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

|         |                                                                                                                                                                                                                                                                                                                                           |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                    |
| 1a      | Name of plan<br>MONTEFIORE MEDICAL CENTER HSRP RETIREMENT PLAN                                                                                                                                                                                                                                                                            |
| 1b      | Three-digit plan number (PN) ▶ 003                                                                                                                                                                                                                                                                                                        |
| 1c      | Effective date of plan<br>01/01/1970                                                                                                                                                                                                                                                                                                      |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>MONTEFIORE MEDICAL CENTER<br><br>555 S BROADWAY, BUILDING A<br>TARRYTOWN, NY 10591 |
| 2b      | Employer Identification Number (EIN)<br>13-1740114                                                                                                                                                                                                                                                                                        |
| 2c      | Plan Sponsor's telephone number<br>212-956-8340                                                                                                                                                                                                                                                                                           |
| 2d      | Business code (see instructions)<br>622000                                                                                                                                                                                                                                                                                                |

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 351                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black;"> <div style="width: 15%;"><b>6a(1)</b></div> <div style="width: 85%; text-align: right;">11</div> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <div style="width: 15%;"><b>6a(2)</b></div> <div style="width: 85%; text-align: right;">9</div> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <div style="width: 15%;"><b>6b</b></div> <div style="width: 85%; text-align: right;">3</div> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <div style="width: 15%;"><b>6c</b></div> <div style="width: 85%; text-align: right;">30</div> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <div style="width: 15%;"><b>6d</b></div> <div style="width: 85%; text-align: right;">42</div> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <div style="width: 15%;"><b>6e</b></div> <div style="width: 85%; text-align: right;">0</div> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <div style="width: 15%;"><b>6f</b></div> <div style="width: 85%; text-align: right;">42</div> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <div style="width: 15%;"><b>6g(1)</b></div> <div style="width: 85%;"></div> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <div style="width: 15%;"><b>6g(2)</b></div> <div style="width: 85%;"></div> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <div style="width: 15%;"><b>6h</b></div> <div style="width: 85%; text-align: right;">0</div> </div> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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

1A 3H

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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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<br>MONTEFIORE MEDICAL CENTER HSRP RETIREMENT PLAN                           | B Three-digit plan number (PN) ▶ 003                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>MONTEFIORE MEDICAL CENTER        | D Employer Identification Number (EIN)<br>13-1740114 |

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

1 Coverage Information:

(a) Name of insurance carrier  
PRINCIPAL LIFE INSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 42-0127290 | 61271         | GA 2-21940                            | 309                                                                         | 01/01/2023              | 12/31/2023 |

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

|                                               |                                    |
|-----------------------------------------------|------------------------------------|
| (a) Total amount of commissions paid<br>81715 | (b) Total amount of fees paid<br>0 |
|-----------------------------------------------|------------------------------------|

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
WILLIAM TREMKO  
USI CONSULTING GROUP  
95 GLASTONBURY BLVD  
GLASTONBURY, CT 06033

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 81715                                         |                                 |             | 3                     |

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

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

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

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

|          |                                                                                                                                                                                                                                 |              |          |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end .....                                                                                                                                   | <b>4</b>     |          |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....                                                                                                                                      | <b>5</b>     |          |
| <b>6</b> | Contracts With Allocated Funds:                                                                                                                                                                                                 |              |          |
| <b>a</b> | State the basis of premium rates ▶ <b>APPLICABLE MORTALITY TABLE INTEREST RATE DETERMINED BY INSURANCE COMPANY</b>                                                                                                              |              |          |
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                                                  | <b>6b</b>    | 13560875 |
| <b>c</b> | Premiums due but unpaid at the end of the year.....                                                                                                                                                                             | <b>6c</b>    |          |
| <b>d</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶                           | <b>6d</b>    |          |
| <b>e</b> | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶                                                        |              |          |
| <b>f</b> | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>                                                                                               |              |          |
| <b>7</b> | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)                                                                                                                   |              |          |
| <b>a</b> | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ |              |          |
| <b>b</b> | Balance at the end of the previous year .....                                                                                                                                                                                   | <b>7b</b>    |          |
| <b>c</b> | Additions: (1) Contributions deposited during the year .....                                                                                                                                                                    | <b>7c(1)</b> |          |
|          | (2) Dividends and credits .....                                                                                                                                                                                                 | <b>7c(2)</b> |          |
|          | (3) Interest credited during the year .....                                                                                                                                                                                     | <b>7c(3)</b> |          |
|          | (4) Transferred from separate account.....                                                                                                                                                                                      | <b>7c(4)</b> |          |
|          | (5) Other (specify below) .....                                                                                                                                                                                                 | <b>7c(5)</b> |          |
|          |                                                                                                                                                                                                                                 |              |          |
|          | (6) Total additions .....                                                                                                                                                                                                       | <b>7c(6)</b> |          |
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                                                                                                                                                    | <b>7d</b>    |          |
| <b>e</b> | Deductions:                                                                                                                                                                                                                     |              |          |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year .....                                                                                                                                                 | <b>7e(1)</b> |          |
|          | (2) Administration charge made by carrier .....                                                                                                                                                                                 | <b>7e(2)</b> |          |
|          | (3) Transferred to separate account.....                                                                                                                                                                                        | <b>7e(3)</b> |          |
|          | (4) Other (specify below) .....                                                                                                                                                                                                 | <b>7e(4)</b> |          |
|          |                                                                                                                                                                                                                                 |              |          |
|          | (5) Total deductions .....                                                                                                                                                                                                      | <b>7e(5)</b> |          |
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....                                                                                                                                  | <b>7f</b>    |          |

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                      |
| A Name of plan<br>MONTEFIORE MEDICAL CENTER HSRP RETIREMENT PLAN                           | B Three-digit plan number (PN) ▶ 003                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>MONTEFIORE MEDICAL CENTER        | D Employer Identification Number (EIN)<br>13-1740114 |

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

1 Coverage Information:

(a) Name of insurance carrier  
PRINCIPAL LIFE INSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 42-0127290 | 61271         | 622994                                | 42                                                                          | 01/01/2023              | 12/31/2023 |

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

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

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

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

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

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

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

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

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

|                                                                                                        |          |              |
|--------------------------------------------------------------------------------------------------------|----------|--------------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | <b>0</b>     |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | <b>20420</b> |

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

Specify nature of costs ▶

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

(2) Dividends and credits .....

**7c(2)**

(3) Interest credited during the year .....

**7c(3)**

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

**7c(4)**

(5) Other (specify below) .....

**7c(5)**

▶

(6) Total additions.....

**7c(6)****d** Total of balance and additions (add lines **7b** and **7c(6)**) .....**7d****e** Deductions:

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

**7e(1)**

(2) Administration charge made by carrier .....

**7e(2)**

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

**7e(3)**

(4) Other (specify below) .....

**7e(4)**

▶

(5) Total deductions.....

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

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 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<br>MONTEFIORE MEDICAL CENTER HSRP RETIREMENT PLAN                                                                   | B Three-digit plan number (PN) ▶ 003                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>MONTEFIORE MEDICAL CENTER                                     | D Employer Identification Number (EIN)<br>13-1740114                                                                                             |
| 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 checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                  |                            |                           |                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2023                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 17574527                  |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 19331979                  |                          |
| 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                                                                                                                                     | 41                         | 2714162                   | 2714162                  |
| b      | For terminated vested participants                                                                                                                                                               | 205                        | 6239929                   | 6239929                  |
| c      | For active participants                                                                                                                                                                          | 105                        | 6042874                   | 6643080                  |
| d      | Total                                                                                                                                                                                            | 351                        | 14996965                  | 15597171                 |
| 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                          | 5.31 %                    |                          |
| 6      | Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a      | Present value of current plan year accruals                                                                                                                                                      | 6a                         | 118385                    |                          |
| b      | Expected plan-related expenses                                                                                                                                                                   | 6b                         | 471629                    |                          |
| c      | Target normal cost                                                                                                                                                                               | 6c                         | 590014                    |                          |

**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.

|                          |                                                                                                                                                                                                                                                         |                                                                                                                                                                              |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>Signature of actuary</div> <div>J. GRANT ELMAN</div> <div>Type or print name of actuary</div> <div>USI CONSULTING GROUP</div> <div>Firm name</div> <div>600 THIRD AVENUE<br/>3RD FLOOR<br/>NEW YORK, NY 10016</div> <div>Address of the firm</div> | <div>10/03/2024</div> <div>Date</div> <div>23-04914</div> <div>Most recent enrollment number</div> <div>212-878-0433</div> <div>Telephone number (including area code)</div> |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| 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) .....                                                          | 2079347                                             | 14131797               |
| 8       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                       |                                                     |                        |
| 9       | Amount remaining (line 7 minus line 8) .....                                                                                                             | 2079347                                             | 14131797               |
| 10      | Interest on line 9 using prior year's actual return of <u>-26.39</u> % .....                                                                             | -548740                                             | -3729381               |
| 11      | Prior year's excess contributions to be added to prefunding balance:                                                                                     |                                                     |                        |
| a       | Present value of excess contributions (line 38a from prior year) .....                                                                                   |                                                     | 828374                 |
| 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>5.49</u> % ..... |                                                     | 45478                  |
| 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 .....                                                                     |                                                     | 873852                 |
| d       | Portion of (c) to be added to prefunding balance .....                                                                                                   |                                                     | 873852                 |
| 12      | Other reductions in balances due to elections or deemed elections .....                                                                                  | 0                                                   | 0                      |
| 13      | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                       | 1530607                                             | 11276268               |

| Part III |                                                                                                                                                                  | Funding Percentages |          |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------|
| 14       | Funding target attainment percentage .....                                                                                                                       | 14                  | 41.83 %  |
| 15       | Adjusted funding target attainment percentage .....                                                                                                              | 15                  | 123.94 % |
| 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                  | 59.14 %  |
| 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<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees        |         |
| 01/25/2023                                                                        | 378000                            |                                        |         |
| 02/24/2023                                                                        | 126000                            |                                        |         |
| 04/24/2023                                                                        | 252000                            |                                        |         |
| 05/25/2023                                                                        | 126000                            |                                        |         |
| 06/26/2023                                                                        | 126000                            |                                        |         |
| 07/24/2023                                                                        | 126000                            |                                        |         |
| Totals ►                                                                          |                                   | 18(b)                                  | 1134000 |
|                                                                                   |                                   | 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 1118509                                                         |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
| a Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....              | <input checked="" 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                                                             |
| 0                                                                                                                             | 0                                                                   |
| (3) 3rd                                                                                                                       | (4) 4th                                                             |
| 0                                                                                                                             | 0                                                                   |

|               |                                                                            |
|---------------|----------------------------------------------------------------------------|
| <b>Part V</b> | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b> |
|---------------|----------------------------------------------------------------------------|

|                                                                                                                                                                                              |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.75 % | 2nd segment:<br>5.00 % | 3rd segment:<br>5.74 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

|                |                            |
|----------------|----------------------------|
| <b>Part VI</b> | <b>Miscellaneous Items</b> |
|----------------|----------------------------|

|                                                                                                                                                                        |  |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|
| <b>24</b> 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 |
| <b>25</b> 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 |
| <b>26</b> Demographic and benefit information                                                                                                                          |  |                                                                     |
| <b>a</b> 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>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                       |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                    |  | <b>27</b>                                                           |

|                 |                                                                                |
|-----------------|--------------------------------------------------------------------------------|
| <b>Part VII</b> | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b> |
|-----------------|--------------------------------------------------------------------------------|

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

|                  |                                                       |
|------------------|-------------------------------------------------------|
| <b>Part VIII</b> | <b>Minimum Required Contribution For Current Year</b> |
|------------------|-------------------------------------------------------|

|                                                                                                                                                                                      |                   |                     |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                   |                     |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           |                   | <b>31a</b>          | 590014        |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                   | <b>31b</b>          | 0             |
| <b>32</b> Amortization installments:                                                                                                                                                 |                   | Outstanding Balance | Installment   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                |                   |                     |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                   |                     |               |
| <b>33</b> 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 ..... |                   | <b>33</b>           |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           |                   | <b>34</b>           | 590014        |
|                                                                                                                                                                                      | Carryover balance | Prefunding balance  | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               |                   |                     | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   |                   | <b>36</b>           | 590014        |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   |                   | <b>37</b>           | 1118509       |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                   |                     |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             |                   | <b>38a</b>          | 528495        |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                   | <b>38b</b>          | 0             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |                   | <b>39</b>           | 0             |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  |                   | <b>40</b>           | 0             |

|                |                                                                                             |
|----------------|---------------------------------------------------------------------------------------------|
| <b>Part IX</b> | <b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b> |
|----------------|---------------------------------------------------------------------------------------------|

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

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

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

|                                                                                                                   |                                                                                    |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>MONTEFIORE MEDICAL CENTER HSRP RETIREMENT PLAN</div>                    | <div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>003</div>   |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>MONTEFIORE MEDICAL CENTER</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>13-1740114</div> |

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

☒

No
- b

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

(b)

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

(b)

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

(b)

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

(b)

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

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

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

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

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

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

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

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

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

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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)

AON HEWITT INVESTMENT CO.

36-3109431

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16                     | INVESTMENT ADVISOR                                                                                | 185749                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

USI CONSULTING GROUP INC

13-4032401

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 50                  | ACTUARY                                                                                           | 175161                                                                 | 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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 50 64               | CONTRACT ADMINISTRATOR                                                                            | 72020                                                                  | 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)

LEGAL & GENERAL INVESTMENT

20-8058531

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | INVESTMENT ADVISOR                                                                                | 28256                                                                  | 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)

BNY MELLON ASSET SERVICING

13-5160382

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 18 19 21               | INV. ADVISOR & CUSTODIAN                                                                          | 21517                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

SEYFARTH SHAW LLP

36-2152202

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 29                  | LEGAL                                                                                             | 15931                                                                  | 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)

BUCHBINDER TUNICK & CO. LLP

13-1578842

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | AUDITOR                                                                                           | 13125                                                                  | 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)

JP MORGAN CHASE BANK

13-4994650

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | INVESTMENT ADVISOR                                                                                | 7833                                                                   | 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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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<br>(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<br>(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<br>(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)

|                    |                                                          |                     |              |
|--------------------|----------------------------------------------------------|---------------------|--------------|
| <b>a</b> Name:     | BUCHBINDER TUNICK & COMPANY LLP                          | <b>b</b> EIN:       | 13-1578842   |
| <b>c</b> Position: | AUDITOR                                                  |                     |              |
| <b>d</b> Address:  | ONE PENNSYLVANIA PLAZA, SUITE 3200<br>NEW YORK, NY 10019 | <b>e</b> Telephone: | 212-695-5003 |
|                    |                                                          |                     |              |

Explanation: AUDIT FIRM ENTERED INTO A PURCHASE AGREEMENT WITH WEAVER AND TIDWELL, LLP.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2023</b><br><br><hr/> <b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

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

|                                                                                                          |                                                                            |            |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>MONTEFIORE MEDICAL CENTER HSRP RETIREMENT PLAN</u>                           | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>003</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>MONTEFIORE MEDICAL CENTER</u> | <b>D</b> Employer Identification Number (EIN)<br><u>13-1740114</u>         |            |

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

|                                                                                                            |                               |                                                                                                                                                       |  |  |
|------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIQUID ASSETS SEP ACCT-Z</u>                        |                               |                                                                                                                                                       |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>                  |                               |                                                                                                                                                       |  |  |
| <b>c</b> EIN-PN <u>42-0127290-024</u>                                                                      | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>20420</u></span>   |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMCB HIGH YIELD</u>                                     |                               |                                                                                                                                                       |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>J.P. MORGAN ASSET MANAGEMENT</u>                      |                               |                                                                                                                                                       |  |  |
| <b>c</b> EIN-PN <u>25-6078093-001</u>                                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>128176</u></span>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>L&amp;G LONG DURATION US CREDIT</u>                      |                               |                                                                                                                                                       |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>LEGAL &amp; GENERAL INVESTMENT MANAGEMENT AMERICA</u> |                               |                                                                                                                                                       |  |  |
| <b>c</b> EIN-PN <u>35-7085469-020</u>                                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>2752125</u></span> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>GLOBAL EQUITY INDEX NL SF CL A</u>                       |                               |                                                                                                                                                       |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>                      |                               |                                                                                                                                                       |  |  |
| <b>c</b> EIN-PN <u>90-0337987-205</u>                                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>1023893</u></span> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>U.S. TREASURY STRIPS FUND</u>                            |                               |                                                                                                                                                       |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>                      |                               |                                                                                                                                                       |  |  |
| <b>c</b> EIN-PN <u>04-0025081-352</u>                                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>413316</u></span>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMCB CORE DIVERSIFED COML PROP FD</u>                   |                               |                                                                                                                                                       |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>J.P. MORGAN ASSET MANAGEMENT</u>                      |                               |                                                                                                                                                       |  |  |
| <b>c</b> EIN-PN <u>47-2818728-001</u>                                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>537615</u></span>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB TEMPORARY INVESTMENT FUND</u>                         |                               |                                                                                                                                                       |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>                       |                               |                                                                                                                                                       |  |  |
| <b>c</b> EIN-PN <u>25-6078093-023</u>                                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>333968</u></span>  |  |  |

**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)

**Part II** Information on Participating Plans (to be completed by DFEs, other than DCGs)

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2023</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                         |                                                                    |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------|
| For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b> |                                         |                                                                    |
| <b>A</b> Name of plan<br><b>MONTEFIORE MEDICAL CENTER HSRP RETIREMENT PLAN</b>                           | <b>B</b> Three-digit plan number (PN) ▶ | <b>003</b>                                                         |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>MONTEFIORE MEDICAL CENTER</b>        |                                         |                                                                    |
|                                                                                                          |                                         | <b>D</b> Employer Identification Number (EIN)<br><b>13-1740114</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

| Assets                                                                                             |                 | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                      | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    | 1601                  | 4405            |
| <b>c</b> General investments:                                                                      |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 17527247              | 5189093         |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   | 45679                 | 20420           |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   |                       |                 |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 17574527              | 5213918         |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 17574527              | 5213918         |

**Part II Income and Expense Statement**

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

|                                                                                               |                 |            |           |
|-----------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                 |                 | (a) Amount | (b) Total |
| <b>a Contributions:</b>                                                                       |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                  | <b>2a(1)(A)</b> | 1134000    |           |
| (B) Participants .....                                                                        | <b>2a(1)(B)</b> |            |           |
| (C) Others (including rollovers) .....                                                        | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                               | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , (B), (C), and line <b>2a(2)</b> .....    | <b>2a(3)</b>    |            | 1134000   |
| <b>b Earnings on investments:</b>                                                             |                 |            |           |
| (1) Interest:                                                                                 |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> |            |           |
| (B) U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                   | <b>2b(1)(E)</b> |            |           |
| (F) Other .....                                                                               | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through (F) .....                               | <b>2b(1)(G)</b> |            | 0         |
| (2) Dividends: (A) Preferred stock .....                                                      | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                        | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                            | <b>2b(2)(C)</b> | 36145      |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , (B), and (C) .....                           | <b>2b(2)(D)</b> |            |           |
| (3) Rents .....                                                                               | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                           | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions) .....                                        | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....            | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                   | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                               | <b>2b(5)(B)</b> | 1137299    |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and (B) .....          | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (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)  |            |           |
| (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 <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 2307444   |

**Expenses**

|                                                                                      |        |          |          |
|--------------------------------------------------------------------------------------|--------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |        |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 470903   |          |
| (2) To insurance carriers for the provision of benefits.....                         | 2e(2)  | 13642591 |          |
| (3) Other .....                                                                      | 2e(3)  |          |          |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                        | 2e(4)  |          | 14113494 |
| f Corrective distributions (see instructions) .....                                  | 2f     |          |          |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |          |          |
| h Interest expense .....                                                             | 2h     |          |          |
| i Administrative expenses:                                                           |        |          |          |
| (1) Salaries and allowances .....                                                    | 2i(1)  |          |          |
| (2) Contract administrator fees.....                                                 | 2i(2)  |          |          |
| (3) Recordkeeping fees.....                                                          | 2i(3)  |          |          |
| (4) IQPA audit fees.....                                                             | 2i(4)  |          |          |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  | 295129   |          |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  | 21517    |          |
| (7) Actuarial fees .....                                                             | 2i(7)  | 32911    |          |
| (8) Legal fees .....                                                                 | 2i(8)  |          |          |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  |          |          |
| (10) Other trustee fees and expenses .....                                           | 2i(10) | 171306   |          |
| (11) Other expenses .....                                                            | 2i(11) | 33696    |          |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |          | 554559   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |          | 14668053 |

**Net Income and Reconciliation**

|                                                          |       |  |           |
|----------------------------------------------------------|-------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -12360609 |
| l Transfers of assets:                                   |       |  |           |
| (1) To this plan .....                                   | 2l(1) |  |           |
| (2) From this plan .....                                 | 2l(2) |  |           |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **WEAVER AND TIDWELL, L.L.P.**

(2) EIN: **75-0786316**

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....                 |                                     | <input checked="" type="checkbox"/> |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... |                                     | <input checked="" type="checkbox"/> |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     | <input checked="" type="checkbox"/> |                                     |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     |                                     |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         |                                     |                                     |        |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 507587.

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                       | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>MONTEFIORE MEDICAL CENTER HSRP RETIREMENT PLAN                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 003                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>MONTEFIORE MEDICAL CENTER                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>13-1740114                                            |
| 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):<br><br>EIN(s): 42-0127290 13-5266470                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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 0                                                                                             |
| Part II                                                                                                                                                                                                                                                                                                                                                               | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <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                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 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         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                               | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... <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                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2023 v. 230707                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

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

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) .....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....

**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: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%

High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation. \_\_\_\_\_

## **Part VII IRS Compliance Questions**

- 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 \_\_\_\_\_.

# **Montefiore Medical Center – HSRP Retirement Plan**

Financial Report  
December 31, 2023

# CONTENTS

Page

Independent Auditor's Report..... 1

Financial Statements

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

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

Notes to Financial Statements .....7

Supplementary Information

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) ..... 17

Schedule H, Line 4j – Schedule of Reportable Transactions..... 18

All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted because of the absence of the conditions under which they would apply.

## **Independent Auditor's Report**

To the Board of Trustees of  
Montefiore Medical Center – HSRP Retirement Plan

### ***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2023 Financial Statements***

We have performed audits of the financial statements of Montefiore Medical Center – HSRP 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 statement of net assets available for benefits as of December 31, 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2023 Plan's 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

### ***Opinion on the 2023 Financial Statements***

In our opinion, based on our audit 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 2023 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 (US GAAP).
- The information in the accompanying 2023 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 on the 2023 Financial Statements***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the 2023 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 audit. 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 2023 Financial Statements***

Management is responsible for the preparation and fair presentation of the 2023 financial statements in accordance with US GAAP, 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 2023 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 issued (or when applicable, 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 2023 Financial Statements***

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2023 Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the 2023 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 US 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 judgement made by a reasonable user based on the financial statements.

The Board of Trustees of  
Montefiore Medical Center – HSRP Retirement Plan

In performing an audit in accordance with US 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 audit 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 US GAAP.

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 US GAAP.

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

### **Other Matters**

#### *2023 Supplementary Information Required by ERISA*

The supplementary information listed in the table of contents as of and for the year ended December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplementary information, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplementary information that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

The Board of Trustees of  
Montefiore Medical Center – HSRP Retirement Plan

In forming our opinion on the supplementary information, we evaluated whether the supplementary information, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplementary information, other than the information in the supplementary information that agrees to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplementary information 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).

*Auditor's Report on the 2022 Financial Statements*

Buchbinder Tunick & Company LLP, which entered into an asset purchase agreement with Weaver and Tidwell, L.L.P. effective January 1, 2024, performed an audit of the 2022 financial statements of the Plan. 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, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated October 9, 2023 indicated that (a) the amounts and disclosures in the 2022 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2022 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). Their report also indicated that the form and content of the 2022 supplemental schedules, other than the information in the 2022 supplemental schedules that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2022 supplemental schedules 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 determines meets the requirements of ERISA Section 103(a)(3)(C).

*Weaver and Tidwell, L.L.P.*

WEAVER AND TIDWELL, L.L.P.

New York, New York  
October 11, 2024

# Montefiore Medical Center – HSRP Retirement Plan

## Statements of Net Assets Available for Benefits

December 31, 2023 and 2022

|                                          | <u>2023</u>         | <u>2022</u>          |
|------------------------------------------|---------------------|----------------------|
| <b>ASSETS</b>                            |                     |                      |
| Investments, at fair value               | \$ 5,209,513        | \$ 17,572,926        |
| Receivables                              |                     |                      |
| Accrued interest and dividends           | 1,535               | 1,601                |
| Other receivable                         | <u>2,870</u>        | <u>-</u>             |
| Total receivables                        | 4,405               | 1,601                |
| Total assets                             | <u>5,213,918</u>    | <u>17,574,527</u>    |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u>\$ 5,213,918</u> | <u>\$ 17,574,527</u> |

The Notes to Financial Statements are an integral part of these statements.

# Montefiore Medical Center – HSRP Retirement Plan

## Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2023 and 2022

|                                                                 | <u>2023</u>         | <u>2022</u>          |
|-----------------------------------------------------------------|---------------------|----------------------|
| <b>ADDITIONS (REDUCTIONS)</b>                                   |                     |                      |
| Investment income (loss)                                        |                     |                      |
| Net appreciation (depreciation) in fair value of investments    | \$ 1,137,299        | \$ (6,251,110)       |
| Interest and dividends                                          | <u>36,145</u>       | <u>11,565</u>        |
|                                                                 | 1,173,444           | (6,239,545)          |
| Less: investment expenses                                       | <u>295,129</u>      | <u>251,181</u>       |
| Net investment income (loss)                                    | 878,315             | (6,490,726)          |
| Contributions                                                   |                     |                      |
| Employer                                                        | <u>1,134,000</u>    | <u>1,260,000</u>     |
| Total additions (reductions)                                    | 2,012,315           | (5,230,726)          |
| <b>DEDUCTIONS</b>                                               |                     |                      |
| Benefits paid directly to participants                          | 470,903             | 445,897              |
| Purchase of annuity contract                                    | 13,642,591          | -                    |
| Administrative expenses                                         | <u>259,430</u>      | <u>217,815</u>       |
| Total deductions                                                | <u>14,372,924</u>   | <u>663,712</u>       |
| Net increase (decrease)                                         | (12,360,609)        | (5,894,438)          |
| <b>NET ASSETS AVAILABLE FOR BENEFITS,<br/>beginning of year</b> | <u>17,574,527</u>   | <u>23,468,965</u>    |
| <b>NET ASSETS AVAILABLE FOR BENEFITS<br/>end of year</b>        | <u>\$ 5,213,918</u> | <u>\$ 17,574,527</u> |

The Notes to Financial Statements are an integral part of these statements.

# **Montefiore Medical Center – HSRP Retirement Plan**

## **Notes to Financial Statements**

### **Note 1. Description of Plan and Funding**

The following brief description of the Montefiore Medical Center - HSRP Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

#### **General**

The Plan is a defined benefit pension plan covering certain employees of Montefiore Medical Center (the "Medical Center"). The Plan was created on January 1, 1990, and was amended and restated as of December 31, 2013 and June 30, 2016. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended and subsequent pension legislation.

Effective July 1, 2016, the Plan contracted with the Principal Life Insurance Company to administer the Plan.

Effective June 1, 2017, the Plan contracted with the Bank of New York Mellon/BNY Mellon, N.A. to serve as Trustee of the Plan. Principal Life Insurance Company continues providing certain plan administrative services, including benefit payments.

#### **Funding Policy**

The Medical Center shall make contributions to the Plan at such times and in such amounts as the Trustee shall determine, but in no event less than such amounts required to be contributed under ERISA. Participant contributions are not permitted. The medical center's contributions for 2023 exceeded the minimum funding requirements of ERISA.

Employer contributions are determined based upon actuarial cost methods selected by the Trustee of the Plan with the assistance of actuarial consultants. These methods assume that certain amounts will be needed to provide benefits to retirees and determine required contributions accordingly. They also assume plan assets will earn income at a specified rate of return, which will reduce the required contributions that have been calculated.

#### **Pension Benefits**

Participants with five or more years of service credit with the Medical Center or any other HSRP participating institution are entitled to annual pension benefits beginning at normal retirement age (65). The benefit is equal to 1.76% of their final average compensation for each year of service credit, plus a past service benefit if applicable. Final average compensation is defined as the average of a participant's compensation during the 60 consecutive highest paid months out of the last ten years of participation in the Plan. The Plan allows reduced early retirement benefits for those participants at ages 55-64 with five or more years of service credit (ten years prior to February 1, 2003). Participants may elect to receive their pension benefits in the form of a life annuity, various joint and survivor annuities, certain and continuous payment options or a level income option. Participants may also elect to receive 25% or 50% of the value of their benefit in a single lump-sum payment with the balance paid as a monthly annuity. A participant whose pension has a current value upon termination or retirement of \$1,000 or less (\$5,000 prior to March 29, 2005) will automatically receive a single lump-sum payment. If the value of the pension is between \$1,000 and \$7,000, the participant may elect to receive a single lump-sum payment at retirement.

# **Montefiore Medical Center – HSRP Retirement Plan**

## **Notes to Financial Statements**

If participants terminate before rendering five years of service, they may forfeit the right to receive their accumulated plan benefits.

### **Death and Disability Benefits**

If an active participant dies before retirement and has accumulated at least five years of service credit, a monthly benefit for life will be provided to the participant's surviving spouse or other designated beneficiary. An unmarried participant must name a beneficiary to receive this death benefit. If the participant would have been eligible to begin collecting benefits or if the participant named a beneficiary other than their spouse, the beneficiary will receive their benefit on the first of the month following the date of the participant's death. If the participant was not yet eligible to receive a benefit, a spouse will receive a benefit on the date the participant would have been eligible to begin receiving pension benefits. The benefit paid to the survivor will equal 50% of the amount under the 50% joint and survivor annuity. If a participant dies after pension payments begin, benefits may be paid to their surviving spouse or other named beneficiary, in accordance with the payment method that had been elected. If an active participant qualifies for disability retirement, the benefit will be determined in the same way as normal retirement, based upon years of service credit and final average compensation. Disability retirement benefits will not be reduced for early payment if they begin before age 65 and are not eligible for the lump-sum option.

### **Purchase of Annuity Contract**

On June 27, 2023 the Montefiore Medical Center, on behalf of the Plan, entered into a group annuity buy-out contract with Principal Life Insurance Group to transfer the pension benefit obligations of 309 retirees of the Plan with a total monthly pension benefit of \$110,424, based on the actuarial calculations done by USI Consulting Group. The premium for this purchase of annuities was \$13,642,591 and was paid from the Plan's investment account in July 2023. Starting October 2023, Principal Life Insurance Group made annuity payments to the retirees transferred.

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

### **Basis of Accounting**

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

### **Investment Valuation and Income Recognition**

The Plan's investments are stated at fair value. Fair value is 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. The Plan's investment committee determines the Plan's valuation policies utilizing information provided by the investment advisors or custodians. See note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

# **Montefiore Medical Center – HSRP Retirement Plan**

## **Notes to Financial Statements**

### **Use of Estimates**

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America (US GAAP) requires management to make estimates and assumptions that affect the reported amounts of plan assets, liabilities and changes therein, and disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

### **Administrative Expenses**

All administrative fees are paid by the Plan. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

### **Payments of Benefits**

Benefit payments to participants and beneficiaries are recorded upon distribution.

### **Plan Management's Subsequent Events**

The Plan has evaluated subsequent events and transactions through October 11, 2024, the date that the financial statements were available to be issued.

### **Note 3. Certified Investments**

Certain information related to investments and disclosed in the accompanying financial statements and ERISA-required supplementary information, including investments held at December 31, 2023 and 2022, and net appreciation (depreciation) in fair value of investments and interest and dividends for the years ended December 31, 2023 and 2022, was obtained by management and agreed to or derived from information certified as complete and accurate by Bank of New York Mellon/BNY Mellon, N.A., the Trustees of the Plan.

### **Note 4. Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are based on participants' final average compensation. The accumulated plan benefits for active participants are based on their final average compensation ending on the date as of which the benefit information is presented (the "valuation date"). Benefits payable under all circumstances, i.e., retirement, death, disability and termination of employment are included, to the extent they are deemed attributable to participant services rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by an actuary and is that amount that results from applying the actuarial assumption to adjust the accumulated plan benefits 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.

# Montefiore Medical Center – HSRP Retirement Plan

## Notes to Financial Statements

The actuarial present value of accumulated plan benefits at January 1, 2023 is as follows:

|                                                            | <u>2023</u>                 |
|------------------------------------------------------------|-----------------------------|
| Actuarial present value of accumulated plan benefits       |                             |
| Vested benefits                                            |                             |
| Participants currently receiving payments                  | \$ 2,661,053                |
| Other participants                                         | <u>12,287,592</u>           |
|                                                            | 14,948,645                  |
| Non-vested benefits                                        | <u>521,481</u>              |
| Total actuarial present value of accumulated plan benefits | <u><u>\$ 15,470,126</u></u> |

The change in the actuarial present value of accumulated plan benefits from January 1, 2022 to January 1, 2023 is attributable to the following:

|                                                                         | <u>2023</u>                 |
|-------------------------------------------------------------------------|-----------------------------|
| Actuarial present value of accumulated plan benefits at January 1, 2022 | \$ 14,952,992               |
| Increase (decrease) during the year attributable to                     |                             |
| Benefits accumulated, including experience gains and losses             | 186,607                     |
| Benefit payments                                                        | (445,897)                   |
| Interest accumulation                                                   | <u>776,424</u>              |
| Net increase (decrease)                                                 | <u>517,134</u>              |
| Actuarial present value of accumulated plan benefits at January 1, 2023 | <u><u>\$ 15,470,126</u></u> |

The significant actuarial assumptions used in the valuations as of January 1, 2023 were:

|                 |                                                                                                                                                                                                                                                                                        |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mortality       | SOA Pri-2012 Mortality Table with Scale MP-2021 (amount weighted) for 2023,<br>SOA Pri-2012 Mortality Table with Scale MP-2021 (amount weighted) for 2022.                                                                                                                             |
| Discount Rate   | 5.27%.                                                                                                                                                                                                                                                                                 |
| Credit Balances | Excess contributions for the 2022 plan year in the amount of \$873,852 were elected to be added to the prefunding balance.<br><br>The voluntary reduction of the funding standard carryover balance was \$0.<br><br>The voluntary reduction of the funding prefunding balance was \$0. |

# Montefiore Medical Center – HSRP Retirement Plan

## Notes to Financial Statements

Salary Projection 3.00% per annum.

Expense Load "Plan related" expenses are assumed to be \$468,997.

Lump Sums 25% of the population are assumed to take a lump sum.

Retirement Rates See sample rates below:

| Age | Annual Rates of Retirement    |                                         |
|-----|-------------------------------|-----------------------------------------|
|     | 20 Years of Service at Age 62 | Less than 20 years of Service at Age 62 |
| 55  | 10.00%                        | 10.00%                                  |
| 56  | 5.00%                         | 5.00%                                   |
| 57  | 5.00%                         | 5.00%                                   |
| 58  | 2.50%                         | 5.00%                                   |
| 59  | 2.50%                         | 5.00%                                   |
| 60  | 0.00%                         | 5.00%                                   |
| 61  | 0.00%                         | 5.00%                                   |
| 62  | 40.00%                        | 20.00%                                  |
| 63  | 30.00%                        | 15.00%                                  |
| 64  | 20.00%                        | 10.00%                                  |
| 65  | 50.00%                        | 50.00%                                  |
| 66  | 40.00%                        | 40.00%                                  |
| 67  | 30.00%                        | 30.00%                                  |
| 68  | 40.00%                        | 40.00%                                  |
| 69  | 50.00%                        | 50.00%                                  |
| 70  | 100.00%                       | 100.00%                                 |

Withdrawal Rates See sample rates below:

| Age | Years of Service |        |        |           |
|-----|------------------|--------|--------|-----------|
|     | Less than 1      | 1 to 2 | 2 to 3 | 3 or more |
| 25  | 30.00%           | 26.48% | 19.44% | 15.92%    |
| 30  | 30.00%           | 25.43% | 16.29% | 11.72%    |
| 35  | 30.00%           | 24.63% | 13.89% | 8.52%     |
| 40  | 30.00%           | 24.05% | 12.15% | 6.20%     |
| 45  | 30.00%           | 23.58% | 10.74% | 4.32%     |
| 50  | 30.00%           | 23.19% | 9.57%  | 2.76%     |
| 55  | 30.00%           | 23.08% | 9.23%  | 2.40%     |

Disability Rates See sample rates below:

| Age | Rate  |
|-----|-------|
| 25  | 0.10% |
| 30  | 0.10% |
| 35  | 0.10% |
| 40  | 0.10% |
| 45  | 0.16% |
| 50  | 0.44% |
| 55  | 0.90% |
| 60  | 2.36% |

# Montefiore Medical Center – HSRP Retirement Plan

## Notes to Financial Statements

### Asset Valuation

Current market value of plan assets as reported by the Trustee, plus accrued contributions.

The actuarial value of plan assets is developed as the 3-year average of the plan assets based on the market value of assets as of the valuation date and the “adjusted value” of market assets for each of the two immediately preceding valuation dates. The adjusted value of assets at each preceding valuation date is equal to the market value of assets on such valuation date plus the net cash flow amount (including expected earnings on investments) for each following year up to the current valuation date. One third of the investment gain or loss over the preceding twelve months is recognized in plan assets immediately and the other two thirds are deferred. Valuation assets are further limited to a 10% corridor around market value.

These actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2023. Had the valuations been performed as of December 31, there would be no material differences.

### Note 5. Plan Termination

The Medical Center, while it intends to continue the Plan indefinitely, reserves the right, at any time, to terminate the Plan by delivering to the Board of Trustees of the Plan a written notice of termination at least 90 days in advance of the proposed termination date. This written notice must specify the date of such termination and contain a request that the Board of Trustees of the Plan provide timely notice of termination to all covered participants affected by the termination, other interested parties, the IRS, the Pension Benefit Guaranty Corporation (“PBGC”), and as may otherwise be required by law. The Board of Trustees of the Plan may also terminate the Plan by providing written notice to the Medical Center and by following the timely notification procedures outlined above. If the Plan is terminated, the Plan’s assets shall be used for defraying the reasonable expenses of the Plan and for the exclusive benefit of the participants, retired participants and their spouses and beneficiaries as of the date of such termination. The rights of all participants and retired participants affected by such termination for benefits accrued to the date of such termination, to the extent then funded, shall be non-forfeitable. Upon the complete termination of the Plan, after payment or the provision for the payment of expenses payable out of the Plan’s assets in connection with the liquidation and the distribution of the Plan’s assets, the remaining assets of the Plan, upon approval of the appropriate governmental or quasi-governmental authorities shall be converted into cash and shall be allocated to and among and paid over to the participants, retired participants and their spouses and beneficiaries in accordance with Section 4044 of ERISA in complete discharge of all liabilities of the Medical Center and the Board of Trustees for the benefits payable under the Plan. After the complete satisfaction of all liabilities to such participants, retired participants and their spouses and beneficiaries, any balances remaining in the Plan’s assets shall be returned to the Medical Center.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor’s pensions. The PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

# Montefiore Medical Center – HSRP Retirement Plan

## Notes to Financial Statements

### Note 6. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1      Unadjusted quoted prices in active markets for identical assets or liabilities.
- Level 2      Observable inputs, including Level 1 prices that have been adjusted; quoted prices for similar assets or liabilities; quoted prices in markets that are less active than traded exchanges; and other inputs that are observable or can be substantially corroborated by observable market data.
- Level 3      Unobservable inputs that are supported by little or no market activity and that are a significant component of the fair value of the assets or liabilities.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

Pooled separate account - mutual fund: The pooled separate account - mutual fund is valued at net asset value (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

Common collective trusts: Valued at the NAV as determined by the custodian of the funds. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is based upon the fair value of the investments in the trust, less any liabilities. Transactions may occur daily. Were the Plan to initiate a full redemption of the common collective trusts, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

# Montefiore Medical Center – HSRP Retirement Plan

## Notes to Financial Statements

The following table summarizes, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2023 and 2022:

| Assets at Fair Value as of December 31, 2023     |                               |                                                           |                                                             |
|--------------------------------------------------|-------------------------------|-----------------------------------------------------------|-------------------------------------------------------------|
| Total<br>Fair Value                              | Quoted<br>Prices<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Other<br>Unobservable<br>Inputs<br>(Level 3) |
| Investments measured<br>at net asset value (NAV) |                               |                                                           |                                                             |
| Pooled separate<br>account - mutual fund         | \$ 20,420                     | \$ -                                                      | \$ -                                                        |
| Common collective trusts                         | 5,189,093                     | -                                                         | -                                                           |
| Investments at fair value                        | <u>\$ 5,209,513</u>           | <u>\$ -</u>                                               | <u>\$ -</u>                                                 |

| Assets at Fair Value as of December 31, 2022     |                               |                                                           |                                                             |
|--------------------------------------------------|-------------------------------|-----------------------------------------------------------|-------------------------------------------------------------|
| Total<br>Fair Value                              | Quoted<br>Prices<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Other<br>Unobservable<br>Inputs<br>(Level 3) |
| Investments measured<br>at net asset value (NAV) |                               |                                                           |                                                             |
| Pooled separate<br>account - mutual fund         | \$ 45,679                     | \$ -                                                      | \$ -                                                        |
| Common collective trusts                         | 17,527,247                    | -                                                         | -                                                           |
| Investments at fair value                        | <u>\$ 17,572,926</u>          | <u>\$ -</u>                                               | <u>\$ -</u>                                                 |

### Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2023 and 2022, respectively.

|                                       | 2023         | 2022          |
|---------------------------------------|--------------|---------------|
| Pooled separate account - mutual fund |              |               |
| Fair value                            | \$ 20,420    | \$ 45,679     |
| Unfunded commitment                   | None         | None          |
| Redemption frequency                  | Immediate    | Immediate     |
| Other redemption restrictions         | None         | None          |
| Redemption notice period              | None         | None          |
| Common collective trusts              |              |               |
| Fair value                            | \$ 5,189,093 | \$ 17,527,247 |
| Unfunded commitment                   | None         | None          |
| Redemption frequency                  | Varies       | Varies        |
| Other redemption restrictions         | None         | None          |
| Redemption notice period              | Varies       | Varies        |

# **Montefiore Medical Center – HSRP Retirement Plan**

## **Notes to Financial Statements**

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

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, 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 in the statements of net assets available for benefits.

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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

#### **Concentrations of Credit Risk**

Financial instruments that subject the Plan to concentrations of credit risk include investment securities and receivables. The Plan maintains accounts at high-quality financial institutions. While the Plan attempts to limit any financial exposure by maintaining accounts at several banks, its deposit balances may, at times, exceed federally insured limits. The Plan has not experienced any losses on such accounts.

### **Note 8. Tax Status**

The Internal Revenue Service has determined and informed the Company by a letter dated August 13, 2014, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

US GAAP requires the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

### **Note 9. Related-Party and Party-in-Interest Transactions**

Certain Plan investments are managed by Bank of New York Mellon/BNY Mellon, N.A., the trustee for the Plan. USI Consulting Group provides actuarial and related services for the Plan. As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various services providers. These transactions are party-in-interest transactions under ERISA.

# **Montefiore Medical Center – HSRP Retirement Plan**

## **Notes to Financial Statements**

### **Note 10. Reconciliation of Financial Statements to Form 5500**

The following is a reconciliation of changes in net assets available for benefits per the financial statements at December 31, 2023 to Form 5500:

Investment expenses amounting to \$295,129 are shown as reduction of investment income for financial statement purpose and are classified as investment fees on Form 5500, Schedule H, Part II.

## **Supplementary Information**

# Montefiore Medical Center – HSRP Retirement Plan

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

Plan #003 / EIN: 13-1740114

December 31, 2023

| (a) | (b)                                                               | (c)                                                                                                          | (d)                 | (e)                 |
|-----|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------|---------------------|
|     | Identity of issue, borrower, lessor,<br>or similar party          | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost                | Current<br>value    |
|     | Pooled Separate Account - Mutual Fund                             |                                                                                                              |                     |                     |
| *   | Principal Global Investors Liquid<br>Assets Separate Account Z    | Pooled separate account -<br>mutual fund                                                                     | \$ 20,420           | \$ 20,420           |
|     | Common Collective Trusts                                          |                                                                                                              |                     |                     |
|     | State ST GL EQIX NL Se FD-A                                       | Common collective trust                                                                                      | 628,079             | 1,023,893           |
| *   | BNY Mellon - EB Temp Inv Fund                                     | Common collective trust                                                                                      | 333,968             | 333,968             |
|     | JP Morgan Chase Bank High Yield Fund                              | Common collective trust                                                                                      | 103,827             | 128,176             |
|     | SSGA US US Treasury STRIPS Fund                                   | Common collective trust                                                                                      | 569,892             | 413,316             |
|     | L&G Long Duration US Credit<br>Collective Inv Trust Fd            | Common collective trust                                                                                      | 2,552,268           | 2,752,125           |
|     | JP Morgan Chase Bank Core Diversified<br>Commercial Property Fund | Common collective trust                                                                                      | 427,349             | 537,615             |
|     | Total common collective trusts                                    |                                                                                                              | 4,615,383           | 5,189,093           |
|     | <b>Total investments</b>                                          |                                                                                                              | <u>\$ 4,635,803</u> | <u>\$ 5,209,513</u> |

\* Party-in-interest, as defined by ERISA

# Montefiore Medical Center – HSRP Retirement Plan

Schedule H, Line 4j – Schedule of Reportable Transactions

Plan #003 / EIN: 13-1740114

December 31, 2023

| (a)<br>Identity of party involved                      | (b)<br>Description of asset (include interest rate and maturity for loans) | (c)<br>Purchase price | (d)<br>Selling price | (e)<br>Lease rental | (f)<br>Expense incurred with transaction | (g)<br>Cost of asset | (h)<br>Current value of asset on transaction date | (i)<br>Net gain or (loss) |
|--------------------------------------------------------|----------------------------------------------------------------------------|-----------------------|----------------------|---------------------|------------------------------------------|----------------------|---------------------------------------------------|---------------------------|
| <b>Single Transactions Exceeding 5% of Plan Assets</b> |                                                                            |                       |                      |                     |                                          |                      |                                                   |                           |
| *                                                      | STATE ST GL EQ IX NL SE FD-A                                               | \$ -                  | \$ 3,000,000         | \$ -                | \$ -                                     | \$ 2,002,302         | \$ 3,000,000                                      | \$ 997,698                |
| *                                                      | BNY Mellon – EB Temp Inv Fund                                              | 4,980,000             | -                    | -                   | -                                        | 4,980,000            | 4,980,000                                         | -                         |
| *                                                      | BNY Mellon – EB Temp Inv Fund                                              | 8,900,000             | -                    | -                   | -                                        | 8,900,000            | 8,900,000                                         | -                         |
|                                                        | BNY Mellon – EB Temp Inv Fund                                              | -                     | 13,689,604           | -                   | -                                        | 13,689,604           | 13,689,604                                        | -                         |
|                                                        | SSGA US US Treasury STRIPS Fund                                            | -                     | 1,400,000            | -                   | -                                        | 1,862,344            | 1,400,000                                         | (462,344)                 |
|                                                        | SSGA US US Treasury STRIPS Fund                                            | -                     | 1,600,000            | -                   | -                                        | 2,184,705            | 1,600,000                                         | (584,705)                 |
|                                                        | SSGA US US Treasury STRIPS Fund                                            | -                     | 1,400,000            | -                   | -                                        | 2,130,770            | 1,400,000                                         | (730,770)                 |
|                                                        | L&G Long Duration US Credit Collective Inv Trust Fd                        | 1,515,000             | -                    | -                   | -                                        | 1,515,000            | 1,515,000                                         | -                         |
|                                                        | L&G Long Duration US Credit Collective Inv Trust Fd                        | -                     | 8,900,000            | -                   | -                                        | 9,135,471            | 8,900,000                                         | (235,471)                 |
|                                                        | L&G Long Duration US Credit Collective Inv Trust Fd                        | 2,000,000             | -                    | -                   | -                                        | 2,000,000            | 2,000,000                                         | -                         |
| <b>Series Transactions Exceeding 5% of Plan Assets</b> |                                                                            |                       |                      |                     |                                          |                      |                                                   |                           |
| *                                                      | STATE ST GL EQ IX NL SE FD-A                                               | \$ -                  | \$ 3,057,500         | \$ -                | \$ -                                     | \$ 2,039,692         | \$ 3,057,500                                      | \$ 1,017,808              |
| *                                                      | BNY MELLON CASH RESERVE                                                    | 1,132,372             | -                    | -                   | -                                        | 1,132,372            | 1,132,372                                         | -                         |
| *                                                      | BNY MELLON CASH RESERVE                                                    | -                     | 1,132,372            | -                   | -                                        | 1,132,372            | 1,132,372                                         | -                         |
| *                                                      | BNY Mellon – EB Temp Inv Fund                                              | 15,278,988            | -                    | -                   | -                                        | 15,278,988           | 15,278,988                                        | -                         |
| *                                                      | BNY Mellon – EB Temp Inv Fund                                              | -                     | 15,316,156           | -                   | -                                        | 15,316,156           | 15,316,156                                        | -                         |
|                                                        | SSGA US US Treasury STRIPS Fund                                            | -                     | 4,960,000            | -                   | -                                        | 6,991,871            | 4,960,000                                         | (2,031,871)               |
|                                                        | SSGA US US Treasury STRIPS Fund                                            | 30,000                | -                    | -                   | -                                        | 30,000               | 30,000                                            | -                         |
| *                                                      | MONT MED CASH AT PRINCIPAL                                                 | 468,391               | -                    | -                   | -                                        | 468,391              | 468,391                                           | -                         |
| *                                                      | MONT MED CASH AT PRINCIPAL                                                 | -                     | 493,650              | -                   | -                                        | 493,650              | 493,650                                           | -                         |
|                                                        | L&G Long Duration US Credit Collective Inv Trust Fd                        | -                     | 8,928,256            | -                   | -                                        | 9,164,303            | 8,928,256                                         | (236,047)                 |
|                                                        | L&G Long Duration US Credit Collective Inv Trust Fd                        | 4,055,000             | -                    | -                   | -                                        | 4,055,000            | 4,055,000                                         | -                         |

\* Party-in-interest, as defined by ERISA

# MONTEFIORE MEDICAL CENTER HRSP RETIREMENT PLAN

EIN/PN: 13-1740114 / 003

For Plan Year Ending December 31, 2023

## Schedule SB, Line 26a - Schedule of Active Participant Data

| Attained Age | YEARS OF CREDITED SERVICE |              |              |              |              |              |              |              |              |              | Total |
|--------------|---------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-------|
|              | 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      |       |
|              | Avg No. Comp              | Avg No. Comp | Avg No. Comp | Avg No. Comp | Avg No. Comp | Avg No. Comp | Avg No. Comp | Avg No. Comp | Avg No. Comp | Avg No. Comp |       |
| Under 25     |                           |              |              |              |              |              |              |              |              |              |       |
| 25 to 29     |                           |              |              |              |              |              |              |              |              |              |       |
| 30 to 34     |                           |              |              |              |              |              |              |              |              |              |       |
| 35 to 39     |                           |              |              |              |              |              |              |              |              |              |       |
| 40 to 44     |                           |              |              |              | 5            | 2            |              |              |              |              | 7     |
| 45 to 49     |                           |              |              |              | 4            | 8            | 1            | 1            |              |              | 14    |
| 50 to 54     |                           |              |              |              | 2            | 7            | 3            | 6            |              |              | 18    |
| 55 to 59     |                           |              |              |              | 3            | 3            | 7            | 8            | 2            |              | 23    |
| 60 to 64     |                           |              |              |              | 5            | 4            | 4            | 6            | 3            |              | 22    |
| 65 to 69     |                           |              |              |              | 1            | 3            | 1            | 1            | 2            | 4            | 12    |
| 70 & up      |                           |              |              |              | 1            | 1            | 1            | 2            | 3            | 1            | 9     |
| Total        |                           |              |              |              | 21           | 28           | 17           | 24           | 10           | 5            | 105   |

**Schedule SB, line 22 - Description of Weighted Average Retirement Age**  
**20 Years of Service at Age 62**  
**Montefiore Medical Center HSRP Retirement Plan**  
**EIN/PN: 13-1740114/003**  
**For Plan Year Ending December 31, 2023**

The assumed rates of retirement listed below indicate what percentage of the surviving lives at the specified age are assumed to retire. The Weighted Average Retirement Age is determined by calculating the average age at retirement of a 100 life population retiring in accordance with the assumed rates.

| (1)                    | (2)             | (3)                        | (4)            | (5)                                 |
|------------------------|-----------------|----------------------------|----------------|-------------------------------------|
| Assumed Retirement Age | Lives Remaining | Assumed Rate of Retirement | Lives Retiring | Weighted Retirement Age [(1) x (4)] |
| 55                     | 100.00          | 10.00%                     | 10.00          | 550.00                              |
| 56                     | 90.00           | 5.00%                      | 4.50           | 252.00                              |
| 57                     | 85.50           | 5.00%                      | 4.28           | 243.96                              |
| 58                     | 81.22           | 2.50%                      | 2.03           | 117.74                              |
| 59                     | 79.19           | 2.50%                      | 1.98           | 116.82                              |
| 60                     | 77.21           | 0.00%                      | 0.00           | 0.00                                |
| 61                     | 77.21           | 0.00%                      | 0.00           | 0.00                                |
| 62                     | 77.21           | 40.00%                     | 30.88          | 1914.56                             |
| 63                     | 46.33           | 30.00%                     | 13.90          | 875.70                              |
| 64                     | 32.43           | 20.00%                     | 6.49           | 415.36                              |
| 65                     | 25.94           | 50.00%                     | 12.97          | 843.05                              |
| 66                     | 12.97           | 40.00%                     | 5.19           | 342.54                              |
| 67                     | 7.78            | 30.00%                     | 2.33           | 156.11                              |
| 68                     | 5.45            | 40.00%                     | 2.18           | 148.24                              |
| 69                     | 3.27            | 50.00%                     | 1.64           | 113.16                              |
| 70                     | 1.63            | 100.00%                    | 1.63           | 114.10                              |

**Weighted Average Retirement Age [sum of column (4)]: 62.03**

\* Column (4) = Column (3) x [number of lives not yet retired]

**Schedule SB, line 22 - Description of Weighted Average Retirement Age  
Less than 20 Years of Service at Age 62  
Montefiore Medical Center HSRP Retirement Plan  
EIN/PN: 13-1740114/003  
For Plan Year Ending December 31, 2023**

The assumed rates of retirement listed below indicate what percentage of the surviving lives at the specified age are assumed to retire. The Weighted Average Retirement Age is determined by calculating the average age at retirement of a 100 life population retiring in accordance with the assumed rates.

| <b>(1)</b>                    | <b>(2)</b>             | <b>(3)</b>                        | <b>(4)</b>            | <b>(5)</b>                                 |
|-------------------------------|------------------------|-----------------------------------|-----------------------|--------------------------------------------|
| <b>Assumed Retirement Age</b> | <b>Lives Remaining</b> | <b>Assumed Rate of Retirement</b> | <b>Lives Retiring</b> | <b>Weighted Retirement Age [(1) x (4)]</b> |
| 55                            | 100.00                 | 10.00%                            | 10.00                 | 550.00                                     |
| 56                            | 90.00                  | 5.00%                             | 4.50                  | 252.00                                     |
| 57                            | 85.50                  | 5.00%                             | 4.28                  | 243.96                                     |
| 58                            | 81.22                  | 5.00%                             | 4.06                  | 235.48                                     |
| 59                            | 77.16                  | 5.00%                             | 3.86                  | 227.74                                     |
| 60                            | 73.30                  | 5.00%                             | 3.67                  | 220.20                                     |
| 61                            | 69.63                  | 5.00%                             | 3.48                  | 212.28                                     |
| 62                            | 66.15                  | 20.00%                            | 13.23                 | 820.26                                     |
| 63                            | 52.92                  | 15.00%                            | 7.94                  | 500.22                                     |
| 64                            | 44.98                  | 10.00%                            | 4.50                  | 288.00                                     |
| 65                            | 40.48                  | 50.00%                            | 20.24                 | 1315.60                                    |
| 66                            | 20.24                  | 40.00%                            | 8.10                  | 534.60                                     |
| 67                            | 12.14                  | 30.00%                            | 3.64                  | 243.88                                     |
| 68                            | 8.50                   | 40.00%                            | 3.40                  | 231.20                                     |
| 69                            | 5.10                   | 50.00%                            | 2.55                  | 175.95                                     |
| 70                            | 2.55                   | 100.00%                           | 2.55                  | 178.50                                     |

**Weighted Average Retirement Age [sum of column (4)]: 62.30**

\* Column (4) = Column (3) x [number of lives not yet retired]

**Total Weighted Average Retirement Age: 62.17**

# Montefiore Medical Center HSRP Retirement Plan

EIN/PN: 13-1740114/003

Plan Year: 1/1/2023 to 12/31/2023

## Schedule SB, Part V – SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS

### **COST METHOD**

In accordance with PPA, the annual cost is equal to the target normal cost plus the shortfall amortization charge minus any prefunding and carryover balances.

Unit Credit method. The normal cost is the sum of the individual normal costs for active participants. The normal cost for an individual is the present value, as of the valuation date, of the participant's retirement, death, and withdrawal benefits which he is expected to accrue during the current plan year.

The actuarial accrued liability is the sum of the individual present values, for all participants, of the benefits accrued, based on service to the valuation date.

The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities specific to your pension plan. These inputs include economic and non-economic assumptions, plan provisions and census information. We rely on the coding within the software to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model is checked for accuracy and reviewed for reasonableness.

### **ACTUARIAL ASSUMPTIONS**

#### **Interest Rates**

##### **Without Adjusted Interest Rates under Funding Relief:**

Liabilities are valued using the three segment rates based on the 24-month average of the corporate bond yield curve published by the Secretary of the Treasury for the applicable month of January 2023.

##### **With Adjusted Interest Rates under Funding Relief:**

The interest rates are the adjusted 24-month segment rates using 25-year average segment rate corridors of 95% to 105% per Funding Relief.

##### **PBGC Premiums:**

The Plan Sponsor is using the Standard Method to determine the Variable Rate Premium for 2023.

|                           | Without Adjusted<br>Interest Rates | With Adjusted<br>Interest Rates | PBGC Premiums |
|---------------------------|------------------------------------|---------------------------------|---------------|
| Segment 1 (0 to 5 years)  | 2.13%                              | 4.75%                           | 4.84%         |
| Segment 2 (5 to 20 years) | 3.62%                              | 5.00%                           | 5.15%         |
| Segment 3 (20+ years)     | 3.93%                              | 5.74%                           | 4.85%         |
| Effective Rate            | 3.72%                              | 5.31%                           | 4.99%         |

# Montefiore Medical Center HSRP Retirement Plan

EIN/PN: 13-1740114/003

Plan Year: 1/1/2023 to 12/31/2023

## Schedule SB, Part V – SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS

---

### Pre-Retirement

#### *Mortality Assumption*

Non-Disabled – 2023 Optional Combined Table provided in IRS Notice 2022-22

Disabled – 2023 Optional Combined Table provided in IRS Notice 2022-22

Salary Projection – 3.00% per annum

Social Security Wage Base Increases – 0.00% per annum

Lump Sums – 25% of the population are assumed to take a lump sum

Lump Sum Payments: Conversion

For funding valuation purposes, the “annuity substitution rule” is utilized.

The underlying assumptions for the payment include the 417(e) Unisex mortality basis, and interest rates assumed to be equivalent to the discount rate used for the disclosure.

Future Increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

# Montefiore Medical Center HSRP Retirement Plan

EIN/PN: 13-1740114/003

Plan Year: 1/1/2023 to 12/31/2023

## Schedule SB, Part V – SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS

---

Retirement rates – See sample rates below:

| <u>Age</u> | 20 Years of Service | Less than 20 Years          |
|------------|---------------------|-----------------------------|
|            | <u>at Age 62</u>    | <u>of Service at Age 62</u> |
| 55         | 10.00%              | 10.00%                      |
| 56         | 5.00%               | 5.00%                       |
| 57         | 5.00%               | 5.00%                       |
| 58         | 2.50%               | 5.00%                       |
| 59         | 2.50%               | 5.00%                       |
| 60         | 0.00%               | 5.00%                       |
| 61         | 0.00%               | 5.00%                       |
| 62         | 40.00%              | 20.00%                      |
| 63         | 30.00%              | 15.00%                      |
| 64         | 20.00%              | 10.00%                      |
| 65         | 50.00%              | 50.00%                      |
| 66         | 40.00%              | 40.00%                      |
| 67         | 30.00%              | 30.00%                      |
| 68         | 40.00%              | 40.00%                      |
| 69         | 50.00%              | 50.00%                      |
| 70         | 100.00%             | 100.00%                     |

Withdrawal rates – See sample rates below:

| <u>Age</u> | <u>Years of Service</u> |               |               |                  |
|------------|-------------------------|---------------|---------------|------------------|
|            | <u>Less than 1</u>      | <u>1 to 2</u> | <u>2 to 3</u> | <u>3 or more</u> |
| 25         | 30.00%                  | 26.48%        | 19.44%        | 15.92%           |
| 30         | 30.00%                  | 25.43%        | 16.29%        | 11.72%           |
| 35         | 30.00%                  | 24.63%        | 13.89%        | 8.52%            |
| 40         | 30.00%                  | 24.05%        | 12.15%        | 6.20%            |
| 45         | 30.00%                  | 23.58%        | 10.74%        | 4.32%            |
| 50         | 30.00%                  | 23.19%        | 9.57%         | 2.76%            |
| 55         | 30.00%                  | 23.08%        | 9.23%         | 2.40%            |

Disability rates – See sample rates below:

| <u>Age</u> | <u>Rate</u> |
|------------|-------------|
| 25         | 0.10%       |
| 30         | 0.10%       |
| 35         | 0.10%       |
| 40         | 0.10%       |
| 45         | 0.16%       |
| 50         | 0.44%       |
| 55         | 0.90%       |
| 60         | 2.36%       |

# Montefiore Medical Center HSRP Retirement Plan

EIN/PN: 13-1740114/003

Plan Year: 1/1/2023 to 12/31/2023

## Schedule SB, Part V – SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS

---

### Post-Retirement

#### *Mortality Assumption*

Post-decrement/retirement – 2023 Optional Combined Table provided in IRS Notice 2022-22

Cost of Living Increase – N/A

### Additional Assumptions

Credit Balances – Excess contributions plus interest for the 2022 plan year in the amount of \$873,852 were elected to be added to the prefunding balance.

The voluntary/deemed reduction of the funding standard carryover balance was \$0.

The voluntary/deemed reduction of the prefunding balance was \$0.

The voluntary reduction of the prefunding balance \$0.

Expense Load – “Plan-related” expenses are assumed to be \$471,629

Interest Rate for Low-Default-Risk Obligation: 3.88%

### RATIONALE FOR ASSUMPTIONS

1. Prescribed Assumptions: The Interest Rates and Mortality Assumptions are prescribed by the IRS and/or Plan Sponsor elections.
1. The Retirement, Withdrawal, and Disability Assumptions were chosen based on an Experience Study completed August 2016. The additional Retirement assumption for those Participants over 30 Years of Service was determined based on an analysis of the experience over the last several years.
2. The Expected Return on Plan Assets and the Salary Projection assumptions were chosen based on an Experience Study completed August 2016.

# Montefiore Medical Center HSRP Retirement Plan

EIN/PN: 13-1740114/003

Plan Year: 1/1/2023 to 12/31/2023

## Schedule SB, Part V – SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS

---

### **ASSET VALUATION**

Current market value of plan assets as reported by the trustee, plus accrued contributions.

The actuarial value of plan assets is developed as the 3-year average of the plan assets based on the market value of assets as of the valuation date and the “adjusted value” of market assets for each of the two immediately preceding valuation dates. The adjusted value of assets at each preceding valuation date is equal to the market value of assets on such valuation date plus the net cash flow amount (including expected earnings on investments) for each following year up to the current valuation date. In this way, one third of the investment gain or loss over the preceding twelve months is recognized in plan assets immediately, and the other two thirds is deferred. Valuation assets are further limited to a 10% corridor around market value.

Expected Return on Assets for IRC 430, for FASB ASC 960 and FASB 715

Valuation expected return on assets is mandated by PPA. The expected return for the actuarial value of assets, as well as the expected return on the market value of assets for ASC 960 and ASC 715 purposes is determined based on the assumption described below.

The return reflects the anticipated gross long-term rate of return on plan assets based on the plan’s current and expected future asset portfolio, as supported by the plan’s investment manager.

This reflects consideration of the following factors:

- Current yields of fixed income securities (government and corporate)
- Forecasts of inflation, GDP growth, and total returns for each asset class
- Historical and current investment data
- Historical plan performance
- Investment policy
- Effect of reinvestment
- Investment volatility
- Investment manager performance
- Investment and other administrative expenses paid from plan assets

# Montefiore Medical Center HSRP Retirement Plan

EIN/PN: 13-1740114/003

Plan Year: 1/1/2023 to 12/31/2023

## Schedule SB, Part V – SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS

---

### **PLAN SPONSOR ELECTIONS**

The plan has a standing election to add the maximum amount of excess contributions made to the prefunding balance (when applicable).

The plan has a standing election to apply credit balance to minimum required contributions if plan contributions are insufficient (if eligible).

The Sponsor's election to use a look-back month for their 3-segment yield curve, or their election to use the full yield curve. Remember that using the default no look back is not an election, so electing a look-back is still available to them: and even once a look-back is elected, switching to the full yield curve is always available

The sponsor's election for Actuarial Asset Valuation method

The plan sponsor elected to use the PBGC Standard Method to value liabilities for the variable premium calculation for the 2023 premium payment year. Previously, the Alternative Method was used. This election may not be changed for the next 4 premium payment years. Please contact your actuary for further analysis.

### **ATTRIBUTION PARAMETERS**

Attribution parameters determine how growth in the benefit formula is allocated to years of service.

Accrual rate proration, by component – This method attributes the benefit separately for each component of the benefit formula, based on the credited service. If there are no accrual definitions in the benefit formula, then the entire projected benefit is assigned to past service (and considered fully accrued as of the valuation date). This results in "natural" or "direct differencing" attribution.

### **ACCRUED AND VESTED BENEFITS**

Vested benefits are based on the plan document's vesting schedule based on years of service. Please refer to the Summary of Plan Provisions section of this report for requirements for specific benefits.

Early retirement subsidies are only valued once participants become eligible by meeting the specified requirements.

Disability and death benefits (other than the qualified pre-retirement survivor annuity) are not treated as vested benefits for liability calculation purposes.

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>► File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

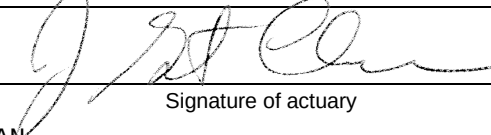
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>MONTEFIORE MEDICAL CENTER<br>HSRP RETIREMENT PLAN                                                                | <b>B</b> Three-digit plan number (PN) ► 003                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>MONTEFIORE MEDICAL CENTER                                     | <b>D</b> Employer Identification Number (EIN)<br>13-1740114                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>                                                                             |
| <b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2023</u>                                                                                                                                |                                                                                                      |
| <b>2</b> Assets:                                                                                                                                                                                               |                                                                                                      |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b> 17,574,527                                                                                 |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> 19,331,979                                                                                 |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            |                                                                                                      |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | (1) Number of participants 41 (2) Vested Funding Target 2,714,162 (3) Total Funding Target 2,714,162 |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | 205 6,239,929 6,239,929                                                                              |
| <b>c</b> For active participants .....                                                                                                                                                                         | 105 6,042,874 6,643,080                                                                              |
| <b>d</b> Total.....                                                                                                                                                                                            | 351 14,996,965 15,597,171                                                                            |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                                                                                      |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                                                                                            |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                                                                                            |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b> 5.31 %                                                                                      |
| <b>6</b> Target normal cost.....                                                                                                                                                                               |                                                                                                      |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                      | <b>6a</b> 118,385                                                                                    |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                  | <b>6b</b> 471,629                                                                                    |
| <b>c</b> Target normal cost .....                                                                                                                                                                              | <b>6c</b> 590,014                                                                                    |

**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.

|                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN HERE</div> <div></div> <div>Signature of actuary</div> <div>J. GRANT ELMAN</div> <div>Type or print name of actuary</div> <div>USI CONSULTING GROUP</div> <div>Firm name</div> <div>600 Third Avenue<br/>3rd FLOOR<br/>NEW YORK NY 10016</div> <div>Address of the firm</div> | <div>10/3/2024</div> <div>Date</div> <div>23-04914</div> <div>Most recent enrollment number</div> <div>(212) 878-0433</div> <div>Telephone number (including area code)</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.** **Schedule SB (Form 5500) 2023 v. 230728**

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 2,079,347             | 14,131,797             |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          |                       |                        |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 2,079,347             | 14,131,797             |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-26.39</u> % .....                                                                               | -548740               | -3729381               |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 828374                 |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.49</u> % ..... |                       | 45478                  |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 873852                 |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 873852                 |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 1,530,607             | 11276268               |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 41.83%  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 123.94% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 59.14%  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 01/25/2023               | 378,000                           |                                 |                          |                                   |                                 |
| 02/24/2023               | 126,000                           |                                 |                          |                                   |                                 |
| 04/24/2023               | 252,000                           |                                 |                          |                                   |                                 |
| 05/25/2023               | 126,000                           |                                 |                          |                                   |                                 |
| 06/26/2023               | 126,000                           |                                 |                          |                                   |                                 |
| 07/24/2023               | 126,000                           |                                 |                          |                                   |                                 |
| <b>Totals ►</b>          |                                   |                                 | <b>18(b)</b>             | 1,134,000                         | <b>18(c)</b> 0                  |

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

|                                                                                                                         |            |           |
|-------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 1,118,509 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

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

|           |                                                                                                                                                                                    |                        |                        |                        |                                                     |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> | Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
|           | <b>a</b> Segment rates:                                                                                                                                                            | 1st segment:<br>4.75 % | 2nd segment:<br>5.00 % | 3rd segment:<br>5.74 % | <input type="checkbox"/> N/A, full yield curve used |
|           | <b>b</b> Applicable month (enter code) .....                                                                                                                                       |                        |                        |                        | <b>21b</b> 0                                        |
| <b>22</b> | Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 62                                        |
| <b>23</b> | Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|           |                                                                                                                                                              |                                                                     |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> | 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 |
| <b>25</b> | 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 |
| <b>26</b> | Demographic and benefit information                                                                                                                          |                                                                     |
|           | <b>a</b> 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>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b> | If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....                                   | <b>27</b>                                                           |

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

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

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

|           |                                                                                                                                                                            |                     |                    |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> | Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |
|           | <b>a</b> Target normal cost (line 6c) .....                                                                                                                                | <b>31a</b>          | 590,014            |
|           | <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                 | <b>31b</b>          | 0                  |
| <b>32</b> | Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
|           | <b>a</b> Net shortfall amortization installment .....                                                                                                                      |                     |                    |
|           | <b>b</b> Waiver amortization installment .....                                                                                                                             |                     |                    |
| <b>33</b> | 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 ..... | <b>33</b>           |                    |
| <b>34</b> | Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         | <b>34</b>           | 590,014            |
|           |                                                                                                                                                                            | Carryover balance   | Prefunding balance |
| <b>35</b> | Balances elected for use to offset funding requirement .....                                                                                                               |                     | 0                  |
| <b>36</b> | Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 590,014            |
| <b>37</b> | Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 1,118,509          |
| <b>38</b> | Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |
|           | <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                             | <b>38a</b>          | 528,495            |
|           | <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                      | <b>38b</b>          | 0                  |
| <b>39</b> | Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |
| <b>40</b> | Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |

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

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

**Plan Name: Montefiore Medical Center HSRP Retirement Plan**

**EIN/PN: 13-1740114/003**

**Plan Year: 1/1/2023 to 12/31/2023**

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

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**SUMMARY OF PLAN PROVISIONS**

|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date:      | The Effective Date of the Plan is January 1, 1970 and was amended effective January 1, 2007. The plan was last amended and restated effective January 1, 2017.                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Eligibility:         | Employees regularly scheduled to work at least half-time will become participants upon completion of two consecutive months of service. Employees not scheduled to work at least half-time but who work at least 1,000 hours in the year following their date of hire will become plan participants on the first of the month following completion of 1,000 hours.                                                                                                                                                                                                                |
| Credited Service:    | A participant is credited with one month of service for each month in which at least one day of service is completed. However, no service will be granted in a participant's final month of service if he terminates prior to the sixteenth day of the month.                                                                                                                                                                                                                                                                                                                     |
| Retirement Dates:    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Normal               | First of the month coincident with or next following the later of the attainment of age 65 or completion of 5 years of service credit including any related plan service credit.                                                                                                                                                                                                                                                                                                                                                                                                  |
| Early                | First of the month coincident with or next following the attainment of age 55 and completion of 5 years of service credit including any related plan service credit.                                                                                                                                                                                                                                                                                                                                                                                                              |
| Disability           | First of the month coincident with or next following at least six months of disability and completion of 5 years of service credit including any related plan service credit.                                                                                                                                                                                                                                                                                                                                                                                                     |
| Retirement Benefits: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Normal               | <p>The greater of (i) plus (ii) minus (iii), or (iv) below:</p> <ul style="list-style-type: none"><li>(i) Current Service Benefit: 1.76% of average monthly compensation multiplied by years of current service credit</li><li>(ii) Past Service Benefit: 1.50% of past service compensation base multiplied by years of past service credit</li><li>(iii) Benefit accrued as of December 31, 1989 under the prior plan</li><li>(iv) Current Service Benefit: 1.76% of average monthly compensation multiplied by years of current service credit after January 1, 1990</li></ul> |

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**Plan Name: Montefiore Medical Center HSRP Retirement Plan**

**EIN/PN: 13-1740114/003**

**Plan Year: 1/1/2023 to 12/31/2023**

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

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**SUMMARY OF PLAN PROVISIONS**

**(continued)**

Early                      A pension computed as for Normal Retirement, but based on service and compensation at retirement, and reduced by 0.5% for each month that the commencement date precedes the Normal Retirement Date. If the participant retires after reaching age 62 and has at least 20 years of service then the participant is eligible for an unreduced Early Retirement Benefit.

Disability                A pension computed as for Normal Retirement, but based on service and compensation at disability. Payment of benefits commences immediately without reduction.

**Termination of Employment**

Vesting                      Completion of 5 years of service including any related plan service credit.

Accrued Benefit            A pension computed as for Normal Retirement, but based on service and compensation at termination, and reduced by 0.5% for each month that the commencement date precedes the Normal Retirement Date.

Death Benefits            If a participant dies before the commencement of their benefit, a qualified 50% joint and survivor benefit will be payable to their spouse. The benefit will commence immediately, if eligible, or at the participant's earliest retirement date.

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

| Participants Age | Reduction Per Month |
|------------------|---------------------|
| 34-44            | 1/120%              |
| 45-54            | 1/60%               |
| 55-64            | 1/20%               |
| 65 and over      | 1/10%               |

# Montefiore Medical Center – HSRP Retirement Plan

Schedule H, Line 4j – Schedule of Reportable Transactions

Plan #003 / EIN: 13-1740114

December 31, 2023

| (a)<br>Identity of party involved                      | (b)<br>Description of asset (include interest rate and maturity for loans) | (c)<br>Purchase price | (d)<br>Selling price | (e)<br>Lease rental | (f)<br>Expense incurred with transaction | (g)<br>Cost of asset | (h)<br>Current value of asset on transaction date | (i)<br>Net gain or (loss) |
|--------------------------------------------------------|----------------------------------------------------------------------------|-----------------------|----------------------|---------------------|------------------------------------------|----------------------|---------------------------------------------------|---------------------------|
| <b>Single Transactions Exceeding 5% of Plan Assets</b> |                                                                            |                       |                      |                     |                                          |                      |                                                   |                           |
| *                                                      | STATE ST GL EQ IX NL SE FD-A                                               | \$ -                  | \$ 3,000,000         | \$ -                | \$ -                                     | \$ 2,002,302         | \$ 3,000,000                                      | \$ 997,698                |
| *                                                      | BNY Mellon – EB Temp Inv Fund                                              | 4,980,000             | -                    | -                   | -                                        | 4,980,000            | 4,980,000                                         | -                         |
| *                                                      | BNY Mellon – EB Temp Inv Fund                                              | 8,900,000             | -                    | -                   | -                                        | 8,900,000            | 8,900,000                                         | -                         |
|                                                        | BNY Mellon – EB Temp Inv Fund                                              | -                     | 13,689,604           | -                   | -                                        | 13,689,604           | 13,689,604                                        | -                         |
|                                                        | SSGA US US Treasury STRIPS Fund                                            | -                     | 1,400,000            | -                   | -                                        | 1,862,344            | 1,400,000                                         | (462,344)                 |
|                                                        | SSGA US US Treasury STRIPS Fund                                            | -                     | 1,600,000            | -                   | -                                        | 2,184,705            | 1,600,000                                         | (584,705)                 |
|                                                        | SSGA US US Treasury STRIPS Fund                                            | -                     | 1,400,000            | -                   | -                                        | 2,130,770            | 1,400,000                                         | (730,770)                 |
|                                                        | L&G Long Duration US Credit Collective Inv Trust Fd                        | 1,515,000             | -                    | -                   | -                                        | 1,515,000            | 1,515,000                                         | -                         |
|                                                        | L&G Long Duration US Credit Collective Inv Trust Fd                        | -                     | 8,900,000            | -                   | -                                        | 9,135,471            | 8,900,000                                         | (235,471)                 |
|                                                        | L&G Long Duration US Credit Collective Inv Trust Fd                        | 2,000,000             | -                    | -                   | -                                        | 2,000,000            | 2,000,000                                         | -                         |
| <b>Series Transactions Exceeding 5% of Plan Assets</b> |                                                                            |                       |                      |                     |                                          |                      |                                                   |                           |
| *                                                      | STATE ST GL EQ IX NL SE FD-A                                               | \$ -                  | \$ 3,057,500         | \$ -                | \$ -                                     | \$ 2,039,692         | \$ 3,057,500                                      | \$ 1,017,808              |
| *                                                      | BNY MELLON CASH RESERVE                                                    | 1,132,372             | -                    | -                   | -                                        | 1,132,372            | 1,132,372                                         | -                         |
| *                                                      | BNY MELLON CASH RESERVE                                                    | -                     | 1,132,372            | -                   | -                                        | 1,132,372            | 1,132,372                                         | -                         |
| *                                                      | BNY Mellon – EB Temp Inv Fund                                              | 15,278,988            | -                    | -                   | -                                        | 15,278,988           | 15,278,988                                        | -                         |
| *                                                      | BNY Mellon – EB Temp Inv Fund                                              | -                     | 15,316,156           | -                   | -                                        | 15,316,156           | 15,316,156                                        | -                         |
|                                                        | SSGA US US Treasury STRIPS Fund                                            | -                     | 4,960,000            | -                   | -                                        | 6,991,871            | 4,960,000                                         | (2,031,871)               |
|                                                        | SSGA US US Treasury STRIPS Fund                                            | 30,000                | -                    | -                   | -                                        | 30,000               | 30,000                                            | -                         |
| *                                                      | MONT MED CASH AT PRINCIPAL                                                 | 468,391               | -                    | -                   | -                                        | 468,391              | 468,391                                           | -                         |
| *                                                      | MONT MED CASH AT PRINCIPAL                                                 | -                     | 493,650              | -                   | -                                        | 493,650              | 493,650                                           | -                         |
|                                                        | L&G Long Duration US Credit Collective Inv Trust Fd                        | -                     | 8,928,256            | -                   | -                                        | 9,164,303            | 8,928,256                                         | (236,047)                 |
|                                                        | L&G Long Duration US Credit Collective Inv Trust Fd                        | 4,055,000             | -                    | -                   | -                                        | 4,055,000            | 4,055,000                                         | -                         |

\* Party-in-interest, as defined by ERISA

# Montefiore Medical Center – HSRP Retirement Plan

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

Plan #003 / EIN: 13-1740114

December 31, 2023

| (a) | (b)                                                               | (c)                                                                                                          | (d)                 | (e)                 |
|-----|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------|---------------------|
|     | Identity of issue, borrower, lessor,<br>or similar party          | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost                | Current<br>value    |
|     | Pooled Separate Account - Mutual Fund                             |                                                                                                              |                     |                     |
| *   | Principal Global Investors Liquid<br>Assets Separate Account Z    | Pooled separate account -<br>mutual fund                                                                     | \$ 20,420           | \$ 20,420           |
|     | Common Collective Trusts                                          |                                                                                                              |                     |                     |
|     | State ST GL EQIX NL Se FD-A                                       | Common collective trust                                                                                      | 628,079             | 1,023,893           |
| *   | BNY Mellon - EB Temp Inv Fund                                     | Common collective trust                                                                                      | 333,968             | 333,968             |
|     | JP Morgan Chase Bank High Yield Fund                              | Common collective trust                                                                                      | 103,827             | 128,176             |
|     | SSGA US US Treasury STRIPS Fund                                   | Common collective trust                                                                                      | 569,892             | 413,316             |
|     | L&G Long Duration US Credit<br>Collective Inv Trust Fd            | Common collective trust                                                                                      | 2,552,268           | 2,752,125           |
|     | JP Morgan Chase Bank Core Diversified<br>Commercial Property Fund | Common collective trust                                                                                      | 427,349             | 537,615             |
|     | Total common collective trusts                                    |                                                                                                              | 4,615,383           | 5,189,093           |
|     | <b>Total investments</b>                                          |                                                                                                              | <u>\$ 4,635,803</u> | <u>\$ 5,209,513</u> |

\* Party-in-interest, as defined by ERISA