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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

A Name of plan <u>NEWYORK-PRESBYTERIAN BROOKLYN METHODIST HOSPITAL EMPLOYEES' RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>008</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE NEW YORK AND PRESBYTERIAN HOSPITAL</u>	D Employer Identification Number (EIN) <u>13-3957095</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>234492889</u>
	b Actuarial value	2b	<u>251544161</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>1189</u>	<u>121925604</u>
	b For terminated vested participants	<u>1228</u>	<u>45941582</u>
	c For active participants	<u>1269</u>	<u>57345544</u>
	d Total	<u>3686</u>	<u>225212730</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.04 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>3211199</u>
	b Expected plan-related expenses	6b	<u>600000</u>
	c Target normal cost	6c	<u>3811199</u>

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

SIGN HERE Signature of actuary <u>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)
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Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	30731417
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	30731417
10	Interest on line 9 using prior year's actual return of <u>-9.79</u> %	0	-3008606
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.41</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	6770040
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	20952771

Part III Funding Percentages			
14	Funding target attainment percentage	14	101.68 %
15	Adjusted funding target attainment percentage	15	110.91 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.64 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 65

22 Weighted average retirement age **22** 65

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	3811199
b Excess assets, if applicable, but not greater than line 31a	31b	3811199

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

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

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

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

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

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

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

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

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

	39	0
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40 Unpaid minimum required contributions for all years

	40	0
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Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

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

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

A Name of plan NEWYORK-PRESBYTERIAN BROOKLYN METHODIST HOSPITAL EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ▶	008
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK AND PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-3957095	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

CONDUENT

81-2983623

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	423339	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BUCK 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	153500	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?
21 50	NONE	71005	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

TOWERS WATSON

52-1868818

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	38111	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)

K & L GATES, LLP

25-0921018

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 29 50	NONE	16510	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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>NEWYORK-PRESBYTERIAN BROOKLYN METHODIST HOSPITAL EMPLOYEES' RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>008</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE NEW YORK AND PRESBYTERIAN HOSPITAL</u>	D 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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: NYPH MT LONG TERM POOL

b Name of sponsor of entity listed in (a): THE NEW YORK PRESBYTERIAN HOSPITAL

c EIN-PN <u>13-4011699-001</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: NYPH MT METHODIST DREYFUS

b Name of sponsor of entity listed in (a): THE NEW YORK PRESBYTERIAN HOSPITAL

c EIN-PN <u>13-4011699-008</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
---------------------------------------	-------------------------------	--

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning <u>01/01/2023</u> and ending <u>12/31/2023</u>					
A Name of plan NEWYORK-PRESBYTERIAN BROOKLYN METHODIST HOSPITAL EMPLOYEES' RETIREMENT PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">008</td> </tr> <tr> <td colspan="2" style="height: 20px;"> </td> </tr> </table>	B Three-digit plan number (PN) ▶	008		
B Three-digit plan number (PN) ▶	008				
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK AND PRESBYTERIAN HOSPITAL	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">D Employer Identification Number (EIN) 13-3957095</td> </tr> </table>	D Employer Identification Number (EIN) 13-3957095			
D Employer Identification Number (EIN) 13-3957095					

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	234689208	0
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	234689208	0
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	196319	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	196319	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	234492889	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		17478268
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		17478268

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	14803175	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		14803175
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)	461450	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	71005	
(7) Actuarial fees.....	2i(7)	153500	
(8) Legal fees.....	2i(8)	16510	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	353088	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1055553
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		15858728

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1619540
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		236112429

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
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	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		143856932
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
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 511756.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>NEWYORK-PRESBYTERIAN BROOKLYN METHODIST HOSPITAL EMPLOYEES' RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>008</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE NEW YORK AND PRESBYTERIAN HOSPITAL</u>	D Employer Identification Number (EIN) <u>13-3957095</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>25-1926855</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>38</u>

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

New York-Presbyterian Brooklyn Methodist Hospital
Employees' Retirement Plan
Years Ended December 31, 2023 and 2022
With Report of Independent Auditors

Ernst & Young LLP



New York-Presbyterian Brooklyn Methodist Hospital
Employees' Retirement Plan

Financial Statements

Years Ended December 31, 2023 and 2022

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Report of Independent Auditors

The Board of Trustees
The New York and Presbyterian Hospital

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

We have performed audits of the financial statements of the NewYork-Presbyterian Brooklyn Methodist Hospital Employees' Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related 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

New York-Presbyterian Brooklyn Methodist Hospital
Employees' Retirement Plan

Statements of Net Assets Available for Benefits

	December 31	
	2023	2022
Assets		
Beneficial interest in the New York-Presbyterian Hospital Master Trust	\$ —	\$ 234,689,208
Total assets	—	234,689,208
Liabilities		
Accounts payable	—	196,319
Total liabilities	—	196,319
Net assets available for benefits	\$ —	\$ 234,492,889

See accompanying notes.

New York-Presbyterian Brooklyn Methodist Hospital
Employees' Retirement Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2023	2022
Deductions		
Benefits paid to participants	\$ 14,803,175	\$ 15,196,138
Administrative expenses	1,055,553	743,355
Total deductions	15,858,728	15,939,493
Net investment gain (loss) from Plan interest in the New York-Presbyterian Hospital Master Trust	17,478,268	(26,054,690)
Net increase (decrease) in net assets available for benefits	1,619,540	(41,994,183)
Transfer to New York-Presbyterian Pension Plan for plan merger (<i>Note 1</i>)	(236,112,429)	–
Net assets available for benefits at beginning of year	234,492,889	276,487,072
Net assets available for benefits at end of year	\$ –	\$ 234,492,889

See accompanying notes.

New York-Presbyterian Brooklyn Methodist Hospital Employees' Retirement Plan

Notes to Financial Statements

December 31, 2023

1. Description of the Plan

The following description of New York-Presbyterian Brooklyn Methodist Hospital Employees' Retirement Plan (the Plan) provides general information about the Plan's provisions prior to the plan merger described below. 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).

Effective October 1, 2022, New York-Presbyterian/Brooklyn Methodist excluding its affiliates, referred to herein as "NYP Brooklyn Methodist," was merged with and into the Hospital, with the Hospital as the surviving corporation acquiring all assets and liabilities of NYP Brooklyn Methodist. Prior to October 1, 2022, NYP Community Programs, Inc. (Community Programs) was the sole member of NYP Brooklyn Methodist; the Hospital is the sole member of Community Programs. The Hospital also became the successor plan sponsor of the Plan and all employees of NYP Brooklyn Methodist became employees of the Hospital.

Effective December 31, 2023, 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.

Prior to the plan merger, 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.

New York-Presbyterian Brooklyn Methodist Hospital
Employees' Retirement Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Prior to the plan merger, the Plan was a non-contributory defined benefit pension plan for eligible non-union employees of NYP Brooklyn Methodist. Under the terms of the Plan, all participants are eligible for monthly benefit payments upon reaching Normal Retirement Age, as defined in the Plan Document. Benefit payments commence no later than April 1 following the close of the later of (i) the calendar year in which the participant obtains age 70½ or (ii) the calendar year in which the participant retires. For participants with service through June 30, 2003, early retirement is available for employees within ten years of social security retirement age and with ten years of vesting service. All participants are 100% vested after three years of service.

As of July 1, 2003, the Plan changed from a traditional non-contributory defined benefit pension plan to a non-contributory cash balance plan. The Plan provides for a disability retirement benefit in an amount equal to the participant's retirement credit earned through the date of permanent and total disability. For participants with service through June 30, 2003, the death benefit paid to the spouse will be 50% of the participant's benefit. For participants with service after June 30, 2003, the death benefit to the spouse will be the value of the participant's cash value account. The Plan's provisions applicable to its participants will continue to be in effect in the Continuing Plan.

The Plan provides for payment of benefits in the form of a life annuity or, in the case of married participants, in the form of a qualified joint and survivor annuity. The Plan also provides that participants may waive these forms of payment (subject to spousal consent) and elect other forms of payment permitted under the Plan.

There was no required contribution for either of the years ended December 31, 2023 and 2022, based on the Plan's funded status. The Plan has met the Employee Retirement Income Security Act of 1974, as amended (ERISA), minimum funding requirements for the years ended December 31, 2023 and 2022. All contributions to the Plan are invested in the Master Trust; the Hospital and NYP Brooklyn Methodist did not contribute to the Plan in the 2023 or 2022 Plan years.

New York-Presbyterian Brooklyn Methodist Hospital
Employees' Retirement Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

In general, upon termination of a plan, the net assets of the plan are allocated, as prescribed by ERISA and its related regulations, to provide the following benefits in the order indicated:

- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire during that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- Other vested benefits guaranteed by the Pension Benefit Guaranty Corporation (the PBGC) up to the applicable limitations.
- All other vested benefits (that is, vested benefits not insured by the PBGC).

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.

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).

New York-Presbyterian Brooklyn Methodist Hospital
Employees' Retirement Plan

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.

New York-Presbyterian Brooklyn Methodist Hospital
Employees' Retirement Plan

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 under the Plan accumulate to the date a participant leaves the employment of the Hospital, is disabled, dies, elects early retirement or reaches normal retirement age. Benefits for those participating in the Plan prior to July 1, 2003, or their beneficiaries, are based on the highest average compensation for five consecutive years (or such number of consecutive calendar years less than five if they have failed to complete five consecutive calendar years of employment) during their last ten years of credited service. Benefits for those participating in the Plan after June 30, 2003 are based on a cash balance formula that includes interest credits.

Effective January 1, 2010, the Plan was amended to reinstate the earning and receiving of Pay Credits (as defined in the Plan Document) by the participants of the Plan. The Plan had previously been amended to halt the earning or receiving of Pay Credits by participants.

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

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

New York-Presbyterian Brooklyn Methodist Hospital
Employees' Retirement Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Payment of Benefits: Benefits were recorded when paid.

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

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.

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.

New York-Presbyterian Brooklyn Methodist Hospital
Employees' Retirement Plan

Notes to Financial Statements (continued)

3. Investments (continued)

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:

	Master Trust	Plan's Interest in Master Trust
Investments:		
Cash and cash equivalents*	\$ 180,379,177	\$ 17,694,713
Fixed income securities*	4,250,095	420,134
Equities*	15,528,675	1,535,054
Common collective equity funds *	629,529,823	62,230,843
Alternative investments	1,521,982,347	150,333,856
Total investments	2,351,670,117	232,214,600
Accrued income*	324,051	32,033
Due from broker*	24,709,189	2,442,575
Total net assets	<u>\$ 2,376,703,357</u>	<u>\$ 234,689,208</u>

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

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:

	Master Trust	Plan's Interest in Master Trust
Dividends and interest income*	\$ 22,349,758	\$ 2,166,694
Net realized and unrealized appreciation in fair value of investments:		
Fixed income securities*	1,079,554	99,851
Equities*	2,927,469	286,312
Common collective equity funds*	138,292,903	13,527,017
	<u>142,299,926</u>	<u>13,913,180</u>
Net realized and unrealized appreciation in fair value of alternative investments	14,667,228	1,398,394
Net investment gain	<u>\$ 179,316,912</u>	<u>\$ 17,478,268</u>

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

New York-Presbyterian Brooklyn Methodist Hospital
Employees' Retirement Plan

Notes to Financial Statements (continued)

3. Investments (continued)

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:

	Master Trust	Plan's Interest in Master Trust
Dividends and interest income*	\$ 26,231,048	\$ 2,609,217
Net realized and unrealized depreciation in fair value of investments:		
Fixed income securities*	(2,364,999)	(244,548)
Equities*	(7,298,052)	(738,414)
Common collective equity funds*	(136,891,819)	(13,803,886)
	(146,554,870)	(14,786,848)
Net realized and unrealized depreciation in fair value of alternative investments	(139,777,217)	(13,877,059)
Net investment loss	\$ (260,101,039)	\$ (26,054,690)

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

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.

New York-Presbyterian Brooklyn Methodist Hospital
Employees' Retirement Plan

Notes to Financial Statements (continued)

4. Accumulated Plan Benefits (continued)

The accumulated plan benefit information as of December 31, 2022 was as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 102,049,105
Terminated vested participants	33,423,143
Active participants	42,621,774
Total vested benefits	<u>178,094,022</u>
Non-vested benefits	1,303,981
Total actuarial present value of accumulated plan benefits	<u><u>\$ 179,398,003</u></u>

The changes in accumulated plan benefits were as follows:

Actuarial present value of accumulated plan benefits as of December 31, 2021	\$ 166,897,889
Increase (decrease) during the year attributable to:	
Benefits accumulated and other plan experience	3,692,332
Interest	11,957,788
Assumption changes	12,046,132
Benefits paid	<u>(15,196,138)</u>
Actuarial present value of accumulated plan benefits as of December 31, 2022	<u><u>\$ 179,398,003</u></u>

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

New York-Presbyterian Brooklyn Methodist Hospital
Employees' Retirement Plan

Notes to Financial Statements (continued)

5. Actuarial Assumptions

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

Actuarial cost method	Unit Credit
Assumed rate of return on investments	7.5% per annum
Mortality basis	Pri-2012 (Pri-2012 in the prior year)
Normal retirement	Range from age 55 to age 70. Full retirement at age 70
Cash balance interest crediting rate	3.83% (1.54% in the prior year)
Mortality improvement scale	MP-2021 (MP-2021 in the prior year)

Assumption changes resulted from change in the lump sum conversion interest rates, lump sum conversion mortality table and cash balance interest crediting rate.

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. The actuary estimated the accumulated plan benefits as of January 1, 2023. There were no significant changes to the Plan that would have changed the valuations had they been performed as of December 31, 2022. 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 October 23, 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.

New York-Presbyterian Brooklyn Methodist Hospital
Employees' Retirement Plan

Notes to Financial Statements (continued)

6. Tax Status (continued)

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.

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.

New York-Presbyterian Brooklyn Methodist Hospital
Employees' Retirement Plan

Notes to Financial Statements (continued)

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 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 1, 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.

New York-Presbyterian Brooklyn Methodist Hospital
Employees' Retirement Plan

Notes to Financial Statements (continued)

9. Fair Value Measurements (continued)

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 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 ^(a)	\$ 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 ^(b)	563,814	–	–	563,814
Non-U.S. equities ^(c)	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 ^(d)				629,529,823
Hedge funds ^(e)				346,575,741
Private equity ^(f)				699,396,474
Private real assets ^(g)				476,010,132
				<u>\$2,351,670,117</u>

^(a) Cash and cash equivalents, including accrued income and amounts due from broker.

^(b) Equity portfolios invested in common stock of corporations primarily domiciled in the United States.

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

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

^(e) 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.

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

^(g) Real estate, infrastructure, and natural resources investments.

New York-Presbyterian Brooklyn Methodist Hospital
Employees' Retirement Plan

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.

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NewYork-Presbyterian Brooklyn Methodist Hospital Employees' Retirement Plan

EIN/PN: 13-3957095/008

Table of Participant Data

Schedule SB, Line 26a – Schedule of Active Participant Data

		Active Accruing Benefits																										
		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								
		Average		Average		Average		Average		Average		Average		Average		Average		Average		Average								
Attained Age	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	
Under 25	9			1			0			0			0			0			0			0			0			0
25 to 29	38	74,241	2,521	28	85,887	11,149	7			0			0			0			0			0			0			0
30 to 34	41	82,289	2,317	53	97,005	14,196	31	98,975	22,402	5			0			0			0			0			0			0
35 to 39	30	86,123	2,837	47	116,859	19,418	21	107,820	27,953	19			2			0			0			0			0			0
40 to 44	26	81,657	2,458	27	117,066	17,089	25	107,902	35,316	8			11			1			0			0			0			0
45 to 49	14			23	128,493	19,563	18			14			15			4			0			0			0			0
50 to 54	10			17			21	114,307	36,153	12			10			3			4			2			0			0
55 to 59	4			11			11			5			11			7			1			2			0			0
60 to 64	4			2			10			12			11			7			3			1			0			0
65 to 69	2			2			6			6			6			4			1			0			0			1
70 & up	0			1			0			1			3			0			0			0			0			0

Included 49 Participants who had a Frozen Final Average Pay Benefit and 2 Participants who were still accruing a Final Average Pay Benefit

NewYork-Presbyterian Brooklyn Methodist Hospital Employees' Retirement Plan

EIN/PN: 13-3957095/008

Table of Participant Data

Schedule SB, Line 26a – Schedule of Active Participant Data (continued)

Attained Age	Active with Frozen Cash Balance																			
	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. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 to 29	1		19		2		0		0		0		0		0		0		0	
30 to 34	0		15		15		2		1		0		0		0		0		0	
35 to 39	0		16		21	40,624	13		2		0		0		0		0		0	
40 to 44	0		5		14		12		12		0		0		0		0		0	
45 to 49	0		9		12		12		16		2		0		0		0		0	
50 to 54	0		7		14		5		17		1		2		0		0		0	
55 to 59	0		5		7		7		16		6		3		1		0		0	
60 to 64	0		1		11		11		11		2		3		0		0		0	
65 to 69	0		4		3		5		16		2		1		1		0		0	
70 & up	0		0		2		5		6		2		2		0		0		1	

NewYork-Presbyterian Brooklyn Methodist Hospital Employees' Retirement Plan

EIN/PN: 13-3957095/008

Table of Participant Data

Schedule SB, Line 26a – Schedule of Active Participant Data (continued)

Attained Age	Active with Frozen Final Pay Average																			
	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. Acc. Ben.	No.	Avg. Acc. Ben.	No.	Avg. Acc. Ben.	No.	Avg. Acc. Ben.	No.	Avg. Acc. Ben.	No.	Avg. Acc. Ben.	No.	Avg. Acc. Ben.	No.	Avg. Acc. Ben.	No.	Avg. Acc. Ben.	No.	Avg. Acc. Ben.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 to 29	0		0		0		0		0		0		0		0		0		0	
30 to 34	0		0		0		0		0		0		0		0		0		0	
35 to 39	0		0		0		0		0		0		0		0		0		0	
40 to 44	0		5		0		0		0		0		0		0		0		0	
45 to 49	2		6		2		0		0		0		0		0		0		0	
50 to 54	3		22	2,133	9		2		0		0		0		0		0		0	
55 to 59	0		13		18		19		5		0		0		0		0		0	
60 to 64	1		9		7		8		9		2		0		0		0		0	
65 to 69	0		0		4		4		2		1		0		0		0		0	
70 & up	0		0		1		0		1		1		0		0		0		0	

Excluded all participants with a Cash Balance benefit.

New York-Presbyterian Brooklyn Methodist Hospital Employees' Retirement Plan

EIN/PN: 13-3957095/008

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA.

Interest rates

	2023 Plan Year	2022 Plan Year
Funding Rates – Constrained*	Full Yield Curve for December 2022	
First Segment Rate	N/A	4.75%
Second Segment Rate	N/A	5.18%
Third Segment Rate	N/A	5.92%
Effective Interest Rate	5.04%	5.41%
Funding Rates – Unconstrained	Full Yield Curve for December 2022	
First Segment Rate	N/A	1.07%
Second Segment Rate	N/A	2.68%
Third Segment Rate	N/A	3.36%
Effective Interest Rate	5.04%	2.89%

* Used for minimum funding and benefit restriction purposes.

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

Mortality

Mortality tables 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.

Lump Sum interest and mortality

Interest Rate: Forward rates implied by the funding interest rates (annuity substitution rule)
Mortality: 2023 IRC 417(e) Applicable Mortality table

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.

New York-Presbyterian Brooklyn Methodist Hospital Employees' Retirement Plan

EIN/PN: 13-3957095/008

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (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 cash balance interest crediting rate assumption is based on the rate in effect for the current plan year. 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.

Salary Increase Assumption

Current and Prior Year: The salary increase assumption is 3.50% plus service-related promotional increases.

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%

Cost-of-living

No provision made.

Cash Balance Interest crediting rate

Current and Future Years:	3.83%
Prior Year:	1.54%

The current cash balance interest crediting rate is calculated as defined by the plan as the 3-month average of 10-yr Treasury rates for the immediately preceding calendar year.

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 (\$600,000 for the 2022 valuation and the 2023 valuation).

New York-Presbyterian Brooklyn Methodist Hospital Employees' Retirement Plan

EIN/PN: 13-3957095/008

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

Non-Prescribed Funding Assumptions and Methods

Frequency of optional payment forms

Retirements from active status

Benefits for Service prior to July 1, 2003 where present value of pre-July 1, 2003 benefit is greater than or equal to \$60,000

- 50% elect a Single Life Annuity, 25% elect a 50% Joint and Survivor Annuity and 25% elect a 100% Joint and Survivor Annuity.

Benefits for Service prior to July 1, 2003 where present value of pre-July 1, 2003 benefit is less than \$60,000

- 50% elect a Lump Sum payment, 25% elect a Single Life Annuity, 12.5% elect a 50% Joint and Survivor Annuity and 12.5% elect a 100% Joint and Survivor Annuity.

Benefits for Service after June 30, 2003

- 40% elect a Lump Sum payment, 30% elect a Single Life Annuity, 15% elect a 50% Joint and Survivor Annuity, and 15% elect a 100% Joint and Survivor Annuity.

Retirements from terminated vested status

Benefits for Service prior to July 1, 2003 where present value of pre-July 1, 2003 benefit is greater than or equal to \$60,000

- 50% elect a Single Life Annuity, 25% elect a 50% Joint and Survivor Annuity and 25% elect a 100% Joint and Survivor Annuity, all commencing at age 65.

Benefits for Service prior to July 1, 2003 where present value of pre-July 1, 2003 benefit is less than \$60,000

- 20% elect a Lump Sum payment at termination, 40% elect a Single Life Annuity, 20% elect a 50% Joint and Survivor Annuity and 20% elect a 100% Joint and Survivor Annuity with all annuity elections commencing at age 65.

Benefits for Service after June 30, 2003

- 10% elect a Lump Sum payment payable at termination, 10% elect a Lump Sum payment the year after termination, 30% elect a lump sum at age 65, 25% elect a Single Life Annuity, 12.5% elect a 50% Joint and Survivor Annuity and 12.5% elect a 100% Joint and Survivor Annuity, with all annuity elections at the later of age 65 or age at termination.

Commencement of Benefits

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

Late Retirement Factors

Retirement Benefits were actuarially increased for terminated vested participants over 65 who had not yet commenced payment as of the valuation date, using a basis of UP-84 mortality, set back 3 years, and 7.00% interest.

Marital percentage

80% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

New York-Presbyterian Brooklyn Methodist Hospital Employees' Retirement Plan

EIN/PN: 13-3957095/008

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

Non-Prescribed Funding Assumptions and Methods

Retirement Rates

Based on experience. Sample rates as follows:

Age	Assumption
55	5.0%
56	5.0%
57	6.0%
58	8.0%
59	11.0%
60	11.0%
61	11.0%
62	11.0%
63	11.0%
64	17.0%
65	20.0%
66	25.0%
67	25.0%
68	25.0%
69	25.0%
70	100.0%

Disability rates

Based on experience. Sample rates as follows:

Age	Male	Female
25	0.085%	0.109%
30	0.099%	0.140%
35	0.124%	0.201%
40	0.176%	0.276%
45	0.294%	0.400%
50	0.540%	0.622%
55	0.977%	0.932%
60	1.477%	1.179%
62	1.671%	1.253%

New York-Presbyterian Brooklyn Methodist Hospital Employees' Retirement Plan

EIN/PN: 13-3957095/008

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

Non-Prescribed Funding Assumptions and Methods

Withdrawal rates for active participants not eligible for retirement

Age	0-4 Years	5 Years & Later
25	30.00%	18.00%
30	30.00%	17.00%
35	20.00%	16.00%
40	20.00%	10.00%
45	20.00%	9.00%
50	20.00%	6.00%
55	17.00%	6.00%
56	16.60%	6.00%
57	16.20%	6.00%
58	15.80%	6.00%
59	15.40%	6.00%
60	15.00%	6.00%
61	15.00%	6.00%
62	15.00%	6.00%
63	15.00%	6.00%
64	15.00%	6.00%

Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including the discounted value of accrued contributions, reduced by 2/3 of the gain/(loss) for the immediately preceding plan year and reduced by 1/3 of the gain/(loss) for the plan year before that. 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 current law and regulation 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.

	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%

Miscellaneous

The valuation was prepared on an ongoing plan basis. Therefore, no allowance has been made for certain additional liabilities which may arise if some or all of the units of the employer are closed down. The actuarial assumptions anticipate a modest rate of future inflation. The valuation was based on participants of the Plan as of the valuation date and did not take future participants into account. No provision has been made for contingent liabilities with respect to non-vested terminated participants who may be reemployed.

New York-Presbyterian Brooklyn Methodist Hospital Employees' Retirement Plan

EIN/PN: 13-3957095/008

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

Non-Prescribed Funding Assumptions and Methods

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 standards specified in this report. Further, the model applies those funding rules and/or accounting standards 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.

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.

Summary of Changes from the January 1, 2022 Valuation

- The interest rates 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 cash balance crediting rate increased from 1.54% to 3.83% in accordance with the plan provisions.
- The change in assumptions mentioned above increased the Funding Target by approximately \$19.6M.

NewYork-Presbyterian Brooklyn Methodist Hospital Employees' Retirement Plan

EIN/PN: 13-3957095/008

Schedule SB – Statement by Enrolled Actuary

In preparing this Schedule SB, I relied on other parties to provide information concerning the plan's assets, contributions, and plan provisions, as well as data on plan participants. This information was reviewed for reasonability.

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic 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.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

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

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

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

A Name of plan NEWYORK-PRESBYTERIAN BROOKLYN METHODIST HOSPITAL EMPLOYEES' RETIREMENT PLAN		B Three-digit plan number (PN) ▶	008
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE NEW YORK AND PRESBYTERIAN HOSPITAL		D Employer Identification Number (EIN) 13-3957095	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value.....	2a	234,492,889
	b Actuarial value.....	2b	251,544,161
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	1,189	121,925,604
	b For terminated vested participants.....	1,228	45,941,582
	c For active participants.....	1,269	57,345,544
	d Total.....	3,686	225,212,730
	(3) Total Funding Target	226,780,191	
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions.....	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate.....	5	5.04%
6	Target normal cost		
	a Present value of current plan year accruals.....	6a	3,211,199
	b Expected plan-related expenses.....	6b	600,000
	c Target normal cost.....	6c	3,811,199

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

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

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

Part II	Beginning of Year Carryover and Prefunding Balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	30,731,417
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	0	0
9	Amount remaining (line 7 minus line 8).....	0	30,731,417
10	Interest on line 9 using prior year's actual return of <u>-9.79%</u>	0	-3,008,606
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.41%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
	c Total available at beginning of current plan year to add to prefunding balance.....		0
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	6,770,040
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	20,952,771

Part III	Funding Percentages		
14	Funding target attainment percentage.....	14	101.68%
15	Adjusted funding target attainment percentage.....	15	110.91%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	106.64%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

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

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

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

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

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

21	Discount rate:			
	a Segment rates:	1st segment: %	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 65		
23	Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31	Target normal cost and excess assets (see instructions):			
	a Target normal cost (line 6c).....	31a	3,811,199	
	b Excess assets, if applicable, but not greater than line 31a	31b	3,811,199	
32	Amortization installments:	Outstanding Balance	Installment	
	a Net shortfall amortization installment	0	0	
	b Waiver amortization installment	0	0	
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
		Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	0	0
36	Additional cash requirement (line 34 minus line 35)	36	0	
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38	Present value of excess contributions for current year (see instructions)			
	a Total (excess, if any, of line 37 over line 36)	38a	0	
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40	Unpaid minimum required contributions for all years.....	40	0	

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

41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021
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NewYork-Presbyterian Brooklyn Methodist Hospital Employees' Retirement Plan

EIN/PN: 13-3957095/008

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)
57	327.6434	0.0510	16.7113	952.5419
58	328.3476	0.0706	23.1958	1,345.3541
59	328.6597	0.0970	31.8661	1,880.0977
60	321.0934	0.0993	31.8873	1,913.2406
61	308.1567	0.0980	30.1899	1,841.5849
62	301.5319	0.1004	30.2613	1,876.1975
63	288.2417	0.0991	28.5527	1,798.8231
64	272.7566	0.1548	42.2102	2,701.4544
65	246.1215	0.1985	48.8559	3,175.6315
66	217.6858	0.2479	53.9628	3,561.5459
67	174.4766	0.2421	42.2365	2,829.8488
68	135.3873	0.2451	33.1810	2,256.3052
69	109.3306	0.2439	26.6646	1,839.8608
70	83.1709	0.9780	81.3379	5,693.6563
71	8.6049	0.8941	7.6934	546.2286
72	3.8297	0.7834	3.0000	216.0000
73	5.7539	1.0000	5.7539	420.0332
74	1.0000	1.0000	1.0000	74.0000
75	2.0000	1.0000	2.0000	150.0000
76	1.0000	1.0000	1.0000	76.0000
77	1.0000	1.0000	1.0000	77.0000
78	1.0000	1.0000	1.0000	78.0000
79	1.0000	1.0000	1.0000	79.0000
80	1.0000	1.0000	1.0000	80.0000
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>
Total			546.5606	35,547.4045
				Weighted Average Retirement Age = 35547.4045 / 546.5606
				65.04
				Rounded Weighted Average Retirement Age
				65

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.

New York-Presbyterian Brooklyn Methodist Hospital Employees' Retirement Plan

EIN/PN: 13-3957095/008

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	\$ 3,431,535	\$ 3,629,235	\$ 12,500,725	\$ 19,561,495
2024	\$ 3,169,447	\$ 806,123	\$ 12,167,501	\$ 16,143,071
2025	\$ 2,745,496	\$ 1,133,330	\$ 11,817,444	\$ 15,696,270
2026	\$ 2,897,822	\$ 1,748,373	\$ 11,439,740	\$ 16,085,935
2027	\$ 3,052,463	\$ 1,553,586	\$ 11,035,228	\$ 15,641,277
2028	\$ 3,033,019	\$ 1,916,370	\$ 10,592,567	\$ 15,541,956
2029	\$ 3,097,365	\$ 2,097,852	\$ 10,136,735	\$ 15,331,952
2030	\$ 3,111,327	\$ 1,987,956	\$ 9,662,917	\$ 14,762,200
2031	\$ 3,207,763	\$ 2,507,729	\$ 9,167,895	\$ 14,883,387
2032	\$ 3,193,154	\$ 2,399,173	\$ 8,635,225	\$ 14,227,552
2033	\$ 3,350,372	\$ 2,750,195	\$ 8,095,413	\$ 14,195,980
2034	\$ 3,321,546	\$ 2,784,854	\$ 7,579,113	\$ 13,685,513
2035	\$ 3,382,515	\$ 2,782,809	\$ 7,061,676	\$ 13,227,000
2036	\$ 3,498,605	\$ 3,066,704	\$ 6,546,862	\$ 13,112,171
2037	\$ 3,577,013	\$ 2,944,589	\$ 6,038,300	\$ 12,559,902
2038	\$ 3,464,809	\$ 2,990,921	\$ 5,539,405	\$ 11,995,135
2039	\$ 3,685,946	\$ 3,548,022	\$ 5,053,400	\$ 12,287,368
2040	\$ 3,605,237	\$ 3,232,559	\$ 4,583,259	\$ 11,421,055
2041	\$ 3,714,466	\$ 3,316,095	\$ 4,131,624	\$ 11,162,185
2042	\$ 3,690,210	\$ 3,238,281	\$ 3,700,738	\$ 10,629,229
2043	\$ 3,780,983	\$ 3,481,239	\$ 3,292,442	\$ 10,554,664
2044	\$ 3,693,255	\$ 3,578,882	\$ 2,908,255	\$ 10,180,392
2045	\$ 3,491,104	\$ 3,175,120	\$ 2,549,473	\$ 9,215,697
2046	\$ 3,439,447	\$ 3,262,016	\$ 2,217,159	\$ 8,918,622
2047	\$ 3,533,935	\$ 3,413,369	\$ 1,912,157	\$ 8,859,461
2048	\$ 3,584,962	\$ 3,425,205	\$ 1,635,090	\$ 8,645,257
2049	\$ 3,544,475	\$ 3,304,160	\$ 1,386,287	\$ 8,234,922
2050	\$ 3,382,804	\$ 3,279,334	\$ 1,165,671	\$ 7,827,809
2051	\$ 3,528,877	\$ 3,311,346	\$ 972,677	\$ 7,812,900
2052	\$ 3,332,249	\$ 3,073,942	\$ 806,221	\$ 7,212,412
2053	\$ 3,194,710	\$ 2,951,285	\$ 664,726	\$ 6,810,721
2054	\$ 3,138,982	\$ 2,950,470	\$ 546,237	\$ 6,635,689
2055	\$ 2,915,552	\$ 2,549,651	\$ 448,522	\$ 5,913,725
2056	\$ 2,973,392	\$ 2,383,123	\$ 369,142	\$ 5,725,657
2057	\$ 2,584,392	\$ 2,149,499	\$ 305,561	\$ 5,039,452
2058	\$ 2,520,833	\$ 2,002,585	\$ 255,262	\$ 4,778,680
2059	\$ 2,336,482	\$ 1,901,555	\$ 215,859	\$ 4,453,896
2060	\$ 2,209,611	\$ 1,723,813	\$ 185,162	\$ 4,118,586
2061	\$ 1,987,881	\$ 1,607,481	\$ 161,241	\$ 3,756,603
2062	\$ 1,822,626	\$ 1,479,571	\$ 142,457	\$ 3,444,654
2063	\$ 1,716,506	\$ 1,360,561	\$ 127,469	\$ 3,204,536
2064	\$ 1,588,412	\$ 1,257,743	\$ 115,223	\$ 2,961,378
2065	\$ 1,482,244	\$ 1,160,186	\$ 104,922	\$ 2,747,352
2066	\$ 1,381,249	\$ 1,067,729	\$ 95,984	\$ 2,544,962
2067	\$ 1,283,644	\$ 980,150	\$ 88,007	\$ 2,351,801
2068	\$ 1,188,505	\$ 897,194	\$ 80,718	\$ 2,166,417
2069	\$ 1,097,119	\$ 818,603	\$ 73,947	\$ 1,989,669
2070	\$ 1,008,982	\$ 744,133	\$ 67,594	\$ 1,820,709
2071	\$ 924,094	\$ 673,573	\$ 61,608	\$ 1,659,275
2072	\$ 842,503	\$ 606,759	\$ 55,968	\$ 1,505,230

NewYork-Presbyterian Brooklyn Methodist Hospital Employees' Retirement Plan

EIN/PN: 13-3957095/008

Schedule SB, Part V – Summary of Plan Provisions

NewYork-Presbyterian Brooklyn Methodist Hospital Employees' Retirement Plan became effective on January 1, 1962. Effective July 1, 2003, the formula used to calculate retirement benefits changed from a final average earnings formula to a cash balance formula. In addition, effective July 1, 2003, nurses are no longer covered by this plan and their accrued benefits were frozen. The following summary describes the main participation, benefit, and contribution provisions of the Plan as interpreted for the valuation.

Definitions

Earnings

Compensation received from the Hospital including experience differential for Nurses and excluding bonuses, overtime pay, shift, education or certification differentials, premiums, commissions, fees, housing, living, or uniform allowances, or other special compensation.

Final Average Earnings

For participants whose age plus years of Vesting Service under the Plan is equal to or greater than 60 as of December 31, 2003, the highest average Earnings for 60 consecutive calendar months within the last 120 months of service. For all other employees, this is calculated using an average of the 60 highest-paid consecutive months from the last 120 months of employment as of June 30, 2003.

Vesting Service

One year of Vesting Service for each 971-hour calendar year.

Benefit Accrual Service

Prior to 1/1/1982

One month of Benefit Accrual Service for each month in which 100 Hours of Service is completed. 1,000 Hours of Service must be earned in Plan Year

Between 1/1/1982 and 12/31/1988

Greater of:

a) One month of Benefit Accrual Service for each month in which 80 Hours of Service is completed.

b) 1,000 Hours of Service in Plan Year = six months grading to 1,792 Hours of Service = 12 months.

After 1/1/1989 and prior to 6/30/2003

One month of Benefit Accrual Service for each 1/12th of year of service. No service will accrue after June 30, 2003.

Cash Balance Account

The hypothetical account maintained for benefits earned after June 30, 2003. This account is credited monthly with Pay-Based Credits and Interest Credits.

New York-Presbyterian Brooklyn Methodist Hospital Employees' Retirement Plan

EIN/PN: 13-3957095/008

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

Pay-Based Credits

As of the last day of each month starting with July 2003, the participant's Cash Balance Account will be credited with 6% of monthly Earnings. The president, vice president and chairmen of the New York-Presbyterian Brooklyn Methodist Hospital will be credited with 8%. No pay-based credits were earned for the period January 1, 2009 through December 31, 2009.

Interest Credits

As of the last day of each month starting with July 2003, the participant's unpaid Cash Balance Account will be credited with interest at 1/12 of the annual crediting rate in effect for the calendar year.

Benefits for Service Prior to July 1, 2003

Normal and Late Retirement Benefits

Condition for Benefit

The first of the month coincident with or next following attainment of age 65 and the completion of five years of participation.

Amount of Benefit

For each year of Benefit Accrual Service prior to June 1, 1984, 1.35% of Final Average Earnings, plus, for each year of Benefit Accrual Service from June 1, 1984 to January 1, 1988, 1.45% of Final Average Earnings, plus, 1.6% of Final Average Earnings for each year of Benefit Accrual Service after January 1, 1988, and prior to June 30, 2003. For retirements prior to January 1, 1988, the pension benefit is based on the plan in effect at date of termination. Active participants retiring after the April 1 following the calendar year they turn age 70 ½ and deferred vested participants commencing after their Normal Retirement Date receive actuarial increases in accordance with the plan document.

Early Retirement Benefit

Condition for Benefit

Each participant may elect an early retirement benefit provided that he is within 10 years of his Social Security Retirement Age. Participants employed after June 30, 1973 must complete 10 years of vesting service and be within 10 years of their Social Security Retirement Age.

Amount of Benefit

The annual early retirement benefit, if deferred, is payable at age 65 and is computed as for normal retirement but based upon service and compensation to earlier of the date of early retirement. The participant may elect instead an immediate early retirement benefit reduced 1/15 for each of the first five years and 1/30 for each of the next five years by which actual retirement precedes his Social Security Normal Retirement Date with no reduction beginning at age 65.

New York-Presbyterian Brooklyn Methodist Hospital Employees' Retirement Plan

EIN/PN: 13-3957095/008

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

Deferred Vested Benefit

Condition for Benefit

All participants who terminate employment after completing 3 years of vesting service or reaching normal retirement age, whichever occurs first.

For active participants as of December 31, 1985, the benefit accrued prior to January 1, 1986 is fully vested.

Amount of Benefit

The participant's benefit described in Normal Retirement Benefit above, based on Benefit Accrual Service and Final Average Earnings at termination. A participant who has satisfied the service requirement for an Early Retirement Benefit and who subsequently satisfies the age requirement for an Early Retirement Benefit may elect to receive his Deferred Vested Benefit reduced in the same manner as an Early Retirement Benefit.

Disability Retirement Benefit

Condition for Benefit

A participant may retire from this plan if he becomes totally and permanently disabled and is in receipt of, or is determined to be eligible for receipt of, disability payments from Social Security. In addition, if employed after June 30, 1973, then he must have completed 10 years of vesting service.

Amount of Benefit

The annual retirement benefit shall be computed as for normal retirement but based upon compensation and service at the time of disability retirement. Benefit is payable immediately.

Pre-Retirement Spousal Death Benefit:

Condition for Benefit

Paid to the surviving spouse of a participant who dies after meeting the conditions for a Deferred Vested Benefit.

Amount of Benefit

- a) If eligible for early retirement, the amount which would have been payable to the spouse had the participant retired on the first day of the month in which his death occurred, having elected a 50% joint and survivor annuity. Monthly payments will begin as of the first day of the month following the participant's death and will continue for the life of the spouse.
- b) If not eligible for early retirement, the amount which would have been payable to the spouse had the participant terminated on the day he dies, survived to his earliest retirement age, retired (having elected a 50% joint and survivor annuity) and then died the day after retirement. Monthly payments will begin on what would have been the participant's earliest retirement date and will continue for the life of the spouse.

New York-Presbyterian Brooklyn Methodist Hospital Employees' Retirement Plan

EIN/PN: 13-3957095/008

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

Normal Form of Benefit

Single Life Annuity

If the participant is single, the normal form is a Single Life Annuity. The participant will be paid the accrued benefit in monthly installments for the rest of the participant's lifetime only. Upon death, no further benefits are payable under the Plan.

50% Joint & Survivor Annuity

If the participant is married, the normal form is a 50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that upon death, the surviving spouse will receive 50% of that benefit for the rest of his or her life. However, if the spouse dies first, the reduced benefit will continue without change. (Generally, the participant must have been married for at least one year prior to retirement date for this to be the normal form of payment.)

Optional Benefits in Lieu of Regular Benefits

Single Life Annuity

The participant will be paid the accrued benefit in monthly installments for the rest of his or her lifetime. Upon death, no further benefits are payable under the Plan. This is only an option if the participant is married; if single, this is the normal form of payment.

Joint and Survivor Annuity

The participant may elect to take a reduced monthly pension for life so that upon death, 50%, 75% or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. However, if the person chosen to be the beneficiary is not the spouse, certain restrictions may apply.

Ten Years Certain and Life Income Annuity

The participant may elect to receive reduced monthly installments for the lifetime of the participant, with a guaranteed minimum of ten years. If death occurs after the retirement date but before payments have been completed for the ten-year period, payments will continue to one or more beneficiaries until the guaranteed ten-year period is over. If the participant and his or her beneficiaries die, any balance remaining from the guaranteed period will be paid in a lump sum to the estate of the last survivor.

Lump Sum Benefit:

If the present value of the pre-July 1, 2003 benefit is less than \$60,000, the participant may elect a Lump Sum payment. Upon termination, the participant receives a lump sum payment actuarially equivalent to the present value of the benefit.

Effective January 1, 2015, the Plan was amended to offer a special lump sum opportunity to vested Participants who terminated prior to April 1, 2015 and whose Prior Plan Accrued Benefit exceeds \$60,000 to receive their entire Prior Plan Accrued Benefit as a single lump sum as of October 1, 2015.

New York-Presbyterian Brooklyn Methodist Hospital Employees' Retirement Plan

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

Optional Form Conversion Factors

Joint and Full (100%) Survivor Option Factor

90% plus (minus) 1% for each year up to a maximum of 10 that the joint annuitant is older (younger) than the participant.

Joint and Three-Quarters (75%) Survivor Option Factor

92.5% plus (minus) 0.75% for each year up to a maximum of 10 that the joint annuitant is older (younger) than the participant.

Joint and One-Half (50%) Survivor Option Factor

95% plus (minus) 0.5% for each year up to a maximum of 10 that the joint annuitant is older (younger) than the participant.

Life Pension With 10 Years Certain Option Factor

Age at Retirement	Factor
55	99.0%
56	98.8
57	98.6
58	98.4
59	98.2
60	98.0
61	97.4
62	96.8
63	96.2
64	95.6
65	95.0
66	94.0
67	93.0
68	92.0
69	91.0
70+	90.0

Benefits for Service Earned After June 30, 2003

Vested Benefit

Condition for Benefit

All participants who terminated employment after completing three years of vesting service or reaching normal retirement, whichever occurs first. The service prior to July 1, 2003 counts toward satisfying the 3 year vesting.

NewYork-Presbyterian Brooklyn Methodist Hospital Employees' Retirement Plan

EIN/PN: 13-3957095/008

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

Amount of Benefit

The participant accumulates an account balance which receives Pay Credits at the end of each month. In addition, the account will be credited each month with Interest Credits based on the preceding month's account balance. No Pay Credits were earned for the period January 1, 2009 through December 31, 2009.

The benefit earned after June 30, 2003 can be received at any time after termination, regardless of age, provided the participant is vested.

Pre-Retirement Death Benefit

Condition for Benefit

Paid to the surviving spouse of a married participant who dies after meeting the conditions for a Deferred Vested Benefit. Unmarried participants will have the benefit payable to their named beneficiary or estate.

Amount of Benefit

The participant's accumulated account balance is payable to the eligible surviving spouse as a single sum payment or monthly annuity.

Optional Forms of Benefit

Lump Sum

In addition to the Normal and Optional Forms of Benefits available prior to July 1, 2003, the participant may elect a Lump Sum payment. Upon termination, the participant receives the accrued account balance in a single lump sum payment.

Automatic Single Lump Sum Payments

Participant will receive an automatic single lump sum payment when their entire retirement benefit (service earned before and after June 30, 2003) is \$1,000 or less.

Actuarial Factors for Converting Cash Balance Account to Life Annuity Benefit

Conversion to single life annuity from Cash Balance based on the applicable mortality table and interest rate under IRC 417(e)(3). Assumptions are re-determined every January 1.

Optional Form Conversion Factors (from Life Annuity Benefit)

Same factors as described in Summary of Plan Provisions with respect to benefits for service prior to July 1, 2003.

Contributions

NewYork-Presbyterian Brooklyn Methodist Hospital makes all contributions for the support of the Plan.

Summary of Changes from the January 1, 2022 Valuation

None.

NewYork-Presbyterian Brooklyn Methodist Hospital Employees' Retirement Plan

EIN/PN: 13-3957095/008

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.

**NewYork-Presbyterian Brooklyn Methodist Hospital Employees'
Retirement Plan**

EIN/PN: 13-3957095/008

Schedule SB, Line 24 – Change in Actuarial Assumptions

- The cash balance crediting rate increased from 1.54% to 3.83% in accordance with the plan provisions.