

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2023

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [X] the final return/report... C If the plan is a collectively-bargained plan, check here... [] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan THE NEW YORK AND PRESBYTERIAN HOSPITAL RETIREMENT PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/2001
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE NEW YORK AND PRESBYTERIAN HOSPITAL 525 EAST 68TH STREET, BOX 38004 NEW YORK, NY 10065-4870
2b Employer Identification Number (EIN) 13-3957095
2c Plan Sponsor's telephone number 646-697-4727
2d Business code (see instructions) 622000

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2023) v. 230707

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 THE NEW YORK AND PRESBYTERIAN HOSPITAL RETIREMENT PLAN	4b EIN 13-3957095 4d PN 001																				
5 Total number of participants at the beginning of the plan year	5 28021																				
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%;">6a(1)</td><td style="text-align: right;">15551</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">0</td></tr> <tr><td>6b</td><td style="text-align: right;">0</td></tr> <tr><td>6c</td><td style="text-align: right;">0</td></tr> <tr><td>6d</td><td style="text-align: right;">0</td></tr> <tr><td>6e</td><td style="text-align: right;">0</td></tr> <tr><td>6f</td><td style="text-align: right;">0</td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td style="text-align: right;">216</td></tr> </table>	6a(1)	15551	6a(2)	0	6b	0	6c	0	6d	0	6e	0	6f	0	6g(1)		6g(2)		6h	216
6a(1)	15551																				
6a(2)	0																				
6b	0																				
6c	0																				
6d	0																				
6e	0																				
6f	0																				
6g(1)																					
6g(2)																					
6h	216																				
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1C 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>THE NEW YORK AND PRESBYTERIAN HOSPITAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</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>1531534847</u>
	b Actuarial value	2b	<u>1645656965</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>3294</u>	<u>261678085</u>
	b For terminated vested participants	<u>9195</u>	<u>347281526</u>
	c For active participants	<u>15551</u>	<u>791454033</u>
	d Total	<u>28040</u>	<u>1400413644</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>5.35 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>79811113</u>
	b Expected plan-related expenses	6b	<u>5100000</u>
	c Target normal cost	6c	<u>84911113</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>09/19/2024</u>
	<u>JONATHAN SCHATZ</u>	Date
	Type or print name of actuary	<u>23-07386</u>
	<u>BUCK GLOBAL, LLC</u>	Most recent enrollment number
	Firm name	<u>212-330-1000</u>
	<u>420 LEXINGTON AVENUE, SUITE 2220</u>	Telephone number (including area code)
	<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	225214449
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	225214449
10	Interest on line 9 using prior year's actual return of <u>-9.67</u> %	0	-21778237
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>5.51</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	49180377
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	154255835

Part III		Funding Percentages	
14	Funding target attainment percentage	14	106.03 %
15	Adjusted funding target attainment percentage	15	117.00 %
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	107.72 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 66

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c).....	31a	84911113
b Excess assets, if applicable, but not greater than line 31a	31b	84911113

32 Amortization installments:

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

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

33

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

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

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

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

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

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

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

39 0

40 Unpaid minimum required contributions for all years

40 0

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

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

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

A Name of plan THE NEW YORK AND PRESBYTERIAN HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
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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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)

THE NEW YORK PRESBYTERIAN HOSPITAL

13-3957095

(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?
14 50	PLAN ADMINISTRATOR	2245808	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	578084	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)

EVERCORE GROUP LLC

20-5110083

(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	410752	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

53-0181291

(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	328771	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)

ERNST & YOUNG LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	188016	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)

SIMPSON, THACHER, & BARTLETT LLP

13-5395280

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	137725	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)

MFA 527 MADISON LLC

36-4639970

(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?
49 50	NONE	108231	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

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?
29 50	NONE	107254	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)

ALBOURNE AMERICA

91-2164625

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	50960	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)

SOLOVIS INC.

5030 RIVERSIDE DR.
BUILDING 2, SUITE 350
IRVING, TX 75039

(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?
49 50	NONE	41645	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)

BLOOMBERG FINANCE LP

06-1818168

(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?
49 50	NONE	41383	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)

BURGISS GROUP

111 RIVER ST.
10TH FLOOR
HOBOKEN, NJ 07030

(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?
49 50	NONE	25967	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)

CAROL B KESSLER

15-6467174

(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?
50	NONE	19071	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)

CAMBRIDGE ASSOCIATES

04-3515240

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	15190	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)

EVESTMENT ALLIANCE LLC

58-2540972

(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?
49 50	NONE	10617	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)

FACTSET RESEARCH SYSTEMS INC

13-3362547

(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?
49 50	NONE	9955	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)

PERACS GMBH

ROMERBERG 8 60311 FRANKFURT
A. MAIN, GERMANY 60306 DE

(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?
49 50	NONE	7350	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>THE NEW YORK AND PRESBYTERIAN HOSPITAL RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>001</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>NYPH MT LONG TERM POOL</u>		
b Name of sponsor of entity listed in (a):	<u>THE NEW YORK PRESBYTERIAN HOSPITAL</u>		
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:	<u>NYPH MT LEGACY POOL</u>		
b Name of sponsor of entity listed in (a):	<u>THE NEW YORK PRESBYTERIAN HOSPITAL</u>		
c EIN-PN	<u>13-4011699-002</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:	<u>NYPH MT NYP DREYFUS</u>		
b Name of sponsor of entity listed in (a):	<u>THE NEW YORK PRESBYTERIAN HOSPITAL</u>		
c EIN-PN	<u>13-4011699-003</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)

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.	<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 THE NEW YORK AND PRESBYTERIAN HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
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	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
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)	1532989340	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	1532989340	0
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	1454493	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1454493	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1531534847	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)		115783851
(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		115783851

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	68023464	
(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)		68023464
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)	2245808	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	188016	
(5) Investment advisory and investment management fees.....	2i(5)	824744	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	-255337	
(7) Actuarial fees.....	2i(7)	578084	
(8) Legal fees.....	2i(8)	244979	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	3512894	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		7339188
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		75362652

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		40421199
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		1571956046

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		959990019
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 511116.

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>THE NEW YORK AND PRESBYTERIAN HOSPITAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</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
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <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	427

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 type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" 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

The New York and Presbyterian Hospital Retirement Plan
Years Ended December 31, 2023 and 2022
With Report of Independent Auditors

Ernst & Young LLP



The New York and Presbyterian Hospital Retirement Plan

Financial Statements

Years Ended December 31, 2023 and 2022

Contents

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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 New York and Presbyterian Hospital 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

The New York and Presbyterian Hospital Retirement Plan

Statements of Net Assets Available for Benefits

	December 31	
	2023	2022
Assets		
Beneficial interest in the New York-Presbyterian Hospital Master Trust	\$ —	\$ 1,532,989,340
Total assets	—	1,532,989,340
Liabilities		
Accounts payable	—	485,053
Due to broker	—	969,440
Total liabilities	—	1,454,493
Net assets available for benefits	\$ —	\$ 1,531,534,847

See accompanying notes.

The New York and Presbyterian Hospital Retirement Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2023	2022
Additions		
Employer contributions	\$ —	\$ 30,000,000
Total additions	—	30,000,000
Deductions		
Benefit payments	68,023,464	66,999,643
Administrative expenses	7,339,188	5,661,666
Total deductions	75,362,652	72,661,309
Net investment gain (loss) from Plan interest in the New York-Presbyterian Hospital Master Trust	115,783,851	(167,218,505)
Net increase (decrease) in net assets available for benefits	40,421,199	(209,879,814)
Transfer to New York-Presbyterian Pension Plan for plan merger (<i>Note 1</i>)	(1,571,956,046)	—
Net assets available for benefits at beginning of year	1,531,534,847	1,741,414,661
Net assets available for benefits at end of year	\$ —	\$ 1,531,534,847

See accompanying notes.

The New York and Presbyterian Hospital Retirement Plan

Notes to Financial Statements

December 31, 2023

1. Background and Significant Accounting Policies

Effective January 1, 1998, The Society of the New York Hospital and The Presbyterian Hospital in the City of New York merged to form The New York Presbyterian Hospital (the Hospital, NYPH or Plan Sponsor).

Effective January 1, 2000, the Group Retirement Plan of the Presbyterian Hospital in the City of New York merged into the New York-Presbyterian Retirement Plan, which was amended and restated as The New York and Presbyterian Hospital Retirement Plan (the Plan).

Effective January 1, 2019, the Plan was amended to provide for automatic cash-outs of small amounts of \$1,000 or less and for automatic rollovers to an individual retirement account for amounts in excess of \$1,000 but not in excess of \$5,000 for certain Plan participants. The amendment also allowed certain employees of Kings Physician Service, P.C. to participate in the Plan.

Effective July 1, 2021, the Plan was amended to allow certain employees of the Westchester Medical Practice, PC (d/b/a NewYork-Presbyterian Medical Group/Hudson Valley) to participate in the Plan.

Effective October 1, 2022, NewYork-Presbyterian/Brooklyn Methodist excluding its affiliates, referred to herein as “NYP Brooklyn Methodist,” was merged with and into NYPH, with NYPH 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; NYPH is the sole member of Community Programs. NYPH also became the successor plan sponsor of NewYork-Presbyterian Brooklyn Methodist Hospital Employees’ Retirement Plan.

Effective December 31, 2023, the Plan was merged into NewYork-Presbyterian Pension Plan, formerly known as NewYork-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 New York and Presbyterian Hospital Retirement Plan

Notes to Financial Statements (continued)

1. Background and Significant Accounting Policies (continued)

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

The 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).

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.

The New York and Presbyterian Hospital Retirement Plan

Notes to Financial Statements (continued)

1. Background and Significant Accounting Policies (continued)

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.

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.

Payment of Benefits: Benefit payments to participants were recorded upon distribution. The amounts reflected in the accompanying financial statements do not reflect participant retirement benefits that were previously satisfied through the purchase of annuity contracts.

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

The New York and Presbyterian Hospital Retirement Plan

Notes to Financial Statements (continued)

1. Background and Significant Accounting Policies (continued)

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.

Actuarial Present Value of Accumulated Plan Benefits: Accumulated plan benefits (see Note 4) are those estimated future periodic payments that are attributable under the Plan's provisions to services rendered by Plan participants through the valuation date. Accumulated plan benefits include benefits expected to be paid to retired or terminated participants or their beneficiaries, beneficiaries of participants who have died and present participants or their beneficiaries. Plan benefits were determined either under the defined benefit format or under the cash balance format (see Note 2). Under the defined benefit format, benefits for retired or terminated employees or their beneficiaries are calculated based on the Plan participants' final average earnings during their last ten years of credited service. Under the cash balance format, benefits are calculated based on the cash balance credit that individual participants earned as a percentage of compensation. Benefits payable under all circumstances – retirement, death, disability and termination of employment – are included, to the extent they were deemed attributable to employee service rendered to the valuation date. As a result of the plan merger, the accumulated plan benefits were transferred to the Continuing Plan effective December 31, 2023.

2. Description of the Plan

The following description of the Plan provides general information about the Plan's provisions prior to the plan merger described in Note 1. Information about the Plan agreement, the vesting and benefit provisions, the priority order of participants' claims to the assets of the Plan upon Plan termination and the Pension Benefit Guaranty Corporation's (the PBGC) benefit guarantee are contained in a summary booklet, The New York and Presbyterian Hospital Retirement Plan Summary Plan Description, and the plan document. Copies of this booklet and the official Plan text are available at the Hospital's Human Resources Department. The Plan's provisions applicable to its participants will continue to be in effect in the Continuing Plan.

The New York and Presbyterian Hospital Retirement Plan

Notes to Financial Statements (continued)

2. Description of the Plan (continued)

General

Prior to the plan merger, the Plan was a trustee, noncontributory defined benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The stated purpose of the Plan was to provide retirement benefits at the employee's retirement date and related death benefits for the employee's dependents. The Plan was administered by the People Committee of the Board of Trustees of the Hospital.

Benefits

The cash balance feature is an alternative benefit formula which covers all eligible employees who became participants on or after July 1, 1992, except for the participants who were employed at the Hospital campus formerly known as Columbia Presbyterian Center and elected to remain in the format of the Plan that has a final five-year average formula. The cash balance feature also covers all currently active participants as of June 30, 1992, who elected to be so covered.

Retirement benefits are based upon a participant's salary and length of service. Under the Plan, participants of the cash balance program with five or more years of service are entitled to annual pension benefits beginning as early as termination. Participants may elect to receive their pension benefits in the form of a single life annuity, a joint and survivor annuity, a period certain option, partial withdrawals or lump sum. Effective January 1, 2008, the Plan was amended such that if participants terminate before rendering three years of service, they forfeited the right to receive the benefits they had accumulated.

Participants under the original defined benefit retirement plan program are entitled to annual pension benefits beginning at normal retirement age of 65, with an early retirement option at age 55 after 5 years of creditable service.

Eligibility

An eligible employee became a participant in the Plan on the first day of the month following the first anniversary of the employee's date of hire. Certain employees became eligible upon the merger of: NYPH and the entity formerly known as New York Downtown Hospital effective July 1, 2013; and NYPH and the entity formerly known as New York-Presbyterian/Lawrence Hospital and its subsidiaries effective January 1, 2018.

The New York and Presbyterian Hospital Retirement Plan

Notes to Financial Statements (continued)

2. Description of the Plan (continued)

Funding

The Hospital contributed actuarially determined amounts necessary to provide assets sufficient to meet the benefits to be paid to the Plan participants and satisfy ERISA minimum funding requirements. The contributions were made in amounts sufficient to fund the Plan's current service cost on a current basis and to fund prior service costs (plus interest thereon) over the projected remaining working lifetime of employees. Under the American Rescue Plan Act of 2021, there is no longer a calculation under current funding rules that invokes the remaining working lifetime of employees; the new funding requirements are now amortized over 15 years. The Hospital did not make contributions to the Plan in 2023 and contributed \$30.0 million in 2022. All contributions to the Plan are invested in the Master Trust. The Plan has met the ERISA minimum funding requirements for the years ended December 31, 2023 and 2022. No contributions were required for the 2023 and 2022 Plan years.

Plan Termination

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

In general, upon termination of a plan, the net assets of the plan are allocated for payment to the participants in an order of priority as prescribed by ERISA and its related regulations and the plan document. Should a plan terminate at some future time, its net assets will generally not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on the sufficiency of the plan's net assets and may also depend on the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets of the plan and the PBGC's benefit guarantee, while other benefits may not be provided for at all.

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

The New York and Presbyterian Hospital Retirement Plan

Notes to Financial Statements (continued)

3. Investments (continued)

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.

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	\$ 116,209,333
Fixed income securities*	4,250,095	2,740,780
Equities*	15,528,675	10,014,053
Common collective equity funds*	629,529,823	405,967,972
Alternative investments	1,521,982,347	981,913,895
Total investments	2,351,670,117	1,516,846,033
Accrued income*	324,051	208,972
Due from broker*	24,709,189	15,934,335
Total net assets	\$ 2,376,703,357	\$ 1,532,989,340

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

The New York and Presbyterian Hospital Retirement Plan

Notes to Financial Statements (continued)

3. Investments (continued)

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

	Master Trust	Plan's Interest in Master Trust
Dividends and interest income*	\$ 22,349,758	\$ 14,469,874
Net realized and unrealized appreciation in fair value of investments:		
Fixed income securities*	1,079,554	701,041
Equities*	2,927,469	1,889,937
Common collective equity funds*	138,292,903	89,278,943
	142,299,926	91,869,921
Net realized and unrealized appreciation in fair value of alternative investments	14,667,228	9,444,056
Net investment gain	\$ 179,316,912	\$ 115,783,851

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

The New York and Presbyterian Hospital 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	\$ 16,903,166
Net realized and unrealized depreciation in fair value of investments:		
Fixed income securities*	(2,364,999)	(1,500,901)
Equities*	(7,298,052)	(4,675,016)
Common collective equity funds*	(136,891,819)	(87,821,216)
	(146,554,870)	(93,997,133)
Net realized and unrealized depreciation in fair value of alternative investments	(139,777,217)	(90,124,538)
Net investment loss	\$ (260,101,039)	\$ (167,218,505)

* 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.

The New York and Presbyterian Hospital Retirement Plan

Notes to Financial Statements (continued)

4. Accumulated Plan Benefits (continued)

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

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 221,445,135
Other participants	890,047,974
Total vested benefits	<u>1,111,493,109</u>
Nonvested benefits	9,510,959
Total actuarial present value of accumulated plan benefits	<u><u>\$ 1,121,004,068</u></u>

The changes in accumulated plan benefits were as follows:

Actuarial present value of accumulated plan benefits as of December 31, 2021	\$ 1,038,518,669
(Decrease) increase during the year attributable to:	
Benefits paid	(66,999,643)
Benefits accumulated and other plan experience	58,784,424
Interest	75,421,835
Assumption changes	15,278,783
Net change	<u>82,485,399</u>
Actuarial present value of accumulated plan benefits as of December 31, 2022	<u><u>\$ 1,121,004,068</u></u>

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

The New York and Presbyterian Hospital 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 plan provision	First of the month coinciding with or next following the later of the attainment of age 65 or five years of vesting service
Cash balance interest crediting rate	4.00% (compounded quarterly)
Mortality improvement scale	MP-2021 (MP-2021 in the prior year)

Assumption changes resulted from change in the lump sum conversion interest rates and lump sum conversion mortality.

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

The New York and Presbyterian Hospital 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.

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.

The New York and Presbyterian Hospital Retirement Plan

Notes to Financial Statements (continued)

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.

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 New York and Presbyterian Hospital Retirement Plan

Notes to Financial Statements (continued)

9. Fair Value Measurements (continued)

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

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents ^(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
	\$ 200,157,947	\$ –	\$ –	200,157,947

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
	\$ 2,351,670,117

^(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,

The New York and Presbyterian Hospital Retirement Plan

Notes to Financial Statements (continued)

9. Fair Value Measurements (continued)

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.

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 1. 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.

The New York and Presbyterian Hospital Retirement Plan

Notes to Financial Statements (continued)

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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The New York and Presbyterian Hospital Retirement Plan

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

Attained Age	Years of Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp
Under 25	1	N/A	201	92,204	1	N/A														
25-29	13	N/A	1,479	103,901	331	102,456														
30-34	15	N/A	1,342	98,457	1,105	105,508	136	101,848	3	N/A										
35-39	6	N/A	847	101,482	879	103,511	469	112,457	167	104,265	2	N/A								
40-44	3	N/A	540	101,255	527	110,797	390	117,343	323	117,763	84	113,151	2	N/A						
45-49	4	N/A	433	113,230	404	117,380	248	123,878	290	117,917	229	119,397	29	146,693	2	N/A				
50-54			314	116,466	308	115,949	219	121,224	284	121,730	250	127,309	136	123,250	59	113,919	2	N/A		
55-59			283	108,323	245	120,719	157	106,905	209	114,160	193	118,822	113	132,839	169	131,340	54	121,404	2	N/A
60-64			203	124,304	204	124,250	130	124,568	172	122,327	156	121,890	96	123,003	146	130,336	101	151,315	33	135,648
65-69			86	132,895	99	132,992	79	126,330	84	122,335	75	128,658	55	133,358	44	128,268	32	123,149	42	130,515
70 & up			32	164,189	24	109,103	20	160,612	30	108,989	30	121,617	12	N/A	18	N/A	12	N/A	34	134,937

The New York and Presbyterian Hospital Retirement Plan

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

Funding assumptions selection and rationale

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.

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. However, in accordance with ASOP 51, an assessment of risks for the plan was performed.

The New York and Presbyterian Hospital Retirement Plan

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

Prescribed Funding Assumptions and Methods

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

Interest rates

	2023 Plan Year	2022 Plan Year
Funding Rates – Constrained*		
First Segment Rate	4.75%	4.75%
Second Segment Rate	5.00%	5.18%
Third Segment Rate	5.74%	5.92%
Effective Interest Rate	5.35%	5.51%
Funding Rates – Unconstrained**		
First Segment Rate	1.41%	1.07%
Second Segment Rate	3.09%	2.68%
Third Segment Rate	3.58%	3.36%
Effective Interest Rate	3.31%	3.02%
PBGC Premium Funding Target Rates		
First Segment Rate	4.84%	1.07%
Second Segment Rate	5.15%	2.68%
Third Segment Rate	4.85%	3.36%
Effective Interest Rate	4.98%	3.02%

* Used for minimum funding and benefit restriction purposes.

** Used for ERISA 4010 reporting and low-default-risk obligation measure purposes.

The interest rates used for funding purposes 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 in IRS Notice 2022-22, applied on a static basis. For disabled participants, mortality is based on the Disabled Mortality Table defined by IRS Notice 2008-29.

IRC Section 417(e) interest and mortality

Interest Rate: Forward rates implied by the funding interest rates (annuity substitution rule)
Mortality: 2023 IRC 417(e) Applicable Mortality table, as amended by IRS Notice 2022-22

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 administrative expenses to be paid from plan assets during the year.

The New York and Presbyterian Hospital Retirement Plan

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

Non-Prescribed Funding Assumptions and Methods

Salary increases

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

Current and Future Years: 2.50%

Social Security

Annual increase in maximum wage base: 0.5% above cost-of-living

Cash Balance interest crediting rate

Current and Future Years: 4.00%

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 (\$4,000,000 for the 2022 valuation and \$5,100,000 for the 2023 valuation).

The New York and Presbyterian Hospital Retirement Plan

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

Non-Prescribed Funding Assumptions and Methods (continued)

Frequency of optional payment forms and timing of benefit commencement

For participants who accrued a benefit under the Defined Benefit Formulas:

- 75% - single life annuity at age 64
- 15% - 50% J&S annuity at age 64
- 10% - 100% J&S annuity at age 64

For participants who accrued a benefit under the Cash Balance formula:

Actives and terminated vesteds age 62 and under:

- 15% - immediate lump sum at termination
- 10% - lump sum one year after termination
- 75% - seven annual installments beginning at age 65

Actives and terminated vesteds age 63-70 ½:

- 40% - immediate lump sum at termination
- 20% - immediate single life annuity at termination
- 10% - immediate 50% J&S annuity at termination
- 15% - lump sum one year after termination
- 15% - lump sum two years after termination in equal annual installments through age 70 ½

Current actives over age 70 ½ are assumed to receive their account balance in seven annual installments.

Current terminated vesteds over age 70 ½ are assumed to receive their account balance in three annual installments.

For participants that commence due to disability, it is assumed that 100% will elect an immediate lump sum.

For retirees with a remaining cash balance, it is assumed they will receive the cash balance immediately as a lump sum.

With the exception of those participants whose Normal Retirement Date is between January 1, 2015 and June 1, 2020, suspension of benefit notices are provided to active participants with an accrued benefit under the Defined Benefit formulas at their Normal Retirement Date. Participants whose Normal Retirement Date is between January 1, 2015 and June 1, 2020 received a notice in June 2020.

Marital percentage

90% of male participants and 70% of female participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

The New York and Presbyterian Hospital Retirement Plan

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

Non-Prescribed Funding Assumptions and Methods (continued)

Retirement rates

Age	Assumption
55	4.00%
56	4.00%
57	4.00%
58	4.00%
59	4.00%
60	5.00%
61	5.00%
62	7.00%
63	7.00%
64	7.00%
65	16.00%
66	16.00%
67	16.00%
68	16.00%
69	16.00%
70	100.00%

Disability rates

Age	Male	Female
25	0.12%	0.18%
30	0.12%	0.18%
35	0.13%	0.19%
40	0.15%	0.22%
45	0.20%	0.30%
50	0.36%	0.54%
55	0.68%	1.02%
56	0.79%	1.19%
57	0.93%	1.39%
58	1.11%	1.67%
59	1.26%	1.89%
60	1.38%	2.07%
61	1.47%	2.21%
62	1.54%	2.31%
63	1.60%	2.40%
64	1.64%	2.46%

The New York and Presbyterian Hospital Retirement Plan

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

Non-Prescribed Funding Assumptions and Methods (continued)

Withdrawal rates for active participants not eligible for retirement

Sample rates as follows:

Age	Service	
	0-4 Years	5 Years & Later
20	14.00%	12.00%
25	14.00%	12.00%
30	14.00%	12.00%
35	14.00%	12.00%
40	14.00%	8.00%
45	11.00%	6.00%
50	11.00%	5.00%
54	9.40%	4.20%

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 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.

Summary of Changes from the January 1, 2022 Valuation

- The interest rates and mortality tables were updated to those applicable to the current year in accordance with the requirements of the Internal Revenue Code and associated regulations.
- The change in assumptions mentioned above increased the Funding Target by approximately \$36.3M.

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 THE NEW YORK AND PRESBYTERIAN HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
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		1,531,534,847
b Actuarial value.....	2b		1,645,656,965
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	3,294	261,678,085	261,678,085
b For terminated vested participants.....	9,195	347,281,526	347,281,526
c For active participants.....	15,551	791,454,033	797,530,406
d Total.....	28,040	1,400,413,644	1,406,490,017
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		5.35%
6 Target normal cost			
a Present value of current plan year accruals.....	6a		79,811,113
b Expected plan-related expenses.....	6b		5,100,000
c Target normal cost.....	6c		84,911,113

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

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	225,214,449
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	225,214,449
10	Interest on line 9 using prior year's actual return of <u>-9.67%</u>	0	-21,778,237
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>5.51%</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	49,180,377
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	154,255,835

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	106.03 %
15	Adjusted funding target attainment percentage.....	15	117.00 %
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	107.72 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

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

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 66
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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	84,911,113	
b Excess assets, if applicable, but not greater than line 31a.....	31b	84,911,113	
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

The New York and Presbyterian Hospital Retirement Plan

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Schedule SB – Statement by Enrolled Actuary

In preparing the Schedule SB, I relied on other parties for, and applied reasonability tests to, information on assets, contributions, plan provisions and data on people covered by the plan.

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.

The New York and Presbyterian Hospital Retirement Plan

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

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

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	4,651.5958	0.0392	182.4712	10,035.9155
56	4,719.6285	0.0392	184.9074	10,354.8133
57	4,763.4898	0.0393	187.2644	10,674.0704
58	4,788.7373	0.0394	188.7185	10,945.6717
59	4,778.8958	0.0394	188.0959	11,097.6608
60	4,771.2333	0.0493	235.2486	14,114.9151
61	4,714.4809	0.0494	232.9085	14,207.4182
62	4,646.6784	0.0691	320.8954	19,895.5121
63	4,428.0472	0.0692	306.4639	19,307.2237
64	4,225.2240	0.0694	293.3461	18,774.1519
65	4,025.6344	0.1589	639.5624	41,571.5591
66	3,527.2666	0.1585	559.2020	36,907.3335
67	3,075.4710	0.1584	487.0650	32,633.3536
68	2,663.2829	0.1591	423.5976	28,804.6356
69	2,299.0403	0.1589	365.4064	25,213.0404
70	1,982.7289	0.9943	1,971.4387	138,000.7096
71	58.5808	0.8037	47.0801	3,342.6855
72	41.7113	0.7312	30.4996	2,195.9684
73	40.4943	0.7884	31.9252	2,330.5431
74	29.0498	0.7642	22.2006	1,642.8448
75	22.4095	0.9155	20.5160	1,538.6984
76	16.7896	0.9404	15.7896	1,200.0110
77	6.8968	0.8700	6.0000	462.0000
78	7.8018	0.7691	6.0000	468.0000
79	5.6450	0.7086	4.0000	316.0000
80	3.5252	1.0000	3.5252	282.0182
81	2.0000	1.0000	2.0000	162.0000
82	1.0000	1.0000	1.0000	82.0000
83	0.0000	1.0000	0.0000	0.0000
84	0.0000	1.0000	0.0000	0.0000
85	2.0000	0.5000	1.0000	85.0000
86	0.8958	0.0000	0.0000	0.0000
87	0.7926	1.0000	<u>0.7926</u>	<u>68.9523</u>
Total			6,958.9208	456,714.7064
Weighted Average Retirement Age = 456,714.7064 / 6,958.9208				65.53
Rounded Weighted Average Retirement Age				66

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.

The New York and Presbyterian Hospital Retirement Plan

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	\$ 31,036,512	\$ 35,832,857	\$ 28,863,063	\$ 95,732,432
2024	\$ 43,690,656	\$ 26,840,100	\$ 27,176,314	\$ 97,707,070
2025	\$ 47,023,778	\$ 24,581,106	\$ 26,170,942	\$ 97,775,826
2026	\$ 48,638,388	\$ 16,211,384	\$ 25,143,454	\$ 89,993,226
2027	\$ 51,398,945	\$ 15,770,566	\$ 24,078,249	\$ 91,247,760
2028	\$ 53,359,505	\$ 16,117,689	\$ 22,974,988	\$ 92,452,182
2029	\$ 54,652,629	\$ 16,000,945	\$ 21,860,721	\$ 92,514,295
2030	\$ 47,820,482	\$ 16,580,536	\$ 20,713,370	\$ 85,114,388
2031	\$ 48,881,927	\$ 16,334,581	\$ 19,519,629	\$ 84,736,137
2032	\$ 50,398,028	\$ 16,674,967	\$ 18,349,307	\$ 85,422,302
2033	\$ 49,769,021	\$ 17,373,812	\$ 17,177,747	\$ 84,320,580
2034	\$ 48,340,976	\$ 17,707,328	\$ 16,007,194	\$ 82,055,498
2035	\$ 49,006,153	\$ 17,542,633	\$ 14,836,776	\$ 81,385,562
2036	\$ 49,410,431	\$ 18,330,875	\$ 13,661,690	\$ 81,402,996
2037	\$ 48,932,106	\$ 18,228,482	\$ 12,508,894	\$ 79,669,482
2038	\$ 48,025,156	\$ 18,434,319	\$ 11,391,325	\$ 77,850,800
2039	\$ 47,536,980	\$ 18,727,580	\$ 10,304,220	\$ 76,568,780
2040	\$ 48,379,495	\$ 19,464,139	\$ 9,253,526	\$ 77,097,160
2041	\$ 47,466,903	\$ 19,876,676	\$ 8,246,125	\$ 75,589,704
2042	\$ 46,860,711	\$ 20,751,790	\$ 7,288,626	\$ 74,901,127
2043	\$ 46,582,389	\$ 20,270,320	\$ 6,387,067	\$ 73,239,776
2044	\$ 45,688,243	\$ 20,907,258	\$ 5,546,657	\$ 72,142,158
2045	\$ 46,308,624	\$ 21,423,032	\$ 4,771,614	\$ 72,503,270
2046	\$ 46,943,009	\$ 22,320,053	\$ 4,065,042	\$ 73,328,104
2047	\$ 46,673,715	\$ 22,175,739	\$ 3,428,790	\$ 72,278,244
2048	\$ 46,435,610	\$ 23,110,944	\$ 2,863,313	\$ 72,409,867
2049	\$ 46,303,991	\$ 23,302,615	\$ 2,367,557	\$ 71,974,163
2050	\$ 46,544,241	\$ 24,606,636	\$ 1,939,074	\$ 73,089,951
2051	\$ 46,281,137	\$ 25,066,969	\$ 1,574,179	\$ 72,922,285
2052	\$ 45,796,938	\$ 25,702,556	\$ 1,268,065	\$ 72,767,559
2053	\$ 45,200,859	\$ 25,229,920	\$ 1,015,067	\$ 71,445,846
2054	\$ 45,062,024	\$ 24,923,587	\$ 809,034	\$ 70,794,645
2055	\$ 44,525,983	\$ 23,780,186	\$ 643,664	\$ 68,949,833
2056	\$ 42,490,669	\$ 22,326,743	\$ 512,749	\$ 65,330,161
2057	\$ 40,002,504	\$ 19,990,183	\$ 410,409	\$ 60,403,096
2058	\$ 38,027,312	\$ 17,705,905	\$ 331,256	\$ 56,064,473
2059	\$ 35,351,979	\$ 14,826,661	\$ 270,510	\$ 50,449,150
2060	\$ 32,074,214	\$ 12,557,693	\$ 224,063	\$ 44,855,970
2061	\$ 28,362,569	\$ 9,820,822	\$ 188,490	\$ 38,371,881
2062	\$ 24,511,941	\$ 7,246,016	\$ 161,025	\$ 31,918,982
2063	\$ 20,501,413	\$ 5,073,835	\$ 139,495	\$ 25,714,743
2064	\$ 16,919,244	\$ 3,218,058	\$ 122,245	\$ 20,259,547
2065	\$ 12,996,857	\$ 2,101,988	\$ 108,044	\$ 15,206,889
2066	\$ 9,548,455	\$ 1,053,037	\$ 96,005	\$ 10,697,497
2067	\$ 6,963,282	\$ 524,685	\$ 85,504	\$ 7,573,471
2068	\$ 4,880,472	\$ 199,597	\$ 76,119	\$ 5,156,188
2069	\$ 3,553,409	\$ 86,405	\$ 67,583	\$ 3,707,397
2070	\$ 2,819,115	\$ 46,128	\$ 59,734	\$ 2,924,977
2071	\$ 2,358,438	\$ 36,092	\$ 52,482	\$ 2,447,012
2072	\$ 2,033,955	\$ 20,146	\$ 45,786	\$ 2,099,887

The New York and Presbyterian Hospital Retirement Plan

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Schedule SB, Part V – Summary of Plan Provisions

Effective January 1, 2000, the New York Hospital and Columbia Presbyterian Pension Plans were merged and restated as New York-Presbyterian Hospital Retirement Plan. In addition to the merger, New York-Presbyterian Hospital amended the Retirement Plan such that participants who were members of the Prior Presbyterian Hospital Pension Plan as of December 31, 1999 were given a choice to earn benefits under the defined benefit formula or the cash balance formula. In addition, certain plan provisions, such as the definitions of service and compensation, were harmonized as of January 1, 2000. The Plan was amended and restated as of January 1, 2011 to reflect all prior amendments and update the Plan name to The New York and Presbyterian Hospital Retirement Plan. Effective January 1, 2018, non-grandfathered non-union employees of NewYork-Presbyterian Lawrence Hospital are eligible to participate in the Plan under the cash balance formula with service under the Employees' Retirement Plan of NewYork-Presbyterian Lawrence Hospital counted for benefit and eligibility purposes. Effective January 1, 2019, certain employees of Kings Physician Services, P.C. are eligible to participate under the cash balance formula with service with MSO of Kings County, LLC counted for benefit and eligibility purposes (provided that no participant shall receive more than one year of benefit service for service with MSO of Kings County, LLC). Effective July 1, 2021, Hudson Valley Medical Group employees are eligible to participate under the cash balance formula with service since January 26, 2015 counted for benefit and eligibility purposes (provided that no participant shall receive more than one year of benefit service for service with Hudson Valley Medical Group prior to July 1, 2021).

Active participants of The New York and Presbyterian Hospital Retirement Plan earn benefits under one of the following three formulas:

Final average pay formula based on the prior New York Hospital Plan;

Final average pay formula based on the prior Presbyterian Hospital Plan; and

Cash balance formula based on the prior New York Hospital Plan.

Definitions

Prior New York Hospital Final Average Pay Formula

Years of Vesting Service

Vesting Service is credited on an elapsed time basis for full-time and part-time employees. Casual employees must work at least 1,000 hours in a calendar year to receive a Year of Vesting Service.

Years of Creditable Service

A Year of Creditable Service is a Plan Year during which an employee is employed at the Hospital throughout the calendar year. If the employee's employment begins or is terminated during a Plan Year, the employee will be credited with a fractional Year of Creditable Service. Casual employees must work at least 1,000 hours in a calendar year to receive a Year of Creditable Service. Years of Creditable Service are limited to 35 years, unless the Participant was age 40 and had completed 10 Years of Creditable Service as of January 1, 1984.

Final Average Compensation

Final Average Compensation means twelve times the average of a participant's monthly compensation in respect to the 60 consecutive months out of the last 120 consecutive months (or such lesser period as an employee) which produces the highest average.

The New York and Presbyterian Hospital Retirement Plan

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

Definitions (continued)

Prior Presbyterian Hospital Final Average Pay Formula

Years of Vesting Service

Prior to January 1, 2000, a Year of Vesting Service is equal to a Plan Year during which an employee is credited with 150 Hours of Service. Effective January 1, 2000, Vesting Service is credited on an elapsed time basis for full-time and part-time employees. Casual employees must work at least 1,000 hours in a calendar year to receive a Year of Vesting Service.

Years of Employment

A Year of Employment is a Plan Year during which an employee is employed at the Hospital throughout the calendar year. If the employee's employment begins or is terminated during a Plan Year, the employee will be credited with a fractional Year of Employment.

Years of Creditable Service

Prior to January 1, 2000, a Year of Creditable Service is the same as a Year of Employment. Effective January 1, 2000, a Year of Creditable Service is a Plan Year during which an employee is employed by the Hospital throughout the calendar year. If the employee's employment begins or is terminated during a Plan Year, the employee will be credited with a fractional Year of Creditable Service. Casual employees must work at least 1,000 hours in a calendar year to receive a Year of Creditable Service.

Final Average Compensation

Prior to January 1, 2000, Final Average Compensation is equal to the average of a participant's annual compensation in respect to the five consecutive Plan Years (or such lesser period as an employee) which produces the highest average. Effective January 1, 2000, Final Average Compensation means twelve times the average of a participant's monthly compensation in respect to the 60 consecutive months out of the last 120 consecutive months (or such lesser period as an employee) which produces the highest average. Final Average Compensation is not less than the Final Average Compensation for a participant at December 31, 1999.

Cash Balance Provisions

Years of Vesting Service

Vesting Service is credited on an elapsed time basis for full-time and part-time employees. Casual employees must work at least 1,000 hours in a calendar year to receive a Year of Vesting Service.

Years of Creditable Service

A Year of Creditable Service is a Plan Year during which an employee is employed at the Hospital throughout the calendar year. If the employee's employment begins or is terminated during a Plan Year, the employee will be credited with a fractional Year of Creditable Service. Casual employees must work at least 1,000 hours in a calendar year to receive a Year of Creditable Service.

Participation in Plan

Each individual who was not a member on April 1, 1993 shall become a member upon completion of a consecutive twelve-month period of employment. Full-time and part-time employees become participants on the first of the month following their first anniversary of employment. Casual employees become a participant on their first anniversary of employment if they complete 1,000 hours in that year. If they fail to complete 1,000 hours in that year, then they will become a participant at the end of the first plan year in which he or she completes 1,000 hours.

The New York and Presbyterian Hospital Retirement Plan

EIN/PN: 13-3957095 / 001

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

Benefits

Prior New York Hospital Final Average Pay Formula

Eligibility

All prior New York Hospital Plan participants as of June 30, 1992 who did not elect to earn benefits under the cash balance formula. Certain designated members may have opted out of this benefit formula.

Normal Retirement Benefit

Eligibility

First of the month coincident with or next following the later of the attainment of age 65 or five Years of Vesting Service.

Benefits

An annual pension payable monthly for life equal to 1-2/3% of the member's Final Average Compensation, multiplied by the member's Years of Creditable Service, less 1-1/2% of the Primary Insurance Amount multiplied by the member's Years of Creditable Service, but limited to 50%.

Early Retirement Benefit

Eligibility

First of the month coincident with or next following the later of the attainment of age 55 or five Years of Vesting Service.

Benefits

If payable at normal retirement date, same formula as for normal retirement except that service is credited only to early retirement date.

If payable prior to normal retirement date, same as above, but reduced by 1/15th for each of the first five years that the early retirement date precedes the normal retirement date and by 1/30th for each of the next five years.

Deferred Retirement Benefit

Eligibility

Retirement after participant's normal retirement date.

Benefits

The benefit is based upon service and salary at actual retirement date.

Disability Retirement Benefit

Eligibility

Five Years of Vesting Service and totally and permanently disabled.

Benefits

The normal benefit payable at normal retirement date, computed by using final average pay and years of service at disability.

Death Benefit

Eligibility

Five Years of Vesting Service on date of death.

The New York and Presbyterian Hospital Retirement Plan

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

Benefits (continued)

Prior New York Hospital Final Average Pay Formula (continued)

Benefits before Retirement

For participants with at least five Years of Vesting Service but less than 25 Years of Vesting Service on their date of death:

One half of monthly pension calculated by using pay and service as of the participant's date of death and reduced for the 50% Joint and Survivor annuity. If the benefit begins before the participant's Normal Retirement Date, it is reduced for early commencement.

For participants with 25 or more Years of Vesting Service or who are age 55 with 10 or more Years of Vesting Service on their date of death:

If the beneficiary is the participant's spouse or dependent parents, then an annuity based on pay and service as of the participant's date of death, reduced for the 100% Joint and Survivor annuity, and not reduced for early commencement, is payable.

Benefits after Retirement

Qualified 50% Joint and Survivor Annuity provided to married members (unless waived with spousal consent), otherwise none unless an optional form of retirement benefit provides for a survivor benefit.

Normal Form of Benefit

Life annuity actuarially adjusted to 50% joint and survivor annuity if member is married.

Optional Forms of Benefit

- (a) Single life annuity (available to married members in lieu of normal form).
- (b) 5 year certain and life annuity.
- (c) 10 year certain and life annuity.
- (d) 15 year certain and life annuity.
- (e) 50% joint and survivor annuity.
- (f) 75% joint and survivor annuity.
- (g) 100% joint and survivor annuity.
- (h) 100% joint and survivor annuity with 10 years certain.
- (i) Social Security level income annuity.

Vesting

Participants who terminate after completing five Years of Vesting Service are entitled to benefits accrued to date of termination.

Eligibility

All prior Presbyterian Plan participants as of December 31, 1999 who did not elect to earn benefits under the cash balance formula.

The New York and Presbyterian Hospital Retirement Plan

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

Benefits (continued)

Prior Presbyterian Hospital Final Average Pay Formula

Normal Retirement Benefit

Eligibility

First of the month coincident with or next following the later of the attainment of age 65 or five Years of Vesting Service.

Benefits

An annual pension payable monthly for life equal to 1.7% of the member's Final Average Compensation, multiplied by the member's Years of Creditable Service, less 1.35% of the Primary Insurance Amount multiplied by the member's Years of Creditable Service.

Early Retirement Benefit

Eligibility

First of the month following member's 55th birthday and completion of five Years of Vesting Service.

Benefits

If payable at normal retirement date, same formula as for normal retirement except that service is credited only to early retirement date.

If payable prior to normal retirement date, same as above, but reduced 4% for each year that the early retirement date precedes the normal retirement date.

Deferred Retirement Benefit

Eligibility

Retirement after participant's normal retirement date.

Benefits

The benefit is based upon service and salary at actual retirement date.

Disability Retirement Benefit

Eligibility

First of the month coincident with or next following the attainment of age 55, if not eligible for Early Retirement, and is, in the opinion of the Plan Administrator, permanently incapacitated.

Benefits

The normal benefit payable at normal retirement date, computed by using final average pay and years of service at disability.

The New York and Presbyterian Hospital Retirement Plan

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

Benefits (continued)

Prior Presbyterian Hospital Final Average Pay Formula (continued)

Death Benefit

Eligibility

Five Years of Vesting Service on date of death.

Benefits before Retirement

One half of monthly pension calculated by using pay and service as of the participant's date of death and reduced for the 50% Joint and Survivor annuity. If the benefit begins before the participant's Normal Retirement Date, it is reduced for early commencement.

Benefits after Retirement

Qualified 50% Joint and Survivor Annuity provided to married members (unless waived with spousal consent), otherwise none unless an optional an optional form of retirement benefit provides for a survivor benefit.

Normal Form of Benefit

Life annuity actuarially adjusted to 50% joint and survivor annuity if member is married.

Optional Forms of Benefit

- (a) Single life annuity (available to married members in lieu of normal form).
- (b) 5 year certain and life annuity.
- (c) 10 year certain and life annuity.
- (d) 15 year certain and life annuity.
- (e) 50% joint and survivor annuity.
- (f) 75% joint and survivor annuity.
- (g) 100% joint and survivor annuity.
- (h) 100% joint and survivor annuity with 10 years certain.
- (i) Social Security level income annuity.

Vesting

Participants who terminate after completing five Years of Vesting Service are entitled to benefits accrued to date of termination.

The New York and Presbyterian Hospital Retirement Plan

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

Benefits (continued)

Cash Balance Provisions

Eligibility

- (a) Prior New York Hospital Plan participants as of June 30, 1992 who elected to earn benefits under the cash balance formula.
- (b) Prior New York Hospital Plan participants who became participants after June 30, 1992.
- (c) Prior Presbyterian Hospital Plan participants as of December 31, 1999 who elected to earn benefits under the cash balance formula.
- (d) All other participants becoming members after December 31, 1999.
- (e) Effective January 1, 2009, participants in the New York-Presbyterian Hospital Annuity Pension Plan (HAPP), became participants in the Plan, with service under the HAPP counted for benefit and eligibility purposes.
- (f) Effective January 1, 2018, non-grandfathered non-union employees of NewYork-Presbyterian Lawrence Hospital are eligible to participate in the Plan under the cash balance formula with service under the Employees' Retirement Plan of NewYork-Presbyterian Lawrence Hospital counted for benefit and eligibility purposes.
- (g) Effective January 1, 2019, certain employees of Kings Physician Services, P.C. are eligible to participate under the cash balance formula with service with MSO of Kings County, LLC counted for benefit and eligibility purposes (provided that no participant shall receive more than one year of benefit service for service with MSO of Kings County, LLC).
- (h) Effective July 1, 2021, Hudson Valley Medical Group employees are eligible to participate under the cash balance formula with service since January 26, 2015 counted for benefit and eligibility purposes (provided that no participant shall receive more than one year of benefit service for service with Hudson Valley Medical Group prior to July 1, 2021).

Normal Retirement Benefit

Eligibility

First of the month coincident with or next following the later of the attainment of age 65 or three Years of Vesting Service.

Benefits

Annuity equivalent to an account that is comprised of:

- 1. The initial account balance which is equal to the present value of the accrued benefit as of December 31, 1992 for prior New York Hospital Plan participants or as of December 31, 1999 for prior Presbyterian Hospital Plan participants.
- 2. An annual allocation, determined at the end of the year or termination, whichever is earlier, equal to:

Years of Creditable Service	Annual Cash Balance Credit as a Percentage of Pay
Less than 1 year	0%
1 to 4 years	5%
5 to 9 years	6%
10 to 14 years	7%
15 to 19 years	8%
20 or more years	10%

The New York and Presbyterian Hospital Retirement Plan

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

Benefits (continued)

Cash Balance Provisions (continued)

In addition, for prior New York Hospital Plan participants on June 30, 1992 who elected to earn benefits under the cash balance formula, the annual allocations for service of 20 years or more will be as follows:

Years of Creditable Service	Annual Cash Balance Credit as a Percentage of Pay
20 to 24 years	10%
25 to 29 years	12%
30 or more years	15%

3. A quarterly interest credit credited at the earlier of the end of each calendar quarter or date of termination. The rate of interest shall equal the average yield on 10-year Treasury Constant Maturities for the second preceding month to the quarter, but no less than an annualized 4%.

Early Retirement Benefit

Eligibility

First of the month coincident with or next following the later of the attainment of age 55 or three Years of Vesting Service.

Benefits

The benefit is based upon the participant's account balance at actual retirement date.

Deferred Retirement Benefit

Eligibility

Retirement after participant's normal retirement date.

Benefits

The benefit is based upon the participant's account balance at actual retirement date.

Disability Retirement Benefit

Eligibility

Three Years of Vesting Service and totally and permanently disabled.

Benefits

The annuity actuarially equivalent to the participant's account balance earned up to disablement. For prior New York Hospital Plan participants, the amount may not be less than the disability benefit earned as of December 31, 1992.

Death Benefit

Eligibility

Three or more Years of Vesting Service.

Benefits

100% of account balance.

The New York and Presbyterian Hospital Retirement Plan

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

Benefits (continued)

Cash Balance Provisions (continued)

Normal Form of Benefit

Life annuity actuarially adjusted to 50% joint and survivor annuity if member is married.

Optional Forms of Benefit

- (a) Single life annuity (available to married members in lieu of normal form).
- (b) 5 year certain and life annuity.
- (c) 10 year certain and life annuity.
- (d) 15 year certain and life annuity.
- (e) 50% joint and survivor annuity.
- (f) 75% joint and survivor annuity.
- (g) 100% joint and survivor annuity.
- (h) 100% joint and survivor annuity with 10 years certain.
- (i) Social Security level income annuity.
- (j) Lump sum.
- (k) Partial withdrawal of at least \$1,000.

Vesting

Participants who terminate after completing three Years of Vesting Service are entitled to benefits accrued to date of termination.

Summary of Changes from the January 1, 2022 Valuation

None.