

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

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan NORTHWELL HEALTH PENSION PLAN	1b Three-digit plan number (PN) ▶ 006
		1c Effective date of plan 01/01/1989
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NORTHWELL HEALTH, INC. 972 BRUSH HOLLOW ROAD 5TH FLOOR WESTBURY, NY 11590-1740	2b Employer Identification Number (EIN) 11-3418133 2c Plan Sponsor's telephone number 516-734-7000 2d Business code (see instructions) 622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2024	MICHELE CUSACK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 44319
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 28359 6a(2) 26950 6b 5475 6c 10872 6d 43297 6e 440 6f 43737 6g(1) 6g(2) 6h 240
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1C 3H

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

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 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 _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan NORTHWELL HEALTH PENSION PLAN	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHWELL HEALTH, INC.	D Employer Identification Number (EIN) 11-3418133

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

(a) Name of insurance carrier
AETNA 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
06-6033492	60054	004565	0	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 2401247**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 11145
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 11145**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 2412392**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 2372885(2) Administration charge made by carrier **7e(2)** 1645(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 37862

▶ MARKET VALUE ADJUSTMENT

(5) Total deductions **7e(5)** 2412392**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan NORTHWELL HEALTH PENSION PLAN	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHWELL HEALTH, INC.	D Employer Identification Number (EIN) 11-3418133	

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

(a) Name of insurance carrier
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	627156	0	01/01/2023	03/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

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

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan NORTHWELL HEALTH PENSION PLAN	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NORTHWELL HEALTH, INC.	D Employer Identification Number (EIN) 11-3418133
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2023			
2	Assets:			
a	Market value	2a	2502247181	
b	Actuarial value	2b	2752471898	
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	5363	950303956	950303956
b	For terminated vested participants	10597	302844161	302844161
c	For active participants	28480	1147056887	1174313034
d	Total	44440	2400205004	2427461151
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.32 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	85064054	
b	Expected plan-related expenses	6b	6760000	
c	Target normal cost	6c	91824054	

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

SIGN HERE	Signature of actuary DAVID B GOLD Type or print name of actuary WILLIS TOWERS WATSON US LLC Firm name WILLIS TOWER 233 SOUTH WACKER DRIVE SUITE 1800 CHICAGO, IL 60606 Address of the firm	09/19/2024 Date 23-04944 Most recent enrollment number 312-525-2475 Telephone number (including area code)
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Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	339385593
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	339385593
10	Interest on line 9 using prior year's actual return of <u>-11.87</u> %	0	-40285070
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.46</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	65920000
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	233180523

Part III		Funding Percentages	
14	Funding target attainment percentage	14	103.78 %
15	Adjusted funding target attainment percentage	15	113.38 %
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	115.13 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.00 %3rd segment:
5.74 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

4

22 Weighted average retirement age**22**

64

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.☒

Yes

☐

No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.☒

Yes

☐

No

26 Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.☒

Yes

☐

No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...☒

Yes

☐

No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

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

0

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

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c).....**31a**

91824054

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

91824054

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

0

0

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....**34**

0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....			0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			0
40 Unpaid minimum required contributions for all years			0

35 Balances elected for use to offset funding requirement

0

0

0

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

0

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

0

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

0

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

0

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

0

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

0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021

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

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan NORTHWELL HEALTH PENSION PLAN	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHWELL HEALTH, INC.	D Employer Identification Number (EIN) 11-3418133	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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--

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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)

BLACKSTONE

345 PARK AVENUE
NEW YORK, NY 10154

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	1630416	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN LEWIS & BOCKIUS

23-0891050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	946014	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	676767	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EAGLE CAPITAL MANAGEMENT, LLC

22-3361201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	673430	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EDGEWOOD MANAGEMENT LLC

20-4044179

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	595087	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWERS WATSON

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	590483	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BUCK GLOBAL LLC

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	440720	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONDUENT HR SERVICES LLC

16-0468020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	375353	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MFS INSTITUTIONAL ADVISORS

04-3247425

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	365382	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WELLINGTON TRUST COMPANY

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	346684	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER INVESTMENT MANAGEMENT

30-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	279720	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HARDING LOEVNER LP

27-0684167

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	256586	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ANTLER ELEVATE

368 9TH AVENUE
NEW YORK, NY 10001

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	248519	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HL INVESTMENT MGMT.

2 WARWICK CLOSE
BEXLEY, ENGLAND DA5 3NL GB

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	228965	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHENKMAN CAPITAL MGMT.

13-3280361

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	221431	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BURGUNDY ASSET MANAGEMENT

98-0407588

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	217300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES TRUST COMPANY LLC

27-6848787

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	210669	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RIVERBRIDGE PARTNERS

41-1930193

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	208132	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MACKAY SHIELDS

13-4080466

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	204497	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JENNISON ASSOCIATES LLC

52-2069785

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	197381	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIAMOND HILL CAPITAL MGMT, INC.

31-1019984

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	177618	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DODGE & COX

94-1441976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	156966	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

APOLLO NRP II

38-3953831

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	138821	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COHEN & STEERS PFD

13-3635236

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	125628	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ERNST & YOUNG US LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	110883	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GOLDMAN SACHS ASSEI MGMT. LLC

13-3959315

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	67840	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROCATON INVESTMENT ADVISORS

04-3638035

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	NONE	65523	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SWEETWATER CAPITAL

1019 HAY STREET
FAYATESVILLE, NC 28305

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	61356	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY INVESTMENT MGMT. INC

13-3040307

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	51597	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

USI CONSULTING GROUP, INC.

06-1053228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	50730	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HEALTHCARE COMMUNITY SERVICES

11-1639818

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	45000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HIG CAPITAL PARTNERS

1271 6TH AVENUE
22ND FLOOR
NEW YORK, NY 10020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	43529	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REVERENCE CAPITAL PARTNERS

590 MADISON AVENUE
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	25664	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PINE BROOK CAPITAL PARTNERS

60 EAST 42ND STREET
NEW YORK, NY 10165

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	13690	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RCP ADVISORS

86-1091586

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	11121	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
J.P. MORGAN SECURITIES LLC	71	13197
(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.	
J.P. MORGAN SECURITIES LLC 1585 BROADWAY NEW YORK, NY 10036	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PIPER JAFFRAY & CO.	71	12157
(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.	
PIPER JAFFRAY & CO. 30-0168701	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JEFFERIES LLC	71	8648
(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.	
JEFFERIES LLC 95-4719745	SECURITIES BROKERAGE	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
COWEN AND COMPANY LLC	71	8317
(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.	
COWEN AND COMPANY LLC 38-3698933	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SANFORD C. BERNSTEIN & CO., LLC	71	8042
(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.	
SANFORD C. BERNSTEIN & CO., LLC 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY & CO. LLC	71	7250
(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.	
MORGAN STANLEY & CO. LLC 1585 BROADWAY NEW YORK, NY 10036	SECURITIES BROKERAGE	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
UBS SECURITIES LLC	71	5303
(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.	
UBS SECURITIES LLC 13-3873456	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BOFA SECURITIES, INC.	71	4739
(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.	
BOFA SECURITIES, INC. 47-4921463	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RBC CAPITAL MARKETS, LLC	71	4400
(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.	
RBC CAPITAL MARKETS, LLC 41-1416330	SECURITIES BROKERAGE	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WILLIAM BLAIR & COMPANY, L.L.C.	71	3542
(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.	
WILLIAM BLAIR & COMPANY, L.L.C. 36-2214610	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLS FARGO BANK MINNESOTA NA	71	3431
(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.	
WELLS FARGO BANK MINNESOTA NA 41-1592157	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NEEDHAM AND COMPANY LLC	71	3048
(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.	
NEEDHAM AND COMPANY LLC 13-3255839	SECURITIES BROKERAGE	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ROBERT W. BAIRD & CO. INCORPORATED	71	2978
(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.	
ROBERT W. BAIRD & CO. INCORPORATED 39-6037917	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PERSHING LLC	71	2652
(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.	
PERSHING LLC ONE PERSHING PLAZA JERSEY CITY, NJ 07399	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GOLDMAN, SACHS & CO.	71	2530
(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.	
GOLDMAN, SACHS & CO. 200 WEST STREET NEW YORK, NY 10282	SECURITIES BROKERAGE	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
UBS SECURITIES ASIA LIMITED	71	2382
(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.	
UBS SECURITIES ASIA LIMITED 8 FINANCE STREET HONG KONG, HONG KONG 518000 HK	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INSTINET, LLC	71	2121
(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.	
INSTINET, LLC 13-2625132	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LIQUIDNET INC	71	2018
(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.	
LIQUIDNET INC 498 SEVENTH AVENUE NEW YORK, NY 10018	SECURITIES BROKERAGE	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JONESTRADING INSTITUTIONAL SERVICES	71	2007

(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.
JONESTRADING INSTITUTIONAL SERVICES 51-0484896	SECURITIES BROKERAGE

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CITIGROUP GLOBAL MARKETS INC	71	1676

(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.
CITIGROUP GLOBAL MARKETS INC 11-2418191	SECURITIES BROKERAGE

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DAIWA CAPITAL MARKETS AMERICA INC.	71	1341

(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.
DAIWA CAPITAL MARKETS AMERICA INC. 13-5680329	SECURITIES BROKERAGE

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SUNTRUST ROBINSON HUMPHREY, INC.	71	1174

(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.
SUNTRUST ROBINSON HUMPHREY, INC. 3333 PEACHTREE ROAD NE ATLANTA, GA 30326	SECURITIES BROKERAGE

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
UBS AG LONDON BRANCH	71	1120

(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.
UBS AG LONDON BRANCH 13-2982996	SECURITIES BROKERAGE

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BTIG LLC	71	1061

(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.
BTIG LLC 04-3695739	SECURITIES BROKERAGE

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(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.	
PRINCIPAL 711 HIGH STREET DES MOINES, IA 50309	REVENUE SHARING	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	MICHAEL E. CLARK	b EIN:	53-0181291
c Position:	ACTUARY		
d Address:	PO BOX 9394 C/O WILLIS TOWERS WATSON DES MOINES, IA 50306	e Telephone:	412-394-9383

Explanation: CHANGE IN THE ASSIGNMENT OF THE ENROLLED ACTUARY.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan NORTHWELL HEALTH PENSION PLAN	B Three-digit plan number (PN)	006
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 NORTHWELL HEALTH, INC.	D Employer Identification Number (EIN) 11-3418133	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: JENNISON GROWTH EQUITY FUND		
b Name of sponsor of entity listed in (a): JENNISON ASSOCIATES		
c EIN-PN 13-2631108-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62481621
a Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY IDX SA-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL		
c EIN-PN 42-0127290-121	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGECAP S&P 500 INDEX SA-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL		
c EIN-PN 42-0127290-016	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LDI INTERM DUR SEP ACCT-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL		
c EIN-PN 42-0127290-128	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LDI LONG DURATION SA-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL		
c EIN-PN 42-0127290-104	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LDI SHORT DURATION SEP ACCT-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL		
c EIN-PN 42-0127290-127	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LIQUID ASSETS SEPARATE ACCT-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL		
c EIN-PN 42-0127290-024	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: **SMALLCAP S&P 600 INDEX SA-Z****b** Name of sponsor of entity listed in (a): **PRINCIPAL**

c EIN-PN 42-0127290-028	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
	For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
	A Name of plan NORTHWELL HEALTH PENSION PLAN	B Three-digit plan number (PN) ► 006
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHWELL HEALTH, INC.	D Employer Identification Number (EIN) 11-3418133	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	5701624	12724875
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	46408936	102199660
(2) U.S. Government securities	1c(2)	91560368	438027466
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)	180170361	171890867
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)	390614341	341251501
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	57166867	62481621
(10) Value of interest in pooled separate accounts.....	1c(10)	155337739	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1170696073	616196392
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2401247	0
(15) Other.....	1c(15)	407006560	994845563

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2507064116	2739617945
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	3178434	23420316
k Total liabilities (add all amounts in lines 1g through 1j)	1k	3178434	23420316
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2503885682	2716197629

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	169590	
(B) U.S. Government securities	2b(1)(B)	1475042	
(C) Corporate debt instruments	2b(1)(C)	7827376	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	3223009	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12695017
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	5013927	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	11501955	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		16515882
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	874098166	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	882691809	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-8593643
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	237633252	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		51287021
(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)		33582537
c Other income	2c		14582359
d Total income. Add all income amounts in column (b) and enter total	2d		357702425

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	131317347	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		131317347
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)	676767	
(4) IQPA audit fees.....	2i(4)	155883	
(5) Investment advisory and investment management fees	2i(5)	6591256	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	1457286	
(8) Legal fees	2i(8)	946014	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	4245925	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		14073131
j Total expenses. Add all expense amounts in column (b) and enter total	2j		145390478

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		212311947
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 522629.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023					
A Name of plan NORTHWELL HEALTH PENSION PLAN				B Three-digit plan number (PN) ▶ 006	
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHWELL HEALTH, INC.				D Employer Identification Number (EIN) 11-3418133	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1 0	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 42-0127290 13-3689044					
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				3 881	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2023 v. 230707	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	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
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

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

a Enter the percentage of plan assets held as:

Public Equity: 27.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 29.0 %

High-Yield Debt: 8.0 % Real Assets: 4.0 % Cash or Cash Equivalents: 0.0 % Other: 32.0 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation: _____

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

Northwell Health Pension Plan
Years Ended December 31, 2023 and 2022
With Report of Independent Auditors

Ernst & Young LLP



Northwell Health Pension Plan
Financial Statements and Supplemental Schedules
Years Ended December 31, 2023 and 2022

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Report of Independent Auditors

Participants and the Pension Committee
Northwell Health Pension Plan

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

We have performed audits of the financial statements of Northwell Health Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes (collectively referred to as the “financial statements”).

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

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the years ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a

material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2023, and reportable transactions for the year then ended (referred to as the “supplemental schedules”), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the 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 determined meets the requirements of ERISA Section 103(a)(3)(C).

Ernst & Young LLP

October 15, 2024

Northwell Health Pension Plan

Statements of Net Assets Available for Benefits

	December 31	
	2023	2022
Assets		
Investments, at fair value:		
Non-participant directed:		
Cash and short-term investments	\$ 102,199,660	\$ 46,408,936
Marketable securities and other investments	2,623,183,481	2,451,285,567
Participant directed investments	1,509,929	1,266,742
Total investments, at fair value	2,726,893,070	2,498,961,245
Insurance contract, at contract value	—	2,401,247
Total investments	2,726,893,070	2,501,362,492
Receivables:		
Due from broker	6,518,103	544,674
Accrued investment income	6,206,772	5,156,950
Total receivables	12,724,875	5,701,624
Total assets	2,739,617,945	2,507,064,116
Liabilities		
Accrued expenses	995,515	1,228,898
Due to broker	22,424,801	1,949,536
Total liabilities	23,420,316	3,178,434
Net assets available for benefits	\$ 2,716,197,629	\$ 2,503,885,682

See accompanying notes.

Northwell Health Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2023	2022
Additions		
Investment income	\$ 61,089,518	\$ —
Total additions	<u>61,089,518</u>	<u>—</u>
Deductions		
Benefit payments	131,317,347	11,459,788
Administrative expenses	14,073,131	1,666,770
Total deductions	<u>145,390,478</u>	<u>13,126,558</u>
Net realized and unrealized appreciation (depreciation) in fair value of investments	296,612,907	(31,586,146)
Transfer from merged plans	—	2,343,952,681
Net increase	212,311,947	2,299,239,977
Net assets available for benefits, beginning of year	<u>2,503,885,682</u>	<u>204,645,705</u>
Net assets available for benefits, end of year	<u><u>\$ 2,716,197,629</u></u>	<u><u>\$ 2,503,885,682</u></u>

See accompanying notes.

Northwell Health Pension Plan

Notes to Financial Statements

December 31, 2023

1. Plan Description

Effective December 31, 2022, the Northwell Health Cash Balance Plan (the CB Plan) was merged into The John T. Mather Memorial Hospital of Port Jefferson, Inc. Pension Plan (the Mather Plan). As a result of the merger, all assets of the CB Plan, totaling \$2,343,952,681, were transferred to the Mather Plan (as well as the CB Plan's accumulated plan benefit obligation). The transfer of these assets was recorded as a transfer into the Statement of Changes in Net Assets Available for Benefits on December 31, 2022, and the plan participants became participants of the Mather Plan. Also, effective December 31, 2022, the plan sponsor of the Mather Plan was changed from The John T. Mather Memorial Hospital of Port Jefferson, New York, Inc. (the Hospital) to Northwell Health, Inc. (the Plan Sponsor) and the name of the plan was changed from The John T. Mather Memorial Hospital of Port Jefferson, Inc. Pension Plan to The Northwell Health Pension Plan (the Plan). The merger of the CB Plan with the Mather Plan is not anticipated to have any future impact to the participants. Participants in the Plan (ongoing plan) will continue to be governed by the provisions (including benefit calculations) of the plan from which they were previously a participant (including any plans which had previously been merged into the CB Plan or the Mather Plan).

The following brief description will cover the main provisions of the Plan provided for general information purposes only. Participants should refer to the plan document for more complete information, copies of which may be obtained from the Plan Sponsor.

The Plan is a noncontributory defined benefit plan. The CB Plan component of the Plan covers a substantial portion of the participants in the Plan. Effective July 1, 2018, new participants were not allowed into the CB Plan, other than certain collectively bargained employees of the Plan Sponsor hired on or after July 1, 2018. Eligible employees enter the Plan following completion of one year of eligible service (975 hours of service in the 12 months following the employee hire date or in any Plan year). All benefit accruals for participants covered under the Mather Plan were frozen effective December 31, 2012. The Plan also holds frozen balances for employees of certain affiliates of the Plan Sponsor who no longer actively contributing to the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Effective December 21, 2023, the Plan was amended and restated in its entirety effective to reflect all prior plan amendments.

Northwell Health Pension Plan

Notes to Financial Statements (continued)

1. Plan Description (continued)

As it relates to the cash balance component of the Plan, a participant's accrued benefit is defined as a notional cash balance account. Participant cash balance accounts are credited on a quarterly basis, with amounts equal to 3% of their eligible earnings, as defined by the Plan. Additionally, interest is credited quarterly to participant cash balance accounts based on the ending balance of the previous quarter. The interest crediting rate is based on the average yields of thirty-year U.S. Treasury Bonds during the months of September, October and November of the prior Plan year.

The standard form of benefit for an unmarried participant (or a married participant who has waived the qualified joint and one-half survivor annuity) is a life annuity. In the event that a participant has a spouse on the date on which his or her retirement pension payments are to commence, the standard form shall be a qualified joint and one-half survivor annuity.

The Plan includes the assets and transactions of certain frozen supplemental plans established by South Shore University Hospital (formerly Southside Hospital). These plans allow for participants to invest his or her account in one or more investment management account. Total assets of these plans were \$1,509,929 and \$1,266,742 at December 31, 2023 and 2022, respectively.

The Plan incurred administrative expenses directly related to the Plan, which consist primarily of investment management fees, Pension Benefit Guaranty Corporation (PBGC) premiums and actuarial fees. These expenses are reported on the accompanying statements of changes in net assets available for benefits as administrative expenses.

As it relates to the CB Plan component of the Plan, participants are entitled to plan benefits under the following circumstances:

- a. *Normal Retirement:* The normal retirement date of a participant shall be the later of the first day of the month coincident with or next following the employee's 65th birthday or completion of three years of service.

A participant who retires on his or her normal retirement date shall have a nonforfeitable right to 100% of his or her accrued benefit determined as of the participant's normal retirement date, payable in the standard form and commencing on the participant's normal retirement date.

Northwell Health Pension Plan

Notes to Financial Statements (continued)

1. Plan Description (continued)

- b. *Disability Retirement:* A participant shall be deemed permanently disabled if the participant provides evidence of qualification for a disability benefit under the Federal Old-Age Survivors and Disability Income Act. A participant who retires due to a permanent disability shall have a nonforfeitable right to 100% of his or her accrued benefit determined as of the participant's disability retirement date, payable in the standard form and commencing on the participant's disability retirement date.
- c. *Early Retirement:* A participant may select an early retirement date prior to his or her normal retirement date, provided that he or she shall have attained age 55 and completed 5 years of service with Northwell or attained age 62 and completed 3 years of service with Northwell.

A participant who retires on his or her early retirement date shall have a nonforfeitable right to 100% of his or her accrued benefit determined as of the early retirement date. The amount payable for early retirement shall become payable as of the first day of the month coincident with or next following the participant's early retirement date. A participant may elect to defer his or her early retirement benefit until his or her normal retirement date or until the first day of any month before his or her normal retirement date and following his or her early retirement date.

- d. *Deferred Retirement:* A participant may select a deferred retirement date following a period of continued service after his or her normal retirement date.

A participant who retires on his or her deferred retirement date shall have a nonforfeitable right to 100% of his or her accrued benefit determined as of his or her deferred retirement date, payable in the standard form and commencing on the participant's deferred retirement date.

- e. *Terminated Vested Participants:* A participant that terminates for any reason other than retirement, permanent disability or death shall be entitled to receive a benefit equal to his or her vested accrued benefit determined as of his or her normal retirement date, payable in the standard form and commencing as of his or her normal retirement date.

Participants in service with Long Island Jewish Medical Center prior to January 1, 1999 are 100% vested. Most other participants are 100% vested after three years of service.

Northwell Health Pension Plan

Notes to Financial Statements (continued)

1. Plan Description (continued)

- f. *Death Benefit:* In the event of the death of a participant while in service, such participant's beneficiary shall be entitled to receive a death benefit equal to 100% of the Plan participant's accrued benefit. The death benefit payable shall be payable as soon as administratively feasible following the Plan participant's death.

Information about the Plan including, but not limited to, vesting and benefit provisions and the PBGC's benefit guarantee is contained in the plan document.

Should the Plan terminate at some future time, its net assets will generally not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States.

Valuation of Investments

All investments of the Plan are held with Aetna Life Insurance Company (through February 08, 2023), Northern Trust Company, State Street Bank and Trust Company on behalf of Transamerica Retirement Solutions, LLC and Principal Life Insurance Company (through January 10, 2023) (collectively, the Trustees).

The marketable securities of the Plan, including U.S. government obligations, corporate and other bonds, mutual funds, pooled funds and equity securities, are stated at fair value. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the Plan year; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued on the average of the last reported bid and ask prices, subject to additional valuation considerations. Short-term investments are valued at cost, as such cost plus accrued interest approximates fair value.

Northwell Health Pension Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Alternative investments, including funds of hedge funds, hedge funds, private equity funds, private credit funds and private real estate funds, are not readily marketable and are stated at fair value, determined by using net asset value as a practical expedient, as permitted by generally accepted accounting principles, rather than using another valuation method to independently estimate fair value. Financial information used by the Plan to evaluate these investments is provided by the investment manager or general partners through their due diligence and valuation policies.

Individual investment holdings of the funds of hedge funds, hedge funds, private equity funds, private credit funds and private real estate funds may include investments in both nonmarketable and market-traded securities. Valuations of these investments and, therefore, the Plan's holdings, may be determined by the investment managers or general partners. Values may be based on estimates that require varying degrees of judgment. Recorded estimates may change by a material amount in the near term. The investments may indirectly expose the Plan to securities lending, short sales of securities and trading in futures and forwards contracts, options and other derivative products. However, the Plan's risk is limited to its amounts invested. The financial statements of the funds of hedge funds, hedge funds, private equity funds, private credit funds and private real estate funds are audited annually by independent auditors. At December 31, 2023 the Plan has future commitments of approximately \$330,421,000 to invest in private equity, private credit and private real estate funds. At December 31, 2022 the Plan had future commitments of approximately \$285,102,000 to invest in private equity, private credit and private real estate funds.

Investments also include investments in commingled fixed income and equity funds and common collective trusts. The individual investment holdings of these commingled funds and common collective trusts are predominantly marketable securities. These commingled fund investments and common collective trusts are reported at fair value, as determined by using observable inputs that are based on inputs not quoted in active markets but corroborated by market data, if their fair value is readily determinable, or at net asset value as a practical expedient, if fair value is not readily determinable. The financial statements of the commingled fixed income and equity funds and common collective trusts are audited annually by independent auditors.

During 2022 and through February 08, 2023, the Plan was invested in a group annuity contract with Aetna Life Insurance Company (Aetna), which was an immediate participation guarantee contract. At December 31, 2022, this investment was stated at contract value, which represents the accumulated cash contributions and interest credited to the Plan's contract, less any withdrawals.

Northwell Health Pension Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Employer Contributions

The present intention of the Plan Sponsor is to make the minimum required contribution each year and determine from time to time whether to make additional contributions. The Plan Sponsor has agreed to voluntarily contribute such additional amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. The Plan has met the ERISA minimum funding requirements in both 2023 and 2022.

Investment Transactions and Investment Income

Investment transactions and investment income are accounted for as of the date securities are purchased or sold (trade date). Investments are recorded at fair value (Note 4). Interest income is accounted for on the accrual basis. Dividend income is recognized on the ex-dividend date.

Net realized and unrealized appreciation (depreciation) in fair value of investments for the year is reflected in the accompanying statements of changes in net assets available for benefits and includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

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

Northwell Health Pension Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits

As it relates to the Plan, exclusive of the supplemental plans, the Plan's actuary estimates the actuarial present value of accumulated plan benefits using the unit credit cost method, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

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

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving benefits

\$ 849,897,525

Other participants

1,273,641,338

Total vested benefits

2,123,538,863

Nonvested benefits

26,371,716

Total actuarial present value of accumulated plan benefits

\$ 2,149,910,579

Northwell Health Pension Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

The change in the actuarial present value of accumulated plan benefits for the Plan during the Plan year is as follows:

	<u>Year Ended</u> <u>December 31, 2022</u>
Actuarial present value of accumulated plan benefits, beginning of year:	\$ 245,446,110
Increase (decrease) during the year attributed to:	
Actuarial losses	10,860,039
Interest due to the change in discount period	6,593,265
Benefits paid	(11,459,788)
Changes in actuarial assumptions	(83,327,973)
Transfer of accumulated plan benefits from the CB Plan	<u>1,981,798,926</u>
Net increase	<u>1,904,464,469</u>
Actuarial present value of accumulated plan benefits, end of year	<u><u>\$ 2,149,910,579</u></u>

The more significant assumptions underlying the actuarial computations for the Plan are as follows:

Interest rate	6.50% (6.50% in prior year for the CB Plan and 2.75% for the Mather Plan)
Mortality basis	Pri-2012 Mortality Tables, with separate rates for contingent survivors after the death of retiree, projected generationally from 2012 with the MP- 2021 mortality improvement scale
Normal retirement age	65
Early retirement age	55

Changes in actuarial assumptions predominantly resulted from the change in discount rate from 2.75% to 6.50%, as it relates to the Mather Plan.

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Northwell Health Pension Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements

The Plan measures fair value based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements are applied based on the unit of account from the Plan's perspective. The unit of account determines what is being measured by reference to the level at which the asset or liability is aggregated (or disaggregated).

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

The Plan follows a valuation hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three broad levels, which are described below:

- Level 1:* Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.
- Level 2:* Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability.
- Level 3:* Significant unobservable inputs for the asset or liability (i.e., supported by little or no market activity).

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. In determining fair value, the Plan uses valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible and considers nonperformance risk in its assessment of fair value. A financial instrument's categorization within the three levels of the valuation hierarchy is not indicative of the investment risk associated with the underlying assets.

Northwell Health Pension Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

Financial assets carried at fair value as of December 31, 2023, are classified in the following table:

	Level 1	Level 2	Level 3	Total
Cash and short-term investments	\$ 102,199,660	\$ —	\$ —	\$ 102,199,660
U.S. Government obligations	376,876,058	61,151,408	—	438,027,466
Corporate and other bonds	—	171,890,867	—	171,890,867
Fixed income mutual funds	31,964,691	—	—	31,964,691
Commingled fixed income funds	—	150,591,053	—	150,591,053
Convertible securities	5,243,171	—	—	5,243,171
Equity securities	341,251,501	—	—	341,251,501
Equity mutual funds	160,774,148	—	—	160,774,148
Commingled equity funds	—	103,936,751	—	103,936,751
Common collective trusts	—	62,481,621	—	62,481,621
Participant directed investments	1,509,929	—	—	1,509,929
	<u>\$1,019,819,158</u>	<u>\$ 550,051,700</u>	<u>\$ —</u>	<u>1,569,870,858</u>

Assets measured at net asset value:

Commingled fixed income funds	112,024,463
Commingled equity funds	51,662,115
Funds of hedge funds	390,853,163
Hedge funds	18,957
Private equity funds	394,443,337
Private credit funds	112,422,324
Private real estate funds	95,597,853
Total assets at fair value	<u>\$ 2,726,893,070</u>

Northwell Health Pension Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

Financial assets carried at fair value as of December 31, 2022, are classified in the following table:

	Level 1	Level 2	Level 3	Total
Cash and short-term investments	\$ 46,408,936	\$ —	\$ —	\$ 46,408,936
U.S. Government obligations	4,251,894	87,308,474	—	91,560,368
Corporate and other bonds	—	106,892,175	—	106,892,175
Fixed income mutual funds	122,773,798	—	—	122,773,798
Commingled fixed income funds	—	220,402,809	—	220,402,809
Convertible securities	73,278,186	—	—	73,278,186
Equity securities	390,614,341	—	—	390,614,341
Equity mutual funds	186,572,867	—	—	186,572,867
Commingled equity funds	—	24,544,663	—	24,544,663
Common collective trusts	—	57,166,867	—	57,166,867
Pooled funds	—	155,337,739	—	155,337,739
Participant directed investments	1,266,742	—	—	1,266,742
	<u>\$ 825,166,764</u>	<u>\$ 651,652,727</u>	<u>\$ —</u>	<u>1,476,819,491</u>

Assets measured at net asset value:

Commingled fixed income funds	91,928,127
Commingled equity funds	22,433,135
Funds of hedge funds	405,725,366
Hedge funds	14,452
Private equity funds	306,243,393
Private credit funds	111,722,224
Private real estate funds	84,075,057
Total assets at fair value	<u>\$ 2,498,961,245</u>

Assets invested in the Plan are carried at fair value. Fair value for Level 1 is based upon quoted market prices. Fair value for Level 2 is based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets. Certain commingled funds and alternative investments are stated at fair value, determined by using net asset value as a practical expedient, as permitted by generally accepted accounting principles, rather than using another valuation method to independently estimate fair value.

Northwell Health Pension Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

The following is a summary of assets in the Plan at December 31, 2023 (by asset category) with redemption restrictions:

	Fair Value	Redemption Period (Including Notice Period)
Commingled fixed income funds	\$ 262,615,516	1 day to 60 days
Commingled equity funds	155,598,866	1 days to 45 days
Common collective trusts	62,481,621	1 day to 2 days
Funds of hedge funds	390,853,163	61 days to 29 months

Private equity, private credit and private real estate funds have long lifecycles with distributions not expected for several years. In the instance of certain redemptions, some investments noted above may require an extended waiting period to receive a remainder portion of the redemption.

Northwell Health Pension Plan

Notes to Financial Statements (continued)

5. Investments

Other than the fair value of the investments classified as alternative investments, certain investment information for the Plan disclosed in the accompanying financial statements and supplemental schedules including investments held at December 31, 2023 and 2022, investment income, and net realized and unrealized appreciation (depreciation) in fair value of investments for the years then ended, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by the Trustees of the Plan. Investment information as of December 31, 2023, and 2022 is summarized as follows:

	Year Ended December 31	
	2023	2022
Investments (certified by the Trustees):		
Cash and cash equivalents	\$ 102,199,660	\$ 46,408,936
Fixed income	641,883,024	198,452,543
Convertible Securities	5,243,171	73,278,186
Equities securities and mutual funds	502,025,649	699,961,006
Commingled funds	418,214,382	359,308,734
Common collective funds	62,481,621	57,166,867
Pooled funds	—	155,337,739
Participant directed investments	1,509,929	1,266,742
Insurance contract	—	2,401,247
	<u>1,733,557,436</u>	<u>1,593,582,000</u>
Alternative investments	993,335,634	907,780,492
Total investments	<u>\$ 2,726,893,070</u>	<u>\$ 2,501,362,492</u>

During 2023 and 2022, the fair value of the Plan's investments (including investments bought, sold, as well as held during the year) appreciated (depreciated) in fair value as follows:

	Year Ended December 31	
	2023	2022
Net realized and unrealized appreciation (depreciation) in fair value of investments (certified by the Trustees)	\$ 243,806,935	\$ (31,586,146)
Net realized and unrealized appreciation in fair value of alternative investments	52,805,972	—
	<u>\$ 296,612,907</u>	<u>\$ (31,586,146)</u>

Northwell Health Pension Plan

Notes to Financial Statements (continued)

6. Tax Status

The Plan has applied for but has not received a determination letter from the Internal Revenue Service stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code). However, the plan administrator believes that the Plan has been designed to comply with and is operating in accordance with the applicable requirements of the Code and therefore believes the Plan is qualified and the related trust is tax-exempt.

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

7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility, valuation 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 the changes could materially affect the amounts reported in the statements of net assets available for benefits and supplemental schedules.

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

8. Party-in-Interest Transactions

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

Northwell Health Pension Plan
Notes to Financial Statements (continued)

9. Subsequent Events

Management has evaluated the impact of subsequent events for the Plan through October 15, 2024, the date at which the financial statements were available to be issued.

Supplemental Schedules

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

December 31, 2023

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Cash and Short-term Investments			
Cash*		\$ 102,199,660	\$ 102,199,660
Total Cash and Short-term Investments		102,199,660	102,199,660
United States Government Treasury Securities			
United States Of Amer Treas Bonds 3% Due08-15-2052	808,000	702,881	664,043
United States Of Amer Treas Bonds 3.625% 05-15-2053	3,600,000	3,147,750	3,344,625
United States Of Amer Treas Bond 4.5% 08-15-2043	1,910,000	1,704,973	1,956,854
United States Of Amer Treas Bonds 4.0% 08-15-2053	3,848,000	3,410,448	3,908,125
United States Of Amer Treas Strip 0% 02-15-2047	6,885,000	2,198,533	2,614,525
United States Of Amer Treas Strip 0% Due 11-15-2051 Reg	43,395,000	11,696,704	14,314,524
United States Of Amer Treas Strip 0%02-15-2053	20,755,000	6,284,352	6,674,381
United States Of Amer Treas Strip Tbond 0.0% 05-15-2053	27,080,000	7,504,680	8,662,077
United States Treas Bd Stripped 08-15-2052	32,855,000	9,141,149	10,680,157
United States Treas Bd Stripped Due 08-15-2045	4,810,000	1,589,786	1,936,389
United States Treas Bd Stripped Prin 0.0% 08-15-2047	19,245,000	5,844,126	7,176,731
United States Treas Bd Stripped Prin Pmt 05-15-2045	6,000,000	1,981,556	2,440,902
United States Treas Bd Stripped Prin Pmt0.0% 11-15-2052	17,470,000	4,541,920	5,685,833
United States Treas Bd Stripped Prin Pmt00102 05-15-2044 (Unddate) Reg	6,690,000	2,503,680	2,838,550
United States Treas Bd Stripped Prin Pmt00104 Zcpn Due 11-15-2044 Reg	13,175,000	4,767,717	5,471,872
United States Treas Bd Stripped Prin Pmt00109 11-15-2045 (Unddate) Reg	1,795,000	609,569	715,919
United States Treas Bd Stripped Prin Pmt00110 02-15-2046 (Unddate) Reg	10,810,000	3,488,826	4,270,076
United States Treas Bd Stripped Prin Pmt00112 05-15-2046 (Unddate) Reg	10,175,000	3,451,361	3,976,894
United States Treas Bd Stripped Prin Pmt00113 08-15-2046 (Unddate) Reg	25,960,000	8,179,971	10,048,854
United States Treas Bd Stripped Prin Pmt00114 11-15-2046 (Unddate) Reg	4,820,000	1,501,277	1,850,436
United States Treas Bd Stripped Prin Pmt00117 05-15-2047	7,135,000	2,190,860	2,684,755
United States Treas Bd Stripped Prin Pmt00122 05-15-2048 (Unddate) Reg	22,280,000	6,537,662	8,098,509
United States Treas Bd Stripped Prin Pmt00123 08-15-2048 (Unddate) Reg	40,020,000	11,795,904	14,433,658
United States Treas Bd Stripped Prin Pmt02-15-2044 Reg	14,260,000	5,149,314	6,111,518
United States Treas Bd Stripped Prin Pmt15/02/2052 02-15-2052 (Unddate) Beo	56,675,000	15,182,231	18,590,542
United States Treas Bds Dtd 00300 4.75% 11-15-2053	1,100,000	1,236,382	1,239,390
United States Treas Bds Dtd 11/15/2023 4.75% 11-15-2043	800,000	826,942	861,125
United States Treas Sec Strip 0% Strip 02-15-2048	4,550,000	1,299,271	1,603,345
United States Treas Sec Strip 0% Strip 11-15-2047	2,870,000	832,988	1,021,057
United States Treas Sec Strip 02-15-2046	5,515,000	1,750,858	2,099,838
United States Treas Sec Strip Disc Nt 02-15-2049	4,805,000	1,320,288	1,640,631
United States Treas Sec Stripped 11-15-2048	270,000	88,659	92,805
United States Treas Sec Stripped Int Pmt 0.0% 05-15-2049	3,860,000	1,050,376	1,306,569
United States Treas Sec Stripped Int Pmt 00124 05-15-2046	6,455,000	2,099,872	2,434,572
United States Treas Sec Stripped Int Pmt 00130 08-15-2046	2,815,000	863,501	1,049,991
United States Treas Sec Stripped Int Pmt 08-15-2045 (Unddate) Reg	4,770,000	1,587,580	1,852,441
United States Treas Sec Stripped Int Pmt 11-15-2045	9,100,000	2,884,150	3,500,920
United States Treas Sec Stripped Int Pmt0% Strip 15/05/2048 Usd 05-15-2048	7,870,000	2,229,231	2,749,844
United States Treas Sec Stripped Int Pmt0% Strip 15/08/2049 Usd 08-15-2049	2,600,000	712,634	875,564
United States Treas Sec Stripped Int Pmt0.0% 11-15-2049	1,845,000	586,562	618,539
United States Treas Sec Stripped Int Pmtint Pmt 02-15-2045 (Unddate) Reg	10,075,000	3,312,470	3,993,107
United States Treas Sec Stripped Int Pmtint Pmt On 11-15-2046 (Unddate) Reg	9,070,000	2,897,732	3,346,730

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
United States Government Treasury Securities (continued)			
United States Treas Sec Stripped Int Pmtnt 218 05-15-2045 (Unddate) Reg	4,730,000	\$ 1,533,372	\$ 1,859,641
United States Treas Sec Stripped Zero Coupon 08-15-2048	2,560,000	722,329	886,028
Utd States Treas Bd Stripped Prin Dtd 05/16/2022 0% 05-15-2052	9,900,000	3,216,693	3,231,718
Utd States Treas Sec Stripped Int Generic Tint Pmt 0% 02-15-2050	2,560,000	759,283	853,020
Utd States Treas Sec Stripped Int Generic Tint Pmt 0% 05-15-2050	3,770,000	998,911	1,250,917
Utd States Treas Zero Cpn 0% Due 02-15-2044	8,030,000	2,874,889	3,319,316
Utd States Treas Zero Cpn 0% Due 02-15-2047	8,460,000	2,529,645	3,095,512
Utd States Treas Zero Cpn 0% Due 02-15-2048	28,005,000	8,254,085	10,271,790
Utd States Treas Zero Cpn 0% Due 02-15-2049	14,990,000	4,503,761	5,325,313
Utd States Treas Zero Cpn 0% Due 02-15-2050	31,620,000	8,844,508	10,948,314
Utd States Treas Zero Cpn 0% Due 02-15-2051	9,745,000	2,882,937	3,275,484
Utd States Treas Zero Cpn 0% Due 05-15-2044	6,915,000	2,452,924	2,832,754
Utd States Treas Zero Cpn 0% Due 05-15-2047	8,935,000	2,637,224	3,235,577
Utd States Treas Zero Cpn 0% Due 05-15-2050	16,335,000	4,493,737	5,622,903
Utd States Treas Zero Cpn 0% Due 05-15-2051	83,130,000	22,837,973	27,705,529
Utd States Treas Zero Cpn 0% Due 08-15-2044	4,755,000	1,647,418	1,925,134
Utd States Treas Zero Cpn 0% Due 08-15-2047	4,525,000	1,317,219	1,625,488
Utd States Treas Zero Cpn 0% Due 08-15-2049	15,025,000	4,712,595	5,277,538
Utd States Treas Zero Cpn 0% Due 08-15-2050	66,290,000	18,073,938	22,632,226
Utd States Treas Zero Cpn 0% Due 08-15-2051	40,535,000	10,795,363	13,442,200
Utd States Treas Zero Cpn 0% Due 11-15-2044	7,810,000	2,736,061	3,127,774
Utd States Treas Zero Cpn 0% Due 11-15-2047	22,815,000	6,812,578	8,447,534
Utd States Treas Zero Cpn 0% Due 11-15-2048	39,895,000	11,622,838	14,286,255
Utd States Treas Zero Cpn 0% Due 11-15-2049	17,670,000	5,464,863	6,169,050
Utd States Treas Zero Cpn 0% Due 11-15-2050	69,700,000	18,771,912	23,637,469
Total United States Government Treasury Securities		302,183,782	363,721,701
United States Government Agencies			
Advanced Technology Academy Pub Sch Academy Mich Rev 5% 11-01-2044 Beo	330,000	352,875	305,045
Alabama Incentives Fing Auth Spl Oblig 3.542% 09-01-2042 Beo Taxable	1,400,000	1,400,000	1,124,000
Ar St Dev Fin Auth Indl Dev Rev Big River Steel Proj 4.5% 09-01-2049	450,000	396,137	446,588
Arizona Indl Dev Auth Ed Rev 01/10/2039 4.27% 10-01-2039	850,000	850,000	607,863
Arizona Indl Dev Auth Ed Rev 3.65% 10-01-2029 Beo Taxable	295,000	292,050	261,286
Arizona Indl Dev Auth Ed Rev 4.0% 07-01-2052	160,000	181,529	129,886
Arkansas St Dev Fin Auth Environmental Impt Rev 5.7% 05-01-2053 Beo Amt	700,000	700,000	709,131
Arlington Tex 1.996% 08-15-2035 Beo Taxable	1,000,000	764,960	759,189
Az Indl Dev Auth Hosp Rev Var-Ref-Phoenix Childrens 1.3 Snkfnddt 02-01-2023	200,000	200,000	200,000
Benton Wash Regl Pub Wtr Auth Ark Ref & Impt-Taxable-Ser B 3.125% 10-01-2039	500,000	496,685	397,733
Berea Ky Edl Facs Rev Var-Berea College Proj-Ser A Var Rt 06-01-2032	1,100,000	1,100,000	1,100,000
Bexar Cnty Tex Rev 3.031% 08-15-2041 Beotaxable	500,000	500,000	381,165
Brookhaven N Y Loc Dev Corp Rev 6% 10-01-2030 Beo Taxable	550,000	663,982	570,198
Buckeye Ohio Tob Settlement Fing Auth 5%06-01-2055 Beo	1,400,000	1,415,624	1,315,657
Build Nyc Resource Corp N Y Rev 4% 06-15-2030 Beo	215,000	249,492	209,518
California Cmnty Choice Fing Auth Clean Energy Proj Rev 5.25% 01-01-2054 Beo	1,000,000	1,045,710	1,057,821
California Cmnty Hsg Agy Essential Hsg Rev 4% 02-01-2056 Beo	500,000	391,160	410,860
California Mun Fin Auth Ed Rev Taxable-Literacy 1St 4.75% 12-01-2030	550,000	550,000	519,133

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
United States Government Agencies (continued)			
California Mun Fin Auth Rev 4% 12-01-2025 Beo	100,000	\$ 105,146	\$ 99,443
California Mun Fin Auth Rev 5% 12-01-2027 Beo	100,000	111,277	103,599
California Mun Fin Auth Sr Living Rev 4% 11-15-2042 Beo	110,000	120,896	93,773
California St 7.3% 10-01-2039 Beo Taxable	3,575,000	4,287,651	4,322,154
California St 7.5% 04-01-2034 Beo Taxable	750,000	949,515	910,132
Cambria Cnty Pa Gen Fing Auth Rev 4% 04-01-2046 Beo	200,000	214,540	165,501
Cape Girardeau Cnty Mo Indl Dev Auth Health Care Facs Rev 4% 03-01-2041 Beo	115,000	109,161	115,440
Cape Girardeau Cnty Mo Indl Dev Auth Health Care Facs Rev 4% 03-01-2046 Beo	390,000	359,030	378,643
Capital Projs Fin Auth Fla Student Hsg Rev 5% 11-01-2058 Beo	100,000	97,408	100,887
Chicago Ill 4.0% Due 01-01-2038 Reg	1,000,000	1,109,680	975,814
Chicago Ill Brd Ed 4% 12-01-2041 Beo	500,000	548,990	461,386
Chicago Ill Brd Ed 6.138% 12-01-2039 Beotaxable	250,000	220,000	236,537
Chicago Ill Tran Auth Sales & Transfer T 6.899% 12-01-2022	1,115,850	1,165,973	1,269,846
Coast Cmnty College Dist Calif Ref-Taxable 2.588% 08-01-2029	1,000,000	1,000,000	907,942
Cobank Acb 6.45 Fxd Rate Reset Ser K Noncum Perp Pfd Stk 6.45% 12-31-2040	110,000	110,000	106,700
Colorado Edl & Cultural Facs Auth Rev 4% 05-01-2041 Beo	150,000	167,412	136,851
Cooper Green Mercy Health Svcs Auth Ala Rev 5.25% 09-01-2042 Beo	500,000	534,390	545,635
Cuyahoga Cnty Ohio Hosp Rev 5% 02-15-2057 Beo	1,000,000	953,010	996,032
Detroit Mich 3.344% 04-01-2030 Beo Taxable	175,000	175,000	145,214
Detroit Mich 3.644% 04-01-2034 Beo Taxable	425,000	425,000	331,980
Erie Pa Higher Ed Bldg Auth Rev 4% 05-01-2036 Beo	300,000	341,109	287,477
Escambia Cnty Fla Health Facs Auth Health Fac Rev 4% 08-15-2050 Beo	1,000,000	912,590	879,584
Farm Cr Bk Tex 144A Var Rt 5.7% 12-31-2049	175,000	169,977	166,250
Fhlmc Multiclass Preassign 00327 6.5 10-25-2043	277,385	310,757	284,659
Fhlmc Multiclass Ser T-51 Cl 2A 7.5 08-25-2042	40,280	44,308	40,678
Fhlmc Pool# Wa3266 3.04% 10-01-2038	934,000	784,560	786,963
Fhlmc Pool# Ws4008 3.28% 08-01-2040	1,791,113	1,347,112	1,505,570
Florida Dev Fin Corp Healthcare Facs Rev 4% 02-01-2041 Beo	830,000	952,383	826,426
Fnma Pool #Bs1551 2.31% 05-01-2037	897,425	659,572	711,863
Fnma Pool #Bs4287 2.195% 01-01-2037	1,067,000	814,171	822,754
Fnma Remic Ser 2004-W15 Cl 1A2 6.5 08-25-2044	10,183	10,475	10,384
Fnma Ser 2003-W6 Cl 3A 6.5 09-25-2042	29,772	30,428	30,327
Geo L Smith Ii Ga World Congress Ctr Autfirst Tier-Ser A 4.0% Due 01-01-2054	1,000,000	882,350	877,197
Grand Parkway Transn Corp Tex Sys Toll Rev 4% 10-01-2049 Beo	750,000	655,387	747,676
Hawaii St 1.595% 08-01-2031 Beo Taxable	1,250,000	1,007,712	1,021,737
Hawaii St Arpts Sys Customer Fac Charge Rev 2.683% 07-01-2033 Beo Taxable	600,000	600,000	496,384
Houston Tex Arpt Sys Rev 5.25% 07-01-2053 Beo Amt	300,000	320,361	323,617
Illinois St Bam-Ters 4.0% Due 06-01-2041 Oid 4.113 @98.25	100,000	88,358	100,236
Illinois St Sales Tax Rev 1.999% 06-15-2028 Beo Taxable	500,000	500,000	444,722
Illinois St Ser C 4% 10-01-2041	1,100,000	1,048,872	1,096,103
Indiana St Fin Auth Rev Ref-Taxable-Edl Facs-Marian 3.828% 09-15-2041	500,000	500,000	384,627
Iowa Higher Ed Ln Auth Rev 4% 10-01-2041 Beo	200,000	233,208	186,061
Jobsohio Beverage Sys 4.433% Due 01-01-2033	1,000,000	1,000,000	991,735
King Cnty Wash 2.31% 12-01-2034 Beo Taxable	600,000	493,680	483,518
Lancaster Pa Indl Dev Auth Health Ctr Rev 4% 07-01-2051 Beo	350,000	379,904	257,420
Los Angeles Calif Uni Sch Dist 5.75% 07-01-2034 Beo Taxable	1,500,000	1,532,319	1,592,393

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
United States Government Agencies (continued)			
Louisiana Loc Govt Environmental Facs & 4.145% Due 05-19-2033 Reg	575,000	\$ 567,174	\$ 565,972
Louisiana Loc Govt Envrnmntl Facs & Tax-La Utils Restrtn Corp 5.198% 12-01-2039	1,000,000	1,000,000	1,028,972
Louisiana St Gas & Fuels Tax Rev 2.23% 05-01-2036 Beo Taxable	1,000,000	769,860	765,696
Ma St Dev Fin Agy Rev Taxable-Lesley Univ-Ser B 3.215 07-01-2033	220,000	220,000	170,683
Massachusetts St Dev Fin Agy Rev 2.382% 10-01-2032 Beo Taxable	600,000	600,000	488,231
Massachusetts St Spl Oblig Rev Muni 3.881% Due 01-15-2031 Reg	1,870,000	1,772,666	1,816,646
Md St Hlth & Higher Edl Facs Auth Stevenson Univ-Ser A 5% 06-01-2032	400,000	506,040	435,743
Metropolitan Transn Auth N Y Rev 4% 11-15-2049 Beo	730,000	706,326	697,025
Miami Beach Fla Health Facs Auth Hosp Rev 4% 11-15-2051 Beo	1,065,000	1,008,491	989,933
Michigan Fin Auth Rev 2.326% 06-01-2030 Beo Taxable	276,336	276,335	271,209
Michigan Mathematics & Science Initiative 4% 01-01-2051 Beo	400,000	432,248	315,652
National Fin Auth N H Rev 5% 07-01-2041 Beo	395,000	436,467	335,447
New Hope Cultural Ed Facs Fin Corp Tex Cap Impt Rev 5% 07-01-2058 Beo	1,200,000	1,254,792	1,214,388
New Hope Cultural Ed Facs Fin Corp Tex Retirement Fac Rev 4% 11-01-2055 Beo	250,000	281,042	206,579
New Jersey Economic Dev Auth St Lease Rev 5.135% 03-01-2029 Beo Taxable	650,000	650,000	662,470
New Jersey St 3% 06-01-2032 Beo	600,000	645,438	592,323
New Jersey St Tpk Auth Tpk Rev 7.102% 01-01-2041 Beo Taxable	150,000	168,830	181,332
New Jersey St Tpk Auth Tpk Rev 7.414% 01-01-2040 Beo Taxable	1,525,000	1,876,039	1,900,111
New Jersey St Transn Tr Fd Auth 5% 12-15-2039 Beo	500,000	615,060	543,950
New York Liberty Dev Corp Liberty Rev 3% 11-15-2051 Beo	500,000	477,000	385,969
New York N Y City Transitional Fin Auth Rev 5.572% 11-01-2038 Beo Taxable	900,000	901,404	927,415
New York Transn Dev Corp Spl Fac Rev 5% 07-01-2046 Beo Amt	1,000,000	1,000,750	998,266
North Ar-1 Pasco Cmnty Dev Dist Fla Cap Impt Rev 3.125% 05-01-2031 Beo	70,000	69,850	63,154
Northern Tob Securitization Corp Alaska Tob Settlement Rev 4% 06-01-2040 Beo	755,000	901,439	752,277
Oh Cnty W Va Cnty Commn Spl Dist Ref-Taxable-Ft Henry Econ 4% 03-01-2040	1,400,000	1,359,946	1,072,347
Panoche Calif Fing Auth Rev 4% 09-01-2043 Beo	220,000	260,836	212,726
Pennsylvania St 5.45% 02-15-2030 Beo Taxable	1,000,000	1,044,030	1,039,685
Port Auth N Y & N J 4.458% 10-01-2062 Beo Taxable	1,555,000	1,275,416	1,418,882
Port Seattle Wash Rev 3.888% 08-01-2029 Beo Taxable	1,100,000	1,042,470	1,070,224
Public Fin Auth Wis Rev 5% 01-01-2055 Beo	1,100,000	1,110,659	853,574
Public Fin Auth Wis Student Hsg Rev 5.5% 07-01-2043 Beo	200,000	198,788	207,188
Redondo Beach Calif Uni Sch Dist 2.11% 08-01-2035 Beo Taxable	600,000	606,738	452,752
Roseville Calif Spl Tax 4% 09-01-2041 Beo	175,000	199,396	169,439
Salt Lake Cnty Utah Convention Hotel Rev 5.25% 10-01-2034 Beo Taxable	1,000,000	974,870	924,133
San Luis Unit/Westlands Wtr Dist Fing Auth Calif Rev 3.737% 09-01-2050 Beo	850,000	850,000	647,476
Small Business Admin Gtd Dev Partn Ctf 2006-20H Partn Ctf 5.7 08-01-2026 Reg	5,490	5,492	5,456
South Jersey Port Corp N J Rev 5% 01-01-2042 Beo Amt	1,000,000	1,025,800	1,032,500
Southeast Energy Auth Commodity Supply Rev Ala 4% 12-01-2051 Beo	1,000,000	967,110	998,255
Springdale Ark Sales & Use Tax Rev 5.325% 08-01-2046 Beo Taxable	1,000,000	993,430	1,011,171
State Pub Sch Bldg Auth Pa Lease Rev 3.096% 04-01-2032 Beo Taxable	500,000	500,000	433,281
Tarrant Cnty Tex Cultural Ed Facs Fin Corp Retirement Fac Rev 5 11-15-2046 Beo	410,000	478,683	410,504
Texas Mun Gas Acquisition & Supply Corp Iii Gas Supply Rev 5% 12-15-2028 Beo	200,000	254,756	210,080
Texas Wtr Dev Brd Rev 5% 10-15-2058 Beo	400,000	405,660	442,531
Tobacco Settlement Fing Corp Va 6.706% 06-01-2046 Beo Taxable	465,000	486,506	399,477
TX Nat Gas Securitization Fin Corp 5.169% 04-01-2041	300,000	300,000	310,016
Univ Calif Regts Med Ctr Pooled Rev 3.006% 05-15-2050 Beo Taxable	700,000	432,068	495,526

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
United States Government Agencies (continued)			
Univ Calif Regts Med Ctr Pooled Rev 4.563% Due 05-15-2053 Reg	2,125,000	\$ 1,833,904	\$ 1,982,795
Upper Mohawk Vy N Y Mem Aud Auth Rev 3.5% 12-01-2051 Beo Taxable	400,000	400,000	289,958
UT Infrastructure Agy Telecommunications& Franchise Tx Rev 410-15-2035 Beo	345,000	411,726	355,107
UT Infrastructure Agy Telecommunications& Franchise Tx Rev 410-15-2044 Beo	1,065,000	1,252,636	1,052,928
Utah Infrastructure Agy Telecommunication Rev 4% 10-15-2036 Beo	250,000	229,395	234,537
Utah Infrastructure Agy Telecommunication Rev 4% 10-15-2038 Beo	200,000	234,858	181,201
Utah Infrastructure Agy Telecommunication Rev 4% 10-15-2041 Beo	150,000	173,136	130,573
Virginia Small Business Fing Auth Rev 4%07-01-2041 Beo Amt	1,200,000	1,311,696	1,157,857
Westchester Cnty N Y Loc Dev Corp Rev 5%11-01-2051 Beo	500,000	486,770	529,200
Total United States Government Agencies		78,177,902	74,305,765
Total United States Government Obligations		380,361,684	438,027,466
Corporate and Other Bonds			
1St Eagle Bsl Clo 2019-1 Ltd / 1St Sr Secd Deferrable Nt Cl C 4.604 01-20-2033	600,000	596,625	597,123
Abbvie Inc 4.25% Due 11-21-2049 Reg	1,175,000	955,321	1,050,641
Aegon Fdg Co Llc 5.1% Due 12-15-2049 Beo	3,714	85,270	80,519
Affiliated Managers Group Inc 5.875% 03-30-2059 Beo	1,400	31,547	31,458
Affiliated Managers Group Inc Jr Sub Nt 4.2% 09-30-2061	2,900	48,108	47,879
Affiliated Managers Group Inc Jr Sub Nt 4.75% 09-30-2060	3,500	66,450	66,412
Alabama Pwr Co 4.3% 07-15-2048	1,675,000	1,280,719	1,457,240
Algonquin Pwr & Util 6.2% 07-01-2079	5,668	142,613	136,655
Algonquin Pwr & Utils Corp 4.75% 01-18-2082	215,000	210,555	181,675
Altria Group Inc 3.7% Due 02-04-2051/02-04-2021 Reg	1,175,000	757,416	830,086
American Elec Pwr Co Inc Fxd To Fxd Reset Jr Sub Deb 3.875% 02-15-2062	127,000	118,137	106,588
American Express Co 3.55% 12-31-2049	137,000	120,192	117,450
American Finl Group Inc Ohio Sub Deb 5.125% Due 12-15-2059 Reg	770	15,446	17,232
American Finl Group Inc Ohio Sub Nt 5.875% Due 03-30-2059	672	15,501	16,107
Anchorage Cap Clo 24 Ltd 13.16137% 04-15-2034	2,300,000	2,254,000	2,195,605
Anheuser Busch Inbev Wor 5.55% 01-23-2049	1,000,000	1,002,200	1,078,158
Anthem Inc 4.55% 05-15-2052	1,950,000	1,610,212	1,786,649
Apollo Global Management Inc 7.625% 09-15-2053	4,613	115,325	126,200
Ares Clo Ltd 20/10/2034 3.2315% 10-20-2034	1,650,000	1,649,340	1,582,913
Ares Fin Co Iii Llc Resettable Sub Nt 144A 4.125% 06-30-2051	95,000	95,221	80,508
Assurant Inc 7.0% 03-27-2048	111,000	120,887	111,930
AT&T Inc 3.55% Due 09-15-2055	206,000	212,306	148,932
AT&T Inc 3.65% Due 09-15-2059	1,388,000	1,089,518	999,062
AT&T Inc 3.8% 12-01-2057	725,000	485,796	541,346
AT&T Inc At&T Inc 5.625% Due 08-01-2067 Beo	1,878	44,489	46,518
Axa Sa 8.6% Due 12-15-2030	40,000	48,860	47,850
Axa Sa Ser B Fixed To Fltg Undated 144A Due 12-14-2049 Beo	100,000	106,375	108,042
Axis Specialty Fin 4.9% Due 01-15-2040	40,000	41,012	33,250
B A T Cap Corp 4.54% 08-15-2047	125,000	128,028	96,284
B A T Cap Corp 4.758% Due 09-06-2049	1,000,000	738,960	795,884
B A T Cap Corp Fixed 3.734% Due 09-25-2040	25,000	25,000	18,430
B A T Cap Corp Fixed 3.984% Due 09-25-2050	50,000	50,000	35,380
B A T Cap Corp Nt 5.65% 03-16-2052	625,000	499,790	566,558

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Corporate and Other Bonds (continued)			
Banco Bilbao Vizcaya Argentaria S A 9.375% 12-29-2049	200,000	\$ 205,000	\$ 213,917
Bank Amer Corp 2.496% 02-13-2031	525,000	506,085	451,449
Bank Amer Corp 3.846% 03-08-2037	775,000	735,769	681,641
Bank Amer Corp 4.083% 03-20-2051	975,000	795,750	824,160
Bank Amer Corp 5.875% Due 12-31-2049	108,000	114,810	103,379
Bank Amer Corp 6.5% Due 12-31-2049	76,000	81,004	75,644
Bank Amer Corp Fltg Rt 6.25% Due 09-29-2049	59,000	62,895	58,518
Bank New York Mellon Corp 3.75% 12-31-2049	60,000	49,870	51,868
Bank New York Mellon Corp Dep Shs Repstg 1/100Th Int 3.7% 12-31-2040	90,000	79,650	84,185
Bank Nova Scotia Var Rt 10-27-2082	200,000	200,000	207,704
Bank Of Amer Corp Fltg Rt 6.1% Due 12-29-2049	158,000	172,755	156,173
Bank Of America Corp 6.125% 12-31-2049	120,000	118,557	118,780
Bank Of America Corporation 2.676% Due 06-19-2041/06-19-2020 Reg	700,000	434,812	503,006
Bank Of America Corporation 4.375% Due 12-31-2049 Beo	164,000	142,627	146,128
Bank Of New York Mellon Corp Fltg Due 12-29-2049	44,000	45,348	41,868
Barclays Bk Plc Fltg Rt 6.278% Due 12-31-2049	90,000	88,520	90,151
Barclays Plc 4.836% 05-09-2028	225,000	225,648	219,377
Barclays Plc 5.501% Due 08-09-2028	300,000	300,000	301,473
Barclays Plc 7.119% 06-27-2034	800,000	786,544	854,210
Barings Clo Ltd 7.95771% Due 01-20-2032	1,230,000	1,230,934	1,206,499
Bat Capital Corporation 7.081% Due 08-02-2053	250,000	247,427	268,227
Battalion Clo Ltd 17/01/2033 3.47338008881% 01-17-2033	2,000,000	1,996,200	1,956,591
Bayer Us Fin Li 4.875% Due 06-25-2048	2,075,000	1,686,942	1,756,083
Becton Dickinson & 4.669% Due 06-06-2047	1,100,000	942,715	1,030,965
Berkley W R Corp Fixed 5.1% Due 12-30-2059	2,069	41,311	48,724
Berkley W R Corp Sub Deb 4.125% Due 03-30-2061 Reg	2,350	42,961	47,423
Berkshire Hathaway Energy Co Sr Nt 4.6% 05-01-2053	1,800,000	1,447,613	1,608,173
Bk Nova Scotia B C Fixed 4.9% Due 12-31-2049	120,000	120,093	114,607
Bnp Paribas 7.375% Due 12-29-2049	200,000	224,180	200,277
Bnp Paribas Perp Fxd Rate Resetable 4.625% 12-31-2049	200,000	161,460	174,747
Bnsf Ry Co 2006-2 5.629% Due 04-01-2024	1,683	1,683	1,683
Bnsf Ry Co 2006-3 5.34200000763% Due 04-01-2024	1,546	1,576	1,543
Bnsf Ry Co 2007-1 Pass Thru Tr Passthru Ctf 5.996 Due 04-01-2024	40,842	46,231	40,849
Boston Pptys Ltd Partnership 6.5% 01-15-2034	100,000	99,697	105,654
Bp Cap Mkts P L C 4.375% Due 12-29-2049	238,000	237,543	232,172
Bp Cap Mkts P L C 4.875% Due 12-31-2049	460,000	455,117	437,230
Brookfield Brp Hldgs Cda Inc 4.625% Due 12-31-2049 Reg	3,775	81,166	59,154
Brookfield Fin Inc Sub Nt 4.625% Due 10-16-2080	2,200	55,000	37,400
Brookfield Infra Fin Ulc 5% Due 05-24-2081 Beo	2,800	69,867	46,116
Bstn Pptys Ltd 3.25% Due 01-30-2031	500,000	494,584	429,628
Burlington Northn Santa Fe Llc 3.3% 09-15-2051	2,300,000	1,585,646	1,755,049
Canadian Pac Ry Co New 3.1% 12-02-2051	1,600,000	1,057,712	1,161,218
Capital One Financial Corp 5.817% Due 02-01-2034	150,000	133,068	149,539
Capital One Financial Corp 6.377% 06-08-2034	350,000	339,164	360,772
Capital One Finl Corp Sr Nt Fixed / Fltg 5.268% 05-10-2033	200,000	195,708	196,595
Carrier Global Corp 3.577% Due 04-05-2050	1,375,000	950,524	1,076,512

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Corporate and Other Bonds (continued)			
Charles Schwab Corp 4.0% Due 12-31-2049 Beo	449,000	\$ 429,884	\$ 395,604
Charter 6.484% Due 10-23-2045	1,250,000	1,420,813	1,232,456
Charter Fixed 5.75% Due 04-01-2048	2,050,000	1,654,941	1,825,684
Chubb Corp 6.5% Due 05-15-2038	575,000	609,373	667,453
Cigna Corp New Corp 4.9% 12-15-2048	725,000	624,464	689,916
Citigroup Inc 3.875% 12-29-2049	386,000	362,022	341,664
Citigroup Inc 4.0% Due 12-31-2049 Beo	104,000	99,804	95,971
Citigroup Inc 4.75% Due 05-18-2046	525,000	418,146	471,262
Citigroup Inc 6.174% Due 05-25-2034	775,000	757,764	803,385
Citigroup Inc 6.625 Due 06-15-2032 Beo	100,000	136,188	108,998
Citigroup Inc Fixed 7.625% 12-31-2049	162,000	162,173	165,167
Citigroup Inc Fltg Rt 6.25% Due 12-31-2049	40,000	43,926	39,480
Citigroup Inc Nt Var Rate 12-31-2049 Reg	234,000	243,335	228,975
Cms Energy Corp 3.75% Due 12-01-2050 Beo	70,000	54,652	55,277
Cms Energy Corp 5.875% 10-15-2078	2,876	69,773	71,554
Cms Energy Corp Fixed 4.75% Due 06-01-2050	77,000	76,341	69,525
Cms Energy Corp Fixed 5.875% 03-01-2079	2,938	71,076	73,361
Colombia Rep 5% Due 06-15-2045 Reg	200,000	120,976	154,922
Colombia Rep 8.75% 11-14-2053	200,000	199,600	229,850
Comcast Corp New 2.887% 11-01-2051 Beo	2,650,000	1,619,444	1,801,505
Commonspirit Hlth 3.347% Due 10-01-2029	1,175,000	1,210,984	1,074,094
Commonwealth Edison Co 1St Mtg Bd Ser 130 3.125% 03-15-2051	1,200,000	745,470	853,153
Conocophillips Co 3.99% 03-15-2052	325,000	246,073	263,734
Corebridge Finl Inc 6.875% 12-15-2052	170,000	169,998	169,553
Cr Agricole S A Fltg Rt 8.125% Due 12-29-2049	200,000	231,700	203,684
Csx Corp 4.5% 11-15-2052	2,300,000	1,924,509	2,143,783
CVS Health Corp 4.125% Due 04-01-2040 Reg	100,000	98,314	86,139
CVS Health Corp 4.78% Due 03-25-2038	175,000	198,087	166,227
CVS Health Corp 5.625% 02-21-2053	1,550,000	1,416,591	1,577,654
Deutsche Bk A G 7.5% Due 12-29-2049	200,000	193,000	195,345
Dillards Inc 7% Due 12-01-2028	50,000	44,625	51,859
Discover Finl Svcs Depy Shs Repstg 1/100Th Sh 6.125% 09-23-2025	30,000	30,000	28,927
Disney Walt Co 4.7% Due 03-23-2050	200,000	174,276	195,045
Disney Walt Co Sr Nt 6.65% 11-15-2037	125,000	187,952	147,192
Dominion Energy 4.85% Due 08-15-2052	450,000	348,619	415,635
Dominion Energy Inc 4.35% Due 12-31-2049/01-09-2022 Beo	220,000	206,117	195,241
Dominion Energy Inc 4.65% 12-31-2049	85,000	86,073	80,777
Dominion Res Inc Fltg Rt 5.75% Due 10-01-2054	550,000	550,531	540,190
Dow Chem Co Nt 9.4 Due 05-15-2039	29,000	49,371	40,426
Dow Chemical Co 6.9% Due 05-15-2053 Beo	1,050,000	1,134,609	1,266,545
Dow Chemical Co Fixed 5.55% Due 11-30-2048	75,000	91,411	76,665
Dryden 87 Clo Ltd / Dryden 87 Clo 0% 05-20-2034	2,300,000	2,296,550	2,170,587
Duke Energy Corp New Fixed 5.625% 09-15-2078	607	13,387	14,294
Edison International 5.375% 12-31-2049	150,000	150,000	141,869
Edison Intl 5.0% 12-31-2049	83,000	77,977	77,281
Edison Intl 7.875% 06-15-2054	95,000	95,306	95,712

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Corporate and Other Bonds (continued)			
Emera Inc 6.75% Due 06-15-2076	348,000	\$ 357,534	\$ 340,746
Enbridge Inc 6.25% 03-01-2078	258,000	280,980	238,430
Enbridge Inc 7.375% Due 01-15-2083 Beo	80,000	80,000	78,668
Enbridge Inc 8.5% 01-15-2084	150,000	150,000	159,555
Enbridge Inc Fixed 5.5% Due 07-15-2077	42,000	36,813	38,390
Enbridge Inc Fixed 5.75% Due 07-15-2080	158,000	167,277	145,755
Enbridge Inc Fixed 8.25% Due 01-15-2084	190,000	190,000	196,047
Enbridge Inc Fltg Rt 6% Due 01-15-2077	160,000	166,599	151,931
Enbridge Inc Sub Nt Ser 2022-C Fxd/Fltg 7.625% 01-15-2083	154,000	154,002	154,209
Enstar Fin Llc 5.75% Due 09-01-2040/09-01-2025 Reg	100,000	101,614	93,552
Enstar Finance Llc 5.5% 01-15-2042	180,000	179,938	152,447
Enterprise Prods Fltg Rt 8.34314% Due 08-16-2077	20,000	19,376	19,875
Equitable Hldgs Inc Dep Shs Each Repstg 1/25 4.95% 12-31-2049	100,000	101,371	95,157
Erp Oper Ltd 4.5% Due 07-01-2044	850,000	692,114	755,315
Exelon Corp 4.1% Due 03-15-2052	2,250,000	1,643,662	1,826,936
F&G Annuities & Life Inc 7.95% 12-15-2053	4,524	113,022	117,035
Fedex Corp 4.05% Due 02-15-2048	1,190,000	901,727	994,803
Fedex Corp 4.4% Due 01-15-2047	500,000	389,130	436,675
Fedex Corp 5.25% Due 05-15-2050	350,000	296,334	349,753
Ford Motor Co 6.5% Due 08-15-2062 Beo	1,204	25,530	27,944
Ford Motor Credit Co Llc 6.8% Due 05-12-2028	250,000	250,047	261,286
Fukoku Mutual Life Insurance 5.0% 31/12/2049	200,000	225,310	196,761
Ge Healthcare Hldg Llc Gtd Sr Nt 6.377% 11-22-2052	625,000	651,856	728,956
Georgia Pwr Co 3.7% 01-30-2050	375,000	271,807	296,914
Global Atlantic Fin Co Sub Deb 144A 4.7%10-15-2051	138,000	139,251	118,244
Goldman Sachs Cap I 6.345 Due 02-15-2034 Beo	134,000	157,735	141,056
Goldman Sachs Fixed 7.5% 12-31-2049	129,000	129,214	134,847
Goldman Sachs Group Inc Dep Shs Repstg 1/25Th Perp 3.65% 12-29-2049	79,000	63,786	70,051
Goldman Sachs Group Inc Dep Shs Repstg 1/25Th Pfd 3.8% 12-31-2049	43,000	34,654	38,317
Grupo Televisa S A Fixaed 5.25% 05-24-2049	625,000	529,193	556,212
Guam Govt Wtrwks Auth Wtr & 3.7% 07-01-2043	600,000	600,000	468,685
Guam Intl Arpt Auth Rev 3.839% 10-01-2036	430,000	430,000	348,560
Hartford Financial Services Grp Inc 144A Fltg Rt Due 02-12-2067	90,000	84,675	77,217
Hca Inc 5.25% Due 06-15-2049	1,975,000	1,654,036	1,842,663
Howard Univ 4.09% Due 10-01-2035	400,000	400,000	360,436
HSBC Hldgs Plc 6.5% Due 05-02-2036	585,000	663,491	622,196
HSBC Hldgs Plc 6.5% Due 09-15-2037	100,000	145,402	108,378
HSBC Hldgs Plc 6.547% 06-20-2034	950,000	907,625	994,705
HSBC Hldgs Plc Fixed 4.6% Due 12-29-2049	200,000	152,750	166,806
HSBC Hldgs Plc Fltg Rt 2.848% Due 06-04-2031	250,000	257,682	215,288
HSBC Hldgs Plc Fltg Rt 8.113% Due 11-03-2033	675,000	680,485	781,395
Huntington Bancshares Inc 4.45% 12-31-2049	139,000	134,928	122,013
Intesa Sanpaolo S P A 144A 7.7% 12/31/2049	200,000	198,250	196,521
JPMorgan Chase & 3.65% Due 09-01-2121	263,000	235,749	241,079
JPMorgan Chase & 6.75 Due 01-29-2049	29,000	31,308	28,942
JPMorgan Chase & Co 2.522% 04-22-2031	625,000	629,413	541,321

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Corporate and Other Bonds (continued)			
JPMorgan Chase & Co 3.109% Due 04-22-2041/10-22-2020 Reg	1,625,000	\$ 1,155,505	\$ 1,255,039
JPMorgan Chase & Co 4.6% Due 12-31-2049	44,000	41,154	42,460
JPMorgan Chase & Co. 2.956% 05-13-2031	600,000	611,107	528,097
JPMorgan Chase & Fltg Rt 6.1% Due 10-29-2049	44,000	47,879	43,750
JPMorgan Chase & Fltg Rt 8.83842% Due 12-29-2049	68,000	68,167	68,396
JPMorgan Chase Bk 6 Due 12-31-2049	60,000	60,363	60,525
Kinder Morgan 6.5% Due 09-01-2039	225,000	246,000	236,955
Kinder Morgan 6.95% Due 01-15-2038	200,000	207,908	220,019
Kinder Morgan Inc 5.2% 03-01-2048	975,000	860,812	893,300
Kinder Morgan Inc 5.45% Due 08-01-2052	1,500,000	1,296,934	1,440,300
Kkr Group Fin Co Ix Llc Sub Nt 4.625% 04-01-2061	1,836	35,833	34,645
Koninklijke 6.875% Due 03-11-2038	350,000	366,184	392,709
Kraft Heinz Foods Co Gtd Sr Nt 5.5% 06-01-2050	1,700,000	1,593,125	1,758,644
Lafarge S A 7.125% Due 07-15-2036	1,250,000	1,317,702	1,437,475
Lancashire Hldgs 5.625%-Frn Sub 18/09/41Usd	200,000	200,000	171,750
Lincoln Natl Corp Fixed 9.25% Due 12-31-2049	75,000	75,187	81,902
Lloyds Bkg Group 3.369% Due 12-14-2046	200,000	128,948	139,401
Lloyds Bkg Group Fixed 7.953% Due 11-15-2033	575,000	581,086	658,081
Lockheed Martin Corp 4.09% 09-15-2052	300,000	221,007	267,649
M & T Bk Corp 3.5% Due 12-31-2049 Beo	23,000	16,463	16,876
M & T Bk Corp Fltg Rt 5.125% Due 12-29-2049	117,000	86,349	101,410
Metlife Inc 9.25% Due 04-08-2068	200,000	262,980	224,609
Metlife Inc Fixed 10.75% Due 08-01-2069	65,000	95,958	86,966
Metlife Inc Pfd Perp Ser G Fxd Rate 3.85% 12-31-2049	80,000	74,085	75,729
Molson Coors 4.2% Due 07-15-2046	1,250,000	956,985	1,069,058
Mtn View Clo Xiv Ltd / Mtn View Clo Mezzsecd Deferrable Nt D-R 6.452% 10-15-2034	1,025,000	1,023,155	1,009,105
Neuberger Berman Clo Ltd Sr 20-38A C1 Dr7.80771017075% 10-20-2035	325,000	305,906	316,420
New York Univ 4.142% Due 07-01-2048	300,000	324,852	273,906
Nextera Energy Cap 5.38% 02-28-2053	1,550,000	1,348,445	1,528,730
Nextera Energy Cap Fltg Rt 5.65% Due 05-01-2079	35,000	33,006	32,842
Nextera Energy Cap Hldgs Inc Gtd Jr Sub Deb Sr P 3.8% 03-15-2082	40,000	40,036	33,958
Nippon Life Ins Co Var Rt 4.7% Due 01-20-2046	200,000	191,400	195,243
Nordstrom Inc 5% Due 01-15-2044	1,250,000	753,125	891,801
Norfolk Southern Corp 4.55% 06-01-2053	1,950,000	1,635,805	1,787,897
Nyack Pk Clo Ltd / Nyack Pk Clo Llc 8.34362% 10-20-2034	1,275,000	1,181,925	1,227,102
Occidental Pete Corp Sr Nt 6.6% 03-15-2046	1,250,000	1,263,687	1,353,425
Oracle Corp 3.95% Due 03-25-2051	1,825,000	1,289,749	1,435,205
Pacificorp 5.35% Due 12-01-2053	275,000	222,675	264,732
Pacificorp Fixed 3.3% Due 03-15-2051	850,000	531,097	589,881
Petrobras Global Fin B V 6.9% 03-19-2049	675,000	673,886	670,030
Petrobras Global Fin B V Gtd Global Nt 5.5% Due 06-10-2051/06-10-2021 Reg	525,000	409,500	442,738
Petroleos Mexicanos 6.375% 01-23-2045	775,000	452,406	505,084
Petroleos Mexicanos 6.75% Due 09-21-2047	1,200,000	734,880	786,316
Petroleos Mexicanos Gtd Nt 7.69% Due 01-23-2050 Reg	2,000,000	1,546,439	1,422,115
Pfizer Investment Enter 5.3% 05-19-2053	1,000,000	959,407	1,024,922
Philip Morris Intl 4.25% Due 11-10-2044	1,625,000	1,270,707	1,394,891

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Corporate and Other Bonds (continued)			
Phoenix Gp Hdgs Pl 5.625%-Fm Sub Perp Usd1000	200,000	\$ 208,500	\$ 191,000
PNC Financial Services 6.0% Due 12-31-2049 Beo	136,000	125,900	128,783
PNC Finl Svcs 6.2% Due 12-29-2049	156,000	156,088	151,467
PNC Finl Svcs Group Inc 3.4% Due 12-31-2049/09-15-2026 Reg	194,000	146,636	155,351
PNC Finl Svcs Group Inc 6.25% 12-31-2049	171,000	164,537	159,417
Point Au Roche Park Clo, Ltd Ser 21-1A Cl D Fltg 07-20-2034	700,000	680,337	675,386
Prosus N V 4.987% 01-19-2052	1,150,000	1,043,708	865,289
Prudential Financial Inc 5.7% 09-15-2048	50,000	48,260	48,019
Prudential Finl 6% Due 09-01-2052	220,000	214,417	218,944
Prudential Finl Fixed 5.375% Due 05-15-2045	86,000	95,278	84,770
Prudential Finl Inc 5.125% 03-01-2052	225,000	207,226	211,366
Puerto Rico Sales Tax Fing Corp Sales Tax Rev 5% 07-01-2058 Beo	1,100,000	1,235,566	1,103,838
PVTPL 1 Enel Finance Intl Nv 6.0% 10-07-2039/10-07-2009 Beo	300,000	362,052	305,585
PVTPL Aircastle Limited 5.25% Due 12-31-2049 Beo	40,000	40,000	34,292
PVTPL Allianz Se 6.35% 09-06-2053	200,000	200,000	207,368
PVTPL Apollo Mgmt Hldgs L P Gtd Corp 4.95% 01-14-2050	58,000	58,260	54,636
PVTPL Ares Xlvii Clo Ltd Ser 2018-47A Cl D Fltg 04-15-2030	2,300,000	2,237,831	2,243,685
PVTPL Battalion Clo Xix Ltdser 21-19A Cl D Flt Rt Due 04-15-2034 Beo	2,300,000	2,268,950	2,184,443
PVTPL Betony Clo 2 Ltd/Betony Clo 2 Llc Sr 18-1A Cl C Var Rt 04-30-2031	750,000	702,450	741,663
PVTPL Bnp Paribas 4.625% 03-13-2027	375,000	403,814	367,507
PVTPL Bnp Paribas Nt Conv 8.5% 12-31-2049	200,000	200,000	209,456
PVTPL Bnp Paribas Sub Med Term Nt Program 2.588% Due 08-12-2035	225,000	172,134	184,986
PVTPL Capital Four Us Clo I Ltd Ser 21-1A Cl D Fltg Rt 01-18-2035	2,250,000	2,175,795	2,206,009
PVTPL Cific Fdg 2022-Ii Ltd Ser 22-2A Cl E Var 04-19-2035 Beo	2,300,000	2,300,000	2,301,078
PVTPL Corporacion Nacional Del Cobre De Chile Nt 144A 5.625% Due 10-18-2043 Beo	350,000	301,000	337,890
PVTPL Cox Communications Inc New Coxent 3.6 2051-06-15	1,975,000	1,287,051	1,443,447
PVTPL Dai-Ichi Life Ins Co Ltd 4.0% Due 12-31-2049	200,000	191,750	191,365
PVTPL Electricite De France 9.125% 12-31-2049	200,000	200,000	223,280
PVTPL Elmwood Clo 14 Ltd Sr 22-1A Cl E Var Rt 04-20-2035	2,300,000	2,300,000	2,268,578
PVTPL Elmwood Clo 16 Ltd Ser 22 3A Cl E Fltg Rt 04-20-2034	2,300,000	2,276,770	2,291,438
PVTPL Enel Fin Intl S A Gtd Nt 144A 6.8%Due 09-15-2037/09-20-2007 Beo	225,000	252,294	246,125
PVTPL Enel Finance Intl Nv 7.75% Due 10-14-2052 Beo	1,025,000	1,127,008	1,267,373
PVTPL Hsbc Cap Fdg Dlr 1 L P Gcb 144A 10.176 12-31-2049 Beo See Sec# 4365312	153,000	213,287	193,838
PVTPL Jamestown Clo Ltd/Jamestown Clo Ser 16-9A Cl Crr Flt Rt Due 07-25-2034	1,100,000	1,089,000	1,084,464
PVTPL Jamestown Clo Xii Ltd Ser 19-1A Cl C Fltg Rt 04-20-2032	1,025,000	991,113	1,020,033
PVTPL Kkr Clo 40 Ltd Ser 40A Cl E Fltg Rt Due 10-20-2034 Beo	2,300,000	2,262,050	2,203,035
PVTPL Lcm 28 Ltd/Lcm Ser-28A Cl-D Fltg 10-20-2030 Beo	900,000	884,007	817,099
PVTPL Metlife Cap Tr Iv Metlife Capital Tr Iv 7.875 Due 12-15-2067/12-12-2007Beo	200,000	228,280	214,815
PVTPL Northwoods Cap 20 Ltd/ Cap 2 Mezzanine Secd Deferrable 01-25-2032	800,000	798,000	792,560
PVTPL Prosus N V 3.832% Due 02-08-2051/12-08-2020 Beo	2,375,000	1,341,875	1,498,397
PVTPL Prosus N V 4.027% Due 08-03-2050/08-03-2020 Beo	725,000	420,500	475,288
PVTPL Qbe Insurance Group 5.875% Due 12-31-2049 Beo	200,000	201,806	194,858
PVTPL Re1 Ltd In Its Capacity As Responsible E 5.125% 09-24-2080	200,000	215,900	178,054
PVTPL Regatta Xxiii Fdg Ltd Cl D Fltg 01-20-2035	800,000	753,350	793,991
PVTPL Rio Oil Fin Tr 8.2% Due 04-06-2028	450,120	484,680	459,122
PVTPL Rockford Tower Clo 2017-1A Ltd Cl Dr Fltg Due 04-20-2034 Beo	1,125,000	1,110,318	1,113,257

Northwell Health Pension Plan

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

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Corporate and Other Bonds (continued)			
PVTPL Saranac Clo Ltd Ser 20-8A Cl D 02-20-2033 Beo	750,000	\$ 694,671	\$ 693,856
PVTPL Sbl Hldgs Inc 7.0% 12-31-2049	130,000	119,700	85,909
PVTPL Scentre Group Trust 2 4.75% 09-24-2080	200,000	214,160	187,029
PVTPL Societe Generale 8% 12-31-2049	200,000	209,090	199,836
PVTPL Steele Creek Clo 2022-1 Ltd Cl D Fltg 04-15-2035	2,300,000	2,231,000	2,260,637
PVTPL Telecom Italia S P A New 144A 5.303% Due 05-30-2024 Beo	350,000	361,820	348,346
PVTPL Ubs Group Ag 5.959% 01-12-2034	425,000	436,112	440,202
PVTPL Ubs Group Ag 6.301% 09-22-2034	300,000	288,303	318,418
PVTPL Ubs Group Ag 6.537% 08-12-2033	250,000	258,582	266,778
PVTPL Unicredit Spa 5.459% Due 06-30-2035/06-30-2030 Beo	400,000	427,830	376,505
PVTPL Wellfleet Clo Ltd Sr 18-2A Cl C Fltg Rate 10-20-2031	650,000	636,441	626,518
Regions Finl Corp New Dep Shs Repstg 1/1000Th 5.75% 12-31-2049	85,000	79,180	82,539
Republic Of Colombia 5.2% Due 05-15-2049	1,150,000	790,337	897,824
Republic Of Colombia 5.625 02-26-2044 Reg	200,000	146,200	167,902
Rio Oil Fin Tr 9.75% 01-06-2027	166,307	166,307	172,543
Rothsay Life Plc 4.875%-Frn Sub Perp Usd	200,000	200,000	161,350
Rtx Corporation 5.375% 02-27-2053	525,000	497,763	535,386
Rtx Corporation 6.4% 03-15-2054	375,000	373,593	435,795
S&P Global Inc 3.7% 03-01-2052	325,000	247,627	270,524
Sbl Hldgs Inc Fxd Rate Reset Non Cum 6.5% 12-31-2049	100,000	100,000	61,500
Sce Tr Vii 7.5% 12-31-2049	9,200	230,000	240,120
Schwab Charles Corp New Dep Shs Repstg 1/100Th Int 4% 12-31-2250	366,000	319,095	289,035
Schwab Charles Corp New Dep Shs Repstg 1/100Th Int 5% 12-31-2049	114,000	100,310	102,904
Schwab Charles Fltg Rt 5.375% Due 12-31-2049	168,000	166,931	165,741
Sempra 4.125% 04-01-2052	280,000	254,485	240,287
Sempra Energy 4.875% 12-31-2049	325,000	327,971	317,993
Sempra Energy Corp 5.75% 07-01-2079	2,615	63,010	65,021
Sherwin-Williams Fixed 3.3% Due 05-15-2050	1,450,000	952,627	1,055,532
Small Business Admin Gtd Dev Partn Ctf 2006-20C Cl 1 5.57 Due 03-01-2026	2,774	2,774	2,743
Small Business Admin Gtd Dev Partn Ctf Ser 2006-20B 0 Due 02-01-2026 Reg	6,797	6,690	6,713
Societe Generale Sa Undated Deeply Sub 9.375% 12-31-2049	200,000	200,000	209,231
Southern Co 4.0% Due 01-15-2051	168,000	160,744	159,741
Southern Co 4.4% Due 07-01-2046	775,000	601,261	684,527
Southern Co Ser 2021A Jr Sub Nt Fxd Fxd 3.75% 09-15-2051	248,000	234,423	225,804
Southern Co. 4.95% Due 01-30-2080 Beo	1,700	33,587	38,250
Southn Cal Edison Fltg Rt 5.485% Due 12-31-2049	110,000	110,214	110,162
Stanford Univ Cal 1.289% Due 06-01-2027	850,000	749,241	769,129
Telecom Italia Cap 7.2% Due 07-18-2036	425,000	445,194	427,356
Telecom Italia Cap 7.721% Due 06-04-2038	700,000	654,689	712,413
Time Warner Cable 6.55% Due 05-01-2037	125,000	126,803	123,417
T-Mobile Usa Inc 3.4% 10-15-2052	2,250,000	1,500,403	1,645,991
T-Mobile Usa Inc 4.5% Due 04-15-2050	400,000	365,654	354,868
T-Mobile Usa Inc Fixed 4.375% Due 04-15-2040	75,000	82,891	67,875
Toronto Dominion Fixed 8.125% Due 10-31-2082	200,000	200,000	208,185
Transcanada Fixed 5.1% Due 03-15-2049	350,000	300,919	334,999
Transcanada Tr Fltg Rt 5.3% Due 03-15-2077	525,000	526,353	466,572

Northwell Health Pension Plan

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

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Corporate and Other Bonds (continued)			
Transcanada Tr Fltg Rt 5.5% Due 09-15-2079	617,000	\$ 586,652	\$ 527,397
Transcanada Tr Fltg Rt 5.875% Due 08-15-2076	1,255,000	1,149,177	1,186,323
Transcanada Tr Sub Tr Nt Ser 2015-A Due 05-20-2075/05-20-2025 Reg	625,000	615,025	589,267
Transcanada Trust 5.6% Due 03-07-2082	325,000	313,837	272,266
Transcontinental Gas Pipe Line Co Llc 3.95% Due 05-15-2050	350,000	241,395	283,685
Travelers Cos Inc 5.45% Due 05-25-2053	700,000	683,966	757,931
Truist Finl Corp 4.95% Due 12-29-2049	66,000	63,934	63,190
Truist Finl Corp 5.125% 12-31-2049	95,000	96,551	80,049
Truist Finl Corp Fixed 5.1% Due 12-31-2049	175,000	163,958	158,585
UBS Group Ag 6.875% 31/12/2049	200,000	212,460	197,156
UBS Group Ag 7.0% 31/12/2049	200,000	219,750	199,234
Ultrapar Intl S A 5.25% Due 10-06-2026	325,000	307,312	315,250
Un Pac Rr Co 5.866 Due 07-02-2030	24,750	24,750	25,454
Unicredit Spa 7.296% Due 04-02-2034	475,000	502,404	488,808
Union Pac Corp 3.5% 02-14-2053	1,950,000	1,387,013	1,551,452
United Sts Cellular Corp 5.5% Due 06-01-2070 Beo	2,259	56,471	39,690
Unitedhealth Group Inc 4.75% 05-15-2052	425,000	347,917	410,290
Unitedhealth Group Inc 5.05% 04-15-2053	1,350,000	1,262,614	1,369,506
US Bancorp Del Depos Shs Repstg 1/25Th Pfd 3.7% 12-31-2049	52,000	47,364	40,822
US Bancorp Del Fltg Rt 5.3% Due 12-31-2049	112,000	102,082	100,467
Va Elec & Pwr Co 2.45% Due 12-15-2050	950,000	533,159	586,071
Verizon 4.272% Due 01-15-2036	100,000	119,234	94,390
Verizon Communications 3.55% Due 03-22-2051 Beo	1,125,000	775,597	868,197
Verizon Communications Inc 2.987% 10-30-2056 Usd	679,000	455,091	450,957
Virginia Elec & Pwr Co 4.625% 05-15-2052	625,000	524,468	565,716
Vodafone Group Plc 4.125% Due 06-04-2081	90,000	90,799	77,440
Vodafone Group Plc 7% Due 04-04-2079	450,000	469,355	463,967
Vodafone Group Plc New 4.875% Due 06-19-2049 Reg	500,000	404,385	454,268
Vodafone Group Plc Var Rt 5.125% Due 06-04-2081	675,000	465,979	508,600
Wells Fargo & Co Medium Term 5.013% 04-04-2051	975,000	872,502	927,812
Wells Fargo & Co New 5.95% Due 12-15-2036 Beo	127,000	150,204	130,207
Wells Fargo & Co New 7.625% 12-31-2049	290,000	290,877	303,498
Wells Fargo & Co New 7.95% Due 11-15-2029 Reg	50,000	66,997	55,816
Wells Fargo & Co New Medium Term Sr 4.65% 11-04-2044	1,750,000	1,419,407	1,541,289
Wells Fargo & Co Step Cpn 5.875% Due 12-29-2049	83,000	89,082	82,214
Wells Fargo & Company 5.389% 04-24-2034	650,000	596,641	653,971
Wells Fargo Co 3.9% 12-31-2049	772,000	738,973	713,235
Williams Cos Inc 5.3% Due 08-15-2052	275,000	243,575	267,465
Zoetis Inc 4.7 02-01-2043	1,450,000	1,254,294	1,390,876
Total Corporate and Other Bonds		167,022,703	171,890,867
Equity Securities			
3M Co Com	5,646	745,407	617,220
Abbott Lab Com	32,556	2,735,409	3,583,438
Accenture Plc Cls A	18,482	4,050,313	6,485,518
Acv Auctions Inc Cl A Cl A	21,941	288,445	332,406

Northwell Health Pension Plan

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

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Equity Securities (continued)			
Adecco Group Ag Chf0.1 (Regd)	4,683	\$ 242,059	\$ 229,629
Adobe Inc Com	6,045	2,058,895	3,606,447
Adr Asml Hldg Nv Ny Reg 2012 (Post Rev Split)	4,220	2,632,695	3,194,202
Adr Bayer A G Sponsored Adr	103,685	1,499,046	957,012
Adr Prosus N.V. Adr Naspers Newco-Adr	220,269	1,500,393	1,310,600
Adr Safran Adr	53,729	1,714,171	2,371,060
Adr Taiwan Semiconductor Manufacturing Ads Rep 5 Twd10	14,198	1,322,697	1,476,592
Aena Sme S.A. Eur10	3,958	622,767	717,478
Aercap Holdings N.V. Eur0.01	29,791	1,686,401	2,214,067
Air Liquide(L) Eur5.50	4,042	447,724	786,374
Airbnb Inc Cl A Com Usd0.0001 Cl A	22,714	2,519,456	3,092,283
Akzo Nobel Nv Eur0.50(Post Rev Split)	7,799	570,791	644,586
Alarm Com Hldgs Inc Com	10,287	779,952	664,745
Alaska Air Group Inc Com	4,847	234,660	189,372
Allegiant Travel Co Com	5,671	670,407	468,481
Allison Transmission Holding	10,056	455,018	584,756
Allstate Corp Dep Shs Repstg 1/1000Th Non Perp Pfd Ser	2,248	56,265	60,696
Allstate Corp Depository Shs Repstg 1/1000Th Int Sh Perp Pfd Ser H	2,084	45,263	44,201
Alphabet Inc Cap Stk Usd0.001 Cl C	28,495	1,942,527	4,015,800
Alphabet Inc Capital Stock Usd0.001 Cl A	11,256	1,230,038	1,572,350
Amazon Com Inc Com	31,520	3,129,178	4,789,148
American Express Co	5,641	534,018	1,056,784
American Homes 4 Rent Common Stock	18,125	425,750	651,775
American Tower Corp	8,750	1,621,547	1,888,950
Amn Healthcare Svcs Inc Com	3,717	355,699	278,328
Amphenol Corp New Cl A	6,182	220,774	612,821
Aon Plc	13,917	3,184,856	4,050,125
Aptiv Plc Com Usd	4,120	272,075	369,646
Arch Cap Group Ltd Dep Shs Each Rep 1/1000Th Ncum Pfd Ser G	3,101	60,734	61,740
Arch Capital Group Ltd Non Cum Dep Rep 1/1000 Pfd Ser F	3,341	75,195	79,582
Armstrong World Inds Inc New Com Stk	6,634	514,160	652,254
Arrow Electr Inc Com	1,799	207,214	219,927
Ashland Inc Com Usd0.01	9,139	750,237	770,509
AT&T Inc Dep Shs Repstg 1/1000Th Perp Pfd Ser A 5%	1,342	28,469	28,168
AT&T Inc Dep Shs Repstg 1/1000Th Perp Pfd Ser C 4.75%	1,313	26,313	25,905
AT&T Inc Global Nts 5.35%	3,247	73,455	76,142
Athene Hldg Ltd Dep Shs Repstg 1/100Th Int Perp Non Cum Pref Ser B 5.625%	481	10,105	10,278
Athene Hldg Ltd Depository Sh Repstg 1/1000Th Int Fixed Rate Reset Perp Non	2,894	72,985	73,333
Athene Hldg Ltd Depository Sh Repstg 1/1000Th Int Sh Fxd Rate Perp Non Cum	5,930	133,566	105,554
Athene Hldg Ltd Depository Sh Repstg 1/1000Th Int Sh Fxd Rate Perpetual Non	2,620	66,155	63,456
Automatic Data Processing Inc Com	7,586	1,894,419	1,767,310
Axis Cap Holdings Dep Shs Repstg 1/100Thpfd 5.50% Ser E	3,815	81,634	79,771
Bank Amer Corp	9,196	168,876	177,446
Bank Amer Corp Dep Shs Repstg 1/1000Th Int Non Cum Pfd Ser Hh	3,029	73,048	74,907
Bank Amer Corp Dep Shs Repstg 1/1000Th Int Non Cum Pfd Ser Kk %	4,291	98,436	98,735
Bank Amer Corp Depository Sh Repstg 1/1000Th Int Pfd Ser Gg	1,073	25,272	26,631

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

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Equity Securities (continued)			
Bank Amer Corp Depositary Shs Repstg 1/1000 Pfd Ser Pp	5,294	\$ 93,447	\$ 97,409
Bank Amer Corp Depositary Shs Repstg 1/1000Th Int Non Cum Pfd Ser Nn	5,338	97,738	103,770
Bank Amer Corp Depositary Shs Repstg 1/1000Th Int Shs Non Cumulative Pfd Stk	2,948	59,572	63,470
Bank Ozk Com	6,140	223,694	305,956
Bankunited Inc	4,642	139,680	150,540
Becton Dickinson & Co Com	11,174	3,047,532	2,724,556
Blackline Inc Com	8,562	805,779	534,611
Blackstone Inc Com Usd0.00001	22,861	2,196,771	2,992,962
Bok Finl Corp Com New	5,853	402,930	501,309
Borg Warner Inc Com	2,840	92,651	101,814
Boston Scientific Corp Com	24,865	949,444	1,437,445
Brenntag Se Npv	4,373	236,975	402,005
Bright Horizons Fa Com Usd0.001	911	60,036	85,852
Brighthouse Finl Depositary Sh Repstg 1/1000Th Non Cum Pfd Ser C	2,714	69,553	50,019
Brighthouse Finl Inc Com	1,238	54,560	65,514
Broadridge Finl Solutions Inc Com Stk	6,166	1,090,731	1,268,654
Brookfield Brp Hldgs Cda Inc	3,986	81,447	64,573
Brown & Brown Inc Com	1,406	42,687	99,980
Bullion Riv Gold Corp Com Stk	94,800	–	199
Burberry Group Ord Gbp0.0005	25,417	534,733	458,806
Cable One Inc Com	920	770,611	512,062
Cal Maine Foods Inc Com New Stk	11,632	491,910	667,560
Canadian Natl Ry Co Com	9,978	733,856	1,253,536
Canadian Pac Kans City Ltd	18,559	1,056,158	1,467,274
Capital One Finl Corp Com	12,776	1,152,799	1,675,189
Carlsberg Ser'B'Dkk20	3,319	377,022	416,476
Carmax Inc Com	2,566	148,762	196,914
Carrier Global Corporation Com Usd0.01 Wi	4,249	104,152	244,105
Cbiz Inc Com	3,988	209,161	249,608
CCC Intelligent Solutions Hldgs Inc Com	45,017	427,656	512,743
Cdw Corp Com	6,815	1,390,605	1,549,185
Cellnex Telecom Sa Eur0.25	14,643	530,403	576,814
Certara Inc Com	13,830	420,167	243,269
Champion Homes Inc	4,202	218,725	312,040
Charter Communications Inc New Cl A Cl A	1,101	357,684	427,936
Check Pt Software Technologies Ordils.01	6,238	640,255	953,104
Chemed Corp New Com	900	444,106	526,275
Chipotle Mexican Grill Inc Com Stk	1,306	1,842,728	2,986,769
Chs Inc Cum Redeemable Pfd 7.5% Cl B Ser4	263	7,128	6,648
Chs Inc Pfd Cl B Ser 2 Reset Rate	3,264	84,910	81,502
Ciena Corp Com New	9,543	405,294	429,530
Civitas Res Inc Com	3,243	175,831	221,756
Coca Cola Co Com	27,810	1,675,491	1,638,843
Cognex Corp Com	8,940	409,882	373,155
Cognizant Tech Solutions Corp Cl A	10,967	737,318	828,337
Comcast Corp New-Cl A	83,686	3,303,636	3,669,631

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Equity Securities (continued)			
Comp.Fin.Richemont Chfl (Regd)	9,196	\$ 801,387	\$ 1,264,702
Compass Group Ord Gbp0.1105	16,383	275,043	448,193
Conocophillips Com	28,249	2,956,474	3,278,861
Copart Inc Com	22,083	397,351	1,082,067
Coterra Energy Inc Com	20,984	476,390	535,511
Cubesmart	17,655	561,295	818,309
Danaher Corp Com	24,275	5,184,350	5,615,778
Danone Eur0.25	10,009	688,897	648,792
Davide Campari Mil Eur0.01	20,993	271,014	236,885
Definitive Healthcare Corp Cl A Com Cl Acom	16,751	288,651	166,504
Descartes Sys Group Inc Com	6,624	456,534	556,813
Deutsche Boerse Ag Npv(Regd)	2,100	259,779	432,636
Diageo Ord Plc	39,962	1,362,037	1,454,948
Digitalbridge Group Inc 7.125% Cum Red Perp Pref Stk Ser J	3,500	85,024	80,360
Doubleverify Hldgs Inc Com	12,579	305,774	462,655
Douglas Emmett Inc Com Reit	13,796	335,803	200,042
Ebay Inc Com Usd0.001	11,264	373,092	491,335
Elelevance Health Inc	3,860	1,522,014	1,820,221
Eli Lilly & Co Com	3,948	1,509,611	2,301,368
Emcor Group Inc Com	3,961	498,263	853,318
Energy Recovery Inc Com	12,622	243,596	237,798
Enovis Corporation Com Usd0.001	10,467	590,048	586,361
Ensign Group Inc Com Stk	5,745	496,610	644,646
Enstar Group Limited Com	887	161,610	261,088
Enstar Group Ltd Depositary Sh Repstg 1/1000Th Fixed To Fltg Rate Pref Ser D	3,270	86,842	82,011
Envista Hldgs Corp Com	8,324	208,330	200,275
Equifax Inc Com	9,307	1,596,800	2,301,528
Equitable Hldgs Dep Shs Repstg 1/1000Th Perp Pfd Ser C	2,203	33,009	36,481
Equitable Hldgs Inc	4,341	94,590	92,550
Equity Commonwealth Usd0.01(Bnf Int)	16,578	427,671	318,297
Erste Group Bank Ag Npv	10,667	334,267	432,800
Esab Corporation Com Usd0.001 Wi	5,925	278,304	513,223
Essilorluxottica Eur 0.18	1,615	219,376	323,976
Essity Ab Ser'B'Npv	35,312	850,432	875,980
Estee Lauder Companies Inc Cl A Usd0.01	15,087	3,001,799	2,206,473
Euronet Worldwide Inc Com	2,569	231,616	260,727
Experian Ord Usd0.10	51,995	1,861,550	2,122,389
Exponent Inc Com Stk	5,130	469,739	451,645
Factset Resh Sys Inc Com Stk	941	406,661	448,904
Fidelity Natl Information Svcs Inc Com Stk	10,005	1,167,940	601,000
First Advantage Corp New Com	23,376	319,657	387,340
First Amern Finl Corp Com Stk	4,822	287,094	310,729
First Horizon Corporation Com	10,096	108,255	142,959
Fiserv Inc Com	5,727	661,379	760,774
Five Below Inc Com Usd0.01	4,913	883,857	1,047,255
Five9 Inc Com	4,592	442,155	361,344

Northwell Health Pension Plan

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

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Equity Securities (continued)			
Floor & Decor Hldgs Inc Cl A Cl A	6,357	\$ 587,732	\$ 709,186
Fortune Brands Innovations Inc Usd0.01	1,737	102,212	132,255
Freshpet Inc Com	7,335	829,222	636,384
Gallagher Arthur J & Co Com	9,423	1,697,371	2,119,044
Gates Indl Corp Pl Com Usd0.01	39,798	601,788	534,089
General Elec Co Com New	20,303	1,331,424	2,591,271
Generac Hldgs Inc Com Stk	2,445	213,491	315,991
Gentex Corp Com	24,742	531,960	808,073
Glaukos Corp Com	5,080	363,282	403,809
Globant Sa Usd1.20	4,656	941,045	1,108,034
Globus Med Inc Cl A New Com Stk	11,356	602,714	605,161
Godaddy Inc Cl A Cl A	2,017	152,310	214,124
Gogo Inc Com	11,229	134,663	113,749
Goldman Sachs Group Inc Com	10,322	2,361,398	3,981,917
Goosehead Ins Inc Com Cl A Com Cl A	3,511	327,782	266,133
Graco Inc Com	3,537	145,727	306,870
Grand Canyon Ed Inc Com Stk	11,325	1,117,782	1,495,353
Grid Dynamics Holdings Inc Com Usd0.0001Cl A	17,370	278,751	231,542
Grupo Financiero Banorte S A B De C V	26,064	163,423	262,817
Guidewire Software Inc Com Usd0.0001	3,184	226,181	347,183
Hartford Finl Svcs Dep Shs Repstg 1/1000Th Pfd Ser G 6.00%	798	19,124	19,950
Heineken Nv Eur1.60	32,637	2,976,186	3,314,663
Hermes Intl Npv	162	110,071	343,375
Hillman Solutions Corp Com Usd0.0001 Cl A	47,469	511,312	437,189
Hilton Worldwide Hldgs Inc Com New Com New	7,399	686,464	1,347,283
Honeywell Intl Inc Com Stk	7,808	912,341	1,637,415
Houlihan Lokey Inc Cl A Cl A	8,210	530,281	984,461
Hoya Corp Npv	3,100	167,301	387,554
Illumina Inc Com	12,424	2,843,852	1,729,917
Insperity Inc Com	2,038	237,644	238,894
Intercontinental Exchange Inc Com	25,035	2,882,955	3,215,245
International Money Express Inc Com	9,195	227,812	203,117
Intertek Group Ord Gbp0.01	8,551	469,211	462,848
Intl Flavors & Fragrances Inc Com	11,504	1,310,357	931,478
Intuit Com	6,468	2,197,517	4,042,694
Intuitive Surgical Inc Com New Stk	9,485	1,811,156	3,199,859
Jack Henry & Assoc Inc Com	2,283	358,458	373,065
Jefferies Finl Group Inc Com	5,616	131,432	226,942
Jones Lang Lasalle Inc Com Stk	1,759	254,065	332,222
JPMorgan Chase & Co Dep Shs Repstg 1/400Th Pfd Ser Jj	5,210	102,884	106,805
JPMorgan Chase & Co Dep Shs Repstg 1/400Th Pfd Ser Mm	1,598	29,640	30,377
JPMorgan Chase & Dep Shs Repstg 1/400Th Int Non-Cum Pfd Ser Ll	3,788	75,790	79,093
JPMorgan Chase & Depositary Shs Repstg 1/400Th Int Pfd Ser Dd 5.75%	3,500	87,468	87,500
Julius Baer Gruppe Chf0.02 (Regd)	4,995	193,917	279,824
Kadant Inc Com	2,074	391,111	581,362
Kennametal Inc Cap	27,597	879,347	711,726

Northwell Health Pension Plan

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

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Equity Securities (continued)			
Kinsale Cap Group Inc Com	1,536	\$ 442,260	\$ 514,421
Kirby Corp Com	1,321	75,803	103,672
Kornit Digital Ltd Common Stock	11,227	781,393	215,109
Kubota Corp Npv	48,800	757,299	734,699
Lancaster Colony Corp Com	3,152	517,571	524,461
Lear Corp Com New Com New	1,148	141,894	162,109
Legrand Sa Eur4	9,713	626,951	1,009,642
Liberty Broadband Corp Com Ser C Com Serc	27,855	3,386,597	2,244,834
Liberty Media Corp Del Com Liberty Formula One Ser C	4,298	315,259	271,332
Light & Wonder Inc Com Usd0.001	7,844	437,891	644,070
Lincoln National Corp 9.00% Dep 1/1000Th Int Non Cum Pref D	2,801	70,405	76,439
Linde Plc	4,996	832,245	2,051,907
Live Oak Bancshares Inc Com	14,479	623,386	658,794
Loews Corp Com	2,304	80,619	160,335
London Stock Exchange Group Ord Gbp0.06918604	5,189	513,394	613,469
L'Oreal Eur0.20	3,203	928,922	1,594,487
Lululemon Athletica Inc Com	5,325	1,730,399	2,722,619
Lvmh Moet Hennessy Eur0.30	3,337	1,346,640	2,704,208
Magnite Inc Com	14,450	116,666	134,963
Marketaxess Hldgs Inc Com Stk	1,034	233,805	302,806
Marriott Intl Inc New Com Stk Cl A	8,190	980,688	1,846,926
Marriott Vacations Worldwide Corp Com	6,270	626,260	532,260
Medpace Hldgs Inc Com	3,461	667,032	1,060,900
Medtronic Plc Common Stock	21,917	1,775,397	1,805,522
Merck Kgaa Npv	7,400	923,134	1,177,932
Meta Platforms Inc Com Usd0.000006 Cl 'A'	10,004	1,976,192	3,541,015
Metlife Inc Depositary Sh Repstg 1/1000Th 4.75% Pfd Ser F	1,473	30,560	30,049
Metlife Inc Depositary Shs Repstg Pfd Ser E	955	22,882	23,196
Microchip Technology Inc Com	5,115	191,053	461,270
Microsoft Corp Com	36,652	7,094,186	13,782,618
Mid-Amer Apt Cmnty Inc Com	1,937	242,962	260,449
Moodys Corp Com	2,894	973,273	1,130,280
Morgan Stanley	3,716	66,516	70,864
Morgan Stanley Dep Shs Repstg 1/1000 Sh Fixed/Fltg Pfd Stk	1,994	50,261	50,029
Morgan Stanley Dep Shs Repstg 1/1000 Sh Non-Cum Pfd Stk Ser K 5.85%	3,314	82,678	80,265
Morgan Stanley Dep Shs Repstg 1/1000 Sh Non-Cumulative Pfd Stk Ser P %	1,573	40,247	41,165
Morgan Stanley Dep Shs Repstg 1/1000Th Int Pfd Ser F Fxd To Fltg	3,200	81,048	80,064
Morgan Stanley Depositary Sh Repstg 1/1000Th Pfd Ser I Fixed To Fltg Non	3,635	92,793	90,002
Morgan Stanley Depositary Shs Repstg 1/1000Th Pfd Ser L %	855	17,217	19,288
Mr Cooper Group Inc Com Usd0.01	10,366	217,095	675,033
Msci Inc Com Usd0.01	2,136	1,098,514	1,208,228
Mtu Aero Engines A Npv (Regd)	1,486	235,695	320,504
Neogen Corp Com	9,875	385,298	198,586
Nestle Sa Chf0.10(Regd)	13,229	1,074,206	1,532,655
Netflix Inc Com Stk	13,269	4,343,032	6,460,410
Nike Inc Cl B	4,314	301,694	468,370

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

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Equity Securities (continued)			
Nisource Inc Dep Shs Repstg 1/1000Th Perp Pfd Ser B & Ser B-1	3,476	\$ 90,609	\$ 86,760
Nvidia Corp Com	8,475	972,602	4,196,989
Nvr Inc Com Stk Usd0.01	120	390,333	840,054
Occidental Petroleum Corp	16,905	1,045,745	1,009,397
Olympus Corp Npv	57,100	877,187	826,447
Omnicom Group Inc Com	2,388	152,357	206,585
Openlane Inc	48,250	703,889	714,582
Option Care Health Inc Com New Com New	11,081	358,179	373,318
Oracle Corp Com	12,822	585,576	1,351,823
Orthopediatrics Corp Com	4,728	267,538	153,707
Otis Worldwide Corp Com Usd0.01 Wi	19,314	1,404,537	1,728,023
Paycor Hcm Inc Com	18,128	441,638	391,383
Paylocity Hldg Corp Com	3,963	716,373	653,300
Paypal Hldgs Inc Com	3,478	223,616	213,583
Pennant Group Inc	11,746	351,019	163,504
Penske Automotive Group Inc Com Stk	3,882	216,752	623,099
Pernod Ricard Npv Eur 1.55	16,550	2,862,584	2,920,542
Philip Morris Intl Com Stk Npv	48,639	4,583,963	4,575,957
Phreesia Inc Com	8,021	390,718	185,686
Post Hldgs Inc Com Stk	9,973	658,462	878,222
Power Integrations Inc Com	5,977	483,334	490,771
Powerschool Hldgs Inc Cl A Com Cl A Com	14,673	329,793	345,695
Ppg Ind Inc Com	5,615	653,549	839,723
Primerica Inc Com	6,968	629,261	1,433,735
Privia Health Group Inc Com	19,664	529,223	452,861
Procter & Gamble Com Npv	12,699	1,939,002	1,860,911
Progress Software Corp Com	2,961	173,150	160,782
Progyne Inc Com	10,822	504,515	402,361
Public Storage Dep Shs Repstg 1/1000 Cumpfd Sh Ben Int Ser K 4.75%	1,634	30,132	35,196
Public Storage Dep Shs Repstg 1/1000 Pfd	716	11,564	12,995
Public Storage Depos Shs Repstg 1/1000Th	750	11,720	13,402
Quidelortho Corporation Com Usd0.001	7,077	537,577	521,574
Rayonier Inc Reit	14,209	461,677	474,722
Rb Global Inc Com Npv	13,080	772,413	874,921
Reckitt Benck Grp Ord Gbp0.10	59,896	4,345,150	4,138,464
Red Rock Resorts Inc Cl A Cl A	23,546	656,854	1,255,708
Regal Rexnord Corporation Com Stk Usd0.01	5,410	701,382	800,788
Regions Finl Corp Depositary Shs Repstg 1/40Th Perp Pfd Ser C Fixed/Fltg	3,181	63,859	67,787
Reins Group Amer Sub Deb Fixed Rate Reset	2,322	58,643	60,557
Relx Plc	54,739	1,792,586	2,170,197
Relx Plc Ord Gbp0.1444	14,260	466,363	564,247
Renaissance Re Hldgs Ltd Com	1,858	312,719	364,168
Renaissancere Depositary Sh Repstg 1/1000 Int Pfd Ser F %	1,296	31,114	30,961
Renaissancere Holdings Ltd	3,745	65,641	64,488
Reorg Laboratory Corp Exchange 2W12Ad4Laboratory Corp 05/20/2024	2,703	407,348	614,364
Reorg Model Merger 06-27-2024	12,116	407,664	326,283

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

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Equity Securities (continued)			
Reorg Wns Exchange Wns '2U13A54 03-27-2024	5,270	\$ 320,835	\$ 333,064
Reorg/Athene Change Athene 0001F1Eac1 01-02-2024	3,054	72,048	68,653
Reorg/Cooper Cos Exchange Cooper 2V19Ac4 02-20-2024	1,861	432,545	704,276
Repligen Corp Com Stk Usd0.01	2,284	351,816	410,663
Rexford Indl Rlty Red Pfd Ser B 5.875%	3,500	90,335	82,320
Roche Hldgs Ag Genusscheine Npv	5,847	1,661,082	1,698,558
Rolls Royce Hldgs Ord Gbp0.20	194,664	448,507	743,728
Roper Technologies Inc	3,726	1,861,395	2,031,303
Royal Dutch Shell Plc Sponsored Adr Repstg Ord Sh	40,884	2,378,758	2,690,167
Ryman Hospitality Pptys Inc Com	4,161	352,713	457,959
S&P Global Inc Com	6,088	1,447,123	2,681,885
Samsung Electronic Gdr	605	570,997	906,290
Sanmina Corp Com	4,792	158,432	246,165
Sap Se	28,828	4,043,995	4,441,719
Sap Se-Sponsored Adr	10,816	1,465,456	1,672,045
Sce Tr V Fxd/Fltg Rate Tr Pfd Secs	4,455	106,392	108,434
Sce Tr Vi 5% Tr Pref Secs	4,000	98,465	81,880
Schneider Electric Eur4.00	11,549	1,105,930	2,319,077
Schwab Charles Corp Com New	24,616	1,294,244	1,693,580
Sensata Technologies B V Holding	7,241	307,501	272,044
Servicenow Inc Com Usd0.001	5,474	2,808,995	3,867,326
Simpson Mfg Inc Com	3,465	310,900	686,000
Sixth Str Specialty Lending Inc Com	16,523	313,869	356,896
Sonova Holding Ag Common Stock	1,575	342,390	513,491
Sps Comm Inc Com	5,599	628,672	1,085,310
Squarespace Inc Cl A Cl A	12,351	466,298	407,706
SS&C Technologies Hldgs Inc Com	27,338	1,312,931	1,670,625
Steris Plc Ord Usd0.001	4,546	1,034,158	999,438
Stevanato Group S.P.A. Com Npv	12,287	362,400	335,312
Stifel Finl Corp Com	2,733	161,937	188,986
Strategic Ed Inc	6,561	677,276	606,039
Stryker Corp	2,092	311,885	626,470
Td Synnex Corporation Com Usd0.001	3,335	286,263	358,879
Telephone & Data Sys Inc	522	13,135	8,017
Thermo Fisher Scientific Inc Com Usd1	9,793	3,023,180	5,198,026
Truist Finl Corp Dep Shs Repstg 1/1000Thnon Cum Perp Pfd Ser R	1,522	27,985	30,622
U S Physical Therapy Com	3,457	387,297	321,984
Uber Technologies Inc Com Usd0.00001	22,481	1,204,787	1,384,155
Ubs Group Ag Usd0.10 (Regd)	51,228	792,929	1,588,606
Udr Inc Com Stk	10,242	408,258	392,166
UGI Corp New Com	11,590	448,518	285,114
Union Pac Corp Com	4,060	746,739	997,217
United Parcel Svc Inc Cl B	3,978	438,851	625,460
Unitedhealth Group Inc Com	3,982	989,912	2,096,402
Unvl Music Group Eur10.00	20,608	541,027	587,555
Us Bancorp 4% Dep Shs Rep 1/1000 Int Pfdser M	2,182	32,366	38,228

Northwell Health Pension Plan

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

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Equity Securities (continued)			
Us Bancorp Del Dep Shs Repstg 1/100Th Perp Pfd Ser A	63	\$ 50,488	\$ 51,548
Us Bancorp Del Depository Shs Repstg 1/1000Th Perp Pfd Ser K	2,006	43,391	46,559
Utd Sts Cellular Sr Nt	2,984	74,676	58,038
Vail Resorts Inc Com	674	147,512	143,878
Veralto Corp Com	4,383	377,392	360,545
Visa Inc Com Cl A Stk	43,769	7,308,099	11,395,259
Walt Disney Co	8,927	776,767	806,018
Waters Corp Com	3,262	730,863	1,073,948
Webster Fncl Corp Waterbury Conn Com	13,949	822,579	708,051
Wells Fargo & Co Dep Shs Repstg 1/1000Thint Non Cum Perp Pfd Cl A Ser Cc	4,400	80,117	81,048
Wells Fargo & Co Dep Shs Repstg 1/1000Thperp Int Non Cum Perp Pfd Cl A	8,365	170,011	166,714
Wells Fargo & Co Depository Shs Repstg 1/1000Th Int Perp Pfd Cl A	2,000	50,713	50,180
Wells Fargo & Co Depository Shs Repstg 1/1000Th Int Perp Pfd Ser Aa	7,422	140,517	148,811
Wells Fargo & Co New Com Stk	49,311	1,884,420	2,427,253
Wells Fargo & Co New Dp Shs Rep 1/1000Thint Ncum Pfd Cl A Dd	7,327	126,444	130,274
Wesco Intl Inc Com	8,160	503,368	1,418,860
Wesco Intl Inc Depository Shs Repstg 1/1000Th Fixed Rate Reset Cum Perp Pfd	3,917	119,309	103,487
Whitbread Ord Gbp0.76797385	8,083	348,701	376,721
Wiley John & Sons Inc Cl A	5,396	163,754	171,269
Willis Towers Watson Plc Com Usd0.000115	5,904	1,277,728	1,424,044
Willscot Mobile Mini Hldgs Corp Com	11,888	396,598	529,016
Wolverine World Wide Inc Com	11,194	277,220	99,514
Woodward Inc Com	7,649	852,667	1,041,258
Workiva Inc Com Cl A Com Cl A	7,979	766,919	810,107
Wpp Plc Ord Gbp0.10	42,910	657,278	411,903
Wyndham Hotels & Resorts Inc Com	7,241	443,319	582,248
Zoetis Inc Com Usd0.01 Cl 'A'	3,994	747,449	788,295
Total Equity Securities		266,930,151	341,251,501
Fixed Income Mutual Funds			
MFC Blackrock Mun Income Tr Ii Com	121	1,297	1,292
MFC Blackrock Mun Income Tr Sh Ben Int	91	930	916
MFC Blackrock Mun Qual Tr	105	1,165	1,177
MFC Blackrock Muni Income Fd Inc Com	326	3,795	3,794
MFC Blackrock Munihldgs Nj Qlty Fd Inc Com Stk Usd0.1	6,282	89,061	71,677
MFC Blackrock Muniholdings Calif Qualityfd Inc Com	165	1,809	1,836
MFC Blackrock Muniholdings Fd Inc Com	2,660	41,813	31,680
MFC Blackrock Munivest Fd Inc Com	182	1,266	1,295
MFC Blackrock Muniyield Fd Inc Com	76	813	819
MFC Blackrock Muniyield Quality Fd Ii Inc Com	3	39	31
MFC Dws Municipal Income Trust	1,708	19,989	15,184
MFC Invesco Pennsylvania Value Municipal income Trust	1,796	23,707	17,960
MFC Nuveen Enhanced Amt-Free Muni Fd Com Usd0.01	201	2,391	2,375
MFC Nuveen Municipal Credit Income Fund Com Usd0.01	392	4,646	4,633
MFC Pioneer Mun High Income Advantage Fdinc	1,605	17,350	12,872
MFO Pimco Preferred And Capital Security Fund	3,592,898	36,556,007	31,797,150
Total Fixed Income Mutual Funds		36,766,078	31,964,691

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

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Commingled Fixed Income Funds			
CF Loomis Sayles Strategic Alpha Tr Nhit-CI B 669(North Shore Univ Hosp)Fd	3,980,054	\$ 49,594,182	\$ 58,745,599
CF WTC-CIF Ii Securitized Opportunities Portfolio	6,870,049	67,635,374	66,364,671
OHA Diversified Credit Strategies Fund (Parallel) Lp	25,905,000	25,905,000	45,659,792
WTC CIF2 Markets Dbt Ser 1 FD	10,308,132	105,573,527	91,845,454
Total Commingled Fixed Income Funds		248,708,083	262,615,516
Equity Mutual Funds			
MFO Artisan Fds Inc Intl Value Fd Instl Shs	853,777	28,617,093	39,239,586
MFO Bny Mellon Strategic Fds Inc Intl Stk Fdcl I	599,741	10,190,867	14,255,853
MFO Dodge & Cox Stock Fd Open End Fd	259,530	46,641,550	63,208,572
MFO JPMorgan Tr I Emerging Mkts Equity Fd CI R6	1,484,843	60,041,369	44,070,137
Total Equity Mutual Funds		145,490,879	160,774,148
Commingled Equity Funds			
CF Baillie Gifford Intl Growth Fund Class 3	2,078,723	26,850,555	26,004,827
Champlain Small Cap Fund	2,959,986	2,959,986	24,519,670
Global Alpha International Small Cap Fund Lp	27,200,000	27,200,000	27,142,445
JPMCB Na As Trustee Of The Commingled Pension Trust Fund	70,800,000	70,800,000	77,931,924
Total Commingled Equity Funds		127,810,541	155,598,866
Common Collective Trusts			
Jennison Growth Equity Fund	4,578,848	28,882,759	62,481,621
Total Common Collective Trusts		28,882,759	62,481,621
Funds of Hedge Funds			
1788 Paumanok Fund A Llc	123,143,670	123,143,669	193,660,184
BPIF Non-Taxable L.P.	101,301,472	101,301,471	197,086,839
Cash Held At Tenaron	106,140	106,140	106,140
Total Funds of Hedge Funds		224,551,280	390,853,163
Hedge Funds			
Cash Held Elsewhere CF Rohatyn Funds	94	94	94
CF Rohatyn Gl Cl A S12 D1 Fd	4	4,159	3,142
CF Rohatyn Gl S15 A1 Nh1 Fd	66	65,910	–
CF Rohatyn Glb S6 S2 A1 Fd	8	8,370	9,959
CF Rohatyn Glb S8 A1 Fd	4	3,629	3,564
CF Rohatyn Global Opportunity Cash Reserve April 2011 Fund	1	990	1,231
CF Rohatyn Global Opportunity Cash Reserve Nov 2012 Fund	1	355	967
Total Hedge Funds		83,507	18,957
Private Equity Funds			
Adams Street Global Opportunities Secondary Fund 5	1,796,986	1,796,986	2,249,249
Antler Global Access Fund, Scsp	3,000,000	3,000,000	2,301,434
Antler Global Fund, Scsp	3,974,956	3,974,955	2,683,703
Apollo Natural Resource Partners II Lp	4,833,174	4,833,173	2,148,507
Arctos Sports Partners Fund I Feeder, Lp	12,252,693	12,252,693	15,011,200

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Private Equity Funds (continued)			
Arctos Sports Partners Fund Ii Feeder, Lp	3,257,839	\$ 3,257,839	\$ 3,193,440
Blumberg Capital V, Lp	10,608,000	10,608,000	9,605,930
Builders Vc Fund II, Lp	9,056,250	9,056,250	9,292,948
Centerbridge Special Credit Partners, L.P.	713,770	713,770	13,626
Checkerspot, Inc. Cag7030	4,000,000	4,000,000	4,000,000
Clarion Investors III, Lp	6,923,839	6,923,839	8,647,614
Consonance Private Equity II, L.P.	7,921,096	7,921,096	9,901,161
Consonance Private Equity Lp	2,277,417	2,277,417	10,041,308
Crv Select Fund II, Lp	2,388,750	2,388,750	2,115,005
CRV XIX, Lp	4,095,000	4,095,000	3,470,259
Cure Ventures Fund I, L.P.	1,081,718	1,081,718	575,220
Digital Alpha Fund II-A Lp	11,964,275	11,964,274	13,832,298
Enervest Energy Institutional Fund Xiv-C	3,349,711	3,349,710	4,626,998
Harbourvest Partners Ix Fund Lp	4,537,762	4,537,762	8,004,063
JFL Equity Investors IV, Lp	3,427,472	3,427,471	4,249,988
JFL Equity Investors V, Lp	12,098,502	12,098,501	18,712,193
JFL Equity Investors VI, Lp	1,489,257	1,489,256	1,794,098
Lead Edge Capital VI, Lp	7,861,455	7,861,454	8,091,615
M13 Ventures III, Lp	6,825,000	6,825,000	6,555,815
Marcy Venture Partners Fund II, Lp	6,247,500	6,247,500	5,264,991
Medina Capital Fund II, LLC	15,278,163	15,278,163	97,555
Medina Capital Fund Lp	53,398	53,398	2,258
Morpheus Ventures II, Lp	6,457,500	6,457,500	5,597,114
Patient Square Equity Partners-A, Lp	5,037,306	5,037,306	5,720,312
Pine Brook Capital Partners II, Lp	7,682,368	7,682,367	6,411,111
PSC Spark Coinvest, Lp	7,769,397	7,769,397	7,693,752
QED Fund VII, Lp	2,776,883	2,776,883	2,666,605
QED Growth Fund, Lp	5,631,925	5,631,925	5,648,842
RCP Fund VII Feeder, Ltd	219,214	219,213	158,365
RCP Fund VIII	747,591	747,591	789,393
Reverence Capital Partners Opportunitiesfund II, Lp	8,114,790	8,114,790	18,554,437
Reverence Capital Partners Opportunitiesfund V-A (Pe Fund Iii), Lp	7,419,997	7,419,997	7,461,075
Rivet Digital Spv I, Lp	1,236,000	1,236,000	2,164,939
Sk Capital Partners V-B, Lp	12,516,403	12,516,402	15,454,435
Sk Capital Partners Vi-B, Lp	5,963,347	5,963,347	11,446,168
Stepstone Vc Early Stage Ii	5,461,212	5,461,212	5,723,007
Sweetwater III A Lp	6,060,000	6,060,000	8,940,888
Sweetwater Private Equity III Lp	10,248,597	10,248,597	13,367,238
Sweetwater Secondaries Fund II Lp	6,826,639	6,826,639	12,354,015
TCG Labs Fund I Lp	310,000	310,000	246,958
TCV IX Lp	6,051,360	6,051,359	7,662,200
TCV VIII (A) Lp	6,338,143	6,338,142	9,404,079
Tenaya Capital VII Lp	5,755,036	5,755,036	18,280,641
Trident IX, L.P.	9,744,626	9,744,625	10,731,719
Trident VII, L.P.	11,946,222	11,946,221	24,714,949
Trident VIII, L.P.	16,287,012	16,287,012	22,533,174
True Ventures VIII, Lp	2,760,000	2,760,000	2,433,118
Tuatara Capital Fund II, Lp	13,517,485	13,517,484	4,507,670

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Private Equity Funds (continued)			
Welsh, Carson, Anderson & Stowe XII, Lp	4,401,742	\$ 4,401,742	\$ 7,294,657
Total Private Equity Funds		328,594,762	394,443,337
Private Credit Funds			
Cross Ocean Aviation Fund I Cayman Feeder Lp-Usd	4,979,999	4,979,999	7,039,883
Fortress Msr Opportunities Fund Ii A Lp	36,460	36,460	276,330
Golub Capital Partners International 10,L.P.	7,978,931	7,978,931	8,353,264
IGCF IV Feeder-E, Lp	15,124,515	15,124,514	19,072,032
Invictus Opportunity Feeder III Co-Invest, Lp	13,044,032	13,044,032	13,673,045
Invictus Opportunity Fund II, L.P.	34,557,266	34,557,266	30,444,284
Invictus Opportunity Fund III, Lp	10,576,627	10,576,627	8,641,910
Marathon Secured Private Strategies Offshore Fund II Lp	18,550,325	18,550,324	24,921,576
Total Private Credit Funds		104,848,153	112,422,324
Private Real Estate Funds			
1370 Fund - Usra Net Lease III, LLC	7,553,082	7,553,082	7,304,584
1370 Fund - Usra Net Lease IV LLC	5,183,214	5,183,213	5,024,797
1370 Fund- Usra Net Lease II, LLC	7,346,564	7,346,563	6,930,272
Argosy Arep V Feeder, Lp	4,200,000	4,200,000	4,250,611
Blackstone Real Estate Partners Europe VIP	7,669,082	7,669,081	5,120,613
Cabot Industrial Value Fund VII, Lp	1,373,000	1,373,000	1,373,000
Cerberus Institutional Real Estate Partners III Lp	1	1	3,057,820
Cirep IV Institutional Feeder, Lp	6,705,248	6,705,248	6,728,655
Crossharbor Institutional Partners 2014 Lp	400,080	400,079	265,168
Crossharbor Institutional Partners 2018,Lp	4,899,962	4,899,961	6,401,251
Crossharbor Institutional Partners 2021 Lp	6,231,214	6,231,213	6,737,326
Glp Capital Partners IV-A Lp	11,247,082	11,247,082	11,214,298
H.I.G. Realty Partners Iv (Offshore), Lp	10,968,340	10,968,339	11,255,797
Madison International Real Estate Liquidity Fund VI Lp	5,795,485	5,795,485	7,129,758
Oaktree Real Estate Opportunities Fund VI Lp	405,123	405,123	990,219
Oaktree Real Estate Opportunities Fund Vlp	483,026	483,025	47,853
Sabal SSO Fund (Cayman), Lp	6,124,646	6,124,645	5,505,025
SROA Capital Fund IX, Lp	334,018	334,017	188,010
Torchlight Debt Fund VIII, Lp	1,250,000	1,250,000	1,146,518
True North Real Estate Fund LII, Lp	4,360,190	4,360,189	2,342,572
Wheelock Street Real Estate Fund VII, L.P.	2,822,864	2,822,864	2,583,706
Total Private Real Estate Funds		95,352,210	95,597,853
Convertibles			
Banco Bilbao Vizcaya 6.5% 12-31-2040	200,000	188,330	196,308
Banco Santander S A 9.625% 12-31-2049	200,000	200,000	218,500
Barclays Plc 8% Due 12-31-2049 Beo	200,000	200,000	196,282
Barclays Plc 9.625% 12-31-2049	200,000	200,000	207,750
HSBC Hldgs Plc 6.375% Due 03-29-2049	200,000	186,425	197,448
HSBC Hldgs Plc 8.0% 12-31-2049	200,000	200,000	205,857
Ing Groep N V 5.75% 12-31-2049	200,000	222,060	186,706
Ing Groep N V 6.5% Due 12-31-2049	200,000	223,860	194,777

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Convertibles (continued)			
Ing Groep N.V. 4.875%-Frn Perp Usd200000	200,000	\$ 155,650	\$ 166,040
Ing Groep Nv Co Co 7.5% 31/12/2049	200,000		200,169
Lloyds Banking Group Plc Formerly Lloyds 7.5% 12-31-2049	200,000	198,580	195,858
Natwest Group Plc 6% Due 12-31-2049 Reg	200,000	224,960	193,361
PVTPL Bnp Paribas 4.625% Due 12-31-2049 Beo	200,000	165,250	161,095
PVTPL Bnp Paribas 7.75% Due 12-30-2049 Beo	400,000	400,000	408,308
PVTPL Bnp Paribas 9.25% Due 12-31-2049 Beo	400,000	415,500	427,746
PVTPL Credit Agricole Sa 4.75% Due 12-31-2049 Beo	200,000	166,575	169,659
PVTPL Nordea Bk Abp Med Term Nts Book 6.625% 12-31-2049	200,000	214,620	197,746
PVTPL Societe Generale 10.0% 12-31-2049	200,000	200,000	213,702
PVTPL Standard Chartered Plc 4.75% 12-31-2049	200,000	156,080	163,092
PVTPL UBS Group Ag 4.375% Due 12-31-2049	200,000	144,000	157,955
PVTPL UBS Group Ag 9.25% 12-31-2049	200,000	392,460	414,408
PVTPL UBS Group Ag Tier 1 Cap Nt 4.875% 12-31-2049	200,000	179,000	180,144
Royal Bk Scotland Group Plc Perpetual Var Rt Due 12-29-2049 Reg	200,000	223,030	200,639
UBS Group Ag Co Co 5.125% 31/12/2049	200,000	219,732	189,621
Total Convertibles		5,276,112	5,243,171
Participant Directed Investments			
50% Artisan/50% BNY Mellon International Opt.		**	101,825
50% Champlain/50% Diamond Hill Sm Cap Opt		**	16,963
50% Diamond Hill/50%Dodge & Cox Large Value Opt.		**	144,722
50% Dodge & Cox/50% Allspring Core Bond Option		**	1,399
50% Edgewood Large Cap Growth Option		**	327,900
50% Harbor Large Cap Growth Option		**	348,891
JPMorgan Emerging Mkts Eq R6		**	897
Principal Gl Real Estate Sec Inst		**	4,047
State Street instl US Govt Money Market Premier		**	30,727
Vanguard Ext Mkt Idx Instl Plus		**	12,984
Vanguard Federal Money Market		**	190,756
Vanguard Instl Index Instl Plus		**	141,395
Vanguard Target Retrmnt 2020		**	3,689
Vanguard Target Retrmnt 2025		**	3,138
Vanguard Target Retrmnt 2030		**	1,471
Vanguard Target Retrmnt 2035		**	4,197
Vanguard Target Retrmnt Inc		**	40,867
Vanguard Total Bd Mkt Idx Inst Plus		**	58,232
Vanguard Wellington Adm		**	75,829
Total Participant Directed Investments			1,509,929
Total Investments		\$ 2,160,678,902	\$ 2,726,893,070

* Indicated party in-interest to the Plan.

** Cost information has not been presented since these investments are directed by the participants

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

Schedule H, Line 4(j) – Schedule of Reportable Transactions

Year Ended December 31, 2023

Identity of Party Involved	Description of Asset	Purchase Price (a)	Selling Price (a)	Cost of Asset	Net Gain (Loss)
Category (i) – Single of transactions in excess of 5% of Plan assets					
Northern Trust Corporation*	MFB Northern INSTL FDS Govt Select Portfolio:				
	Purchases	\$ 159,496,932	\$ –	\$ 159,496,932	\$ –
Northern Trust Corporation*	MFB Northern INSTL FDS U.S. Govt Select Portfolio:				
	Purchases	203,000,000	–	203,000,000	–
	Sales	–	202,911,203	202,911,203	–
Category (iii) – Series of transactions in excess of 5% of Plan assets					
Northern Trust Corporation*	MFB Northern INSTL FDS Govt Select Portfolio:				
	Purchases	237,112,078	–	237,112,078	–
	Sales	–	265,883,461	265,883,461	–
Northern Trust Corporation*	MFB Northern INSTL FDS U.S. Govt Select Portfolio:				
	Purchases	890,973,843	–	890,973,843	–
	Sales	–	787,346,156	787,346,156	–
Northern Trust Corporation*	MFO Doubleline Total Return Bond Fund-I:				
	Purchases	11,455,808	–	11,455,808	–
	Sales	–	99,792,091	125,147,654	(25,355,563)

There were no category (ii) or (iv) reportable transactions for the year ended December 31, 2023. Lease rental and expenses incurred with transaction columns not applicable.

^(a) Equals current value of asset on transaction date.

** Indicates party-in-interest to the Plan.*

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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2023

Number and average plan compensation limited by IRC §401(a)(17) distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹									
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over
Under 25	48	85	5	0	0	0	0	0	0	0
	94,022	92,651	-	-	-	-	-	-	-	-
25-29	89	848	612	6	0	0	0	0	0	0
	85,532	72,382	86,020	-	-	-	-	-	-	-
30-34	63	1000	2014	393	4	0	0	0	0	0
	63,408	60,266	85,421	102,807	-	-	-	-	-	-
35-39	38	654	1916	936	241	5	0	0	0	0
	58,846	58,055	105,186	105,328	112,598	-	-	-	-	-
40-44	43	423	1430	887	504	123	1	0	0	0
	57,441	67,325	124,715	125,493	118,088	107,961	-	-	-	-
45-49	21	304	1145	786	526	358	57	4	0	0
	33,109	67,620	114,967	137,539	117,693	119,431	124,834	-	-	-
50-54	32	265	926	697	571	426	170	89	2	0
	22,517	63,635	114,089	112,255	121,870	131,872	127,999	122,018	-	-
55-59	50	239	894	713	579	481	238	295	94	1
	11,013	70,726	111,491	105,838	113,878	126,145	116,299	132,520	131,783	-
60-64	41	201	769	587	507	438	252	256	203	53
	3,756	87,349	104,391	109,521	113,443	127,955	117,744	126,261	142,533	149,486
65-69	19	95	371	334	265	247	128	134	83	85
	-	104,674	128,002	128,895	118,784	137,157	117,379	130,732	139,472	139,569
70 & over	4	29	148	134	91	107	53	44	26	39
	-	129,032	126,824	151,930	113,122	152,850	129,763	148,660	123,674	123,302
Average:	Age	47.96								
	Service	11.73								

Census data as of January 1, 2023

Excludes 406 participants that have no liability under the plan. Average plan compensation includes active employees not currently accruing future plan benefits with zero compensation reflected.

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Northwell Health Pension Plan
 EIN / PN: 11-3418133/006
 Plan Sponsor: Northwell Health, Inc.
 Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2023 Number and average account balances distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ²									
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over
Under 25	4	140	22							
		3,850	5,804							
25-29	9	826	913	15						
		6,704	12,441							
30-34	17	813	2,027	544	10					
		7,275	14,836	25,395						
35-39	10	523	1,756	871	314	16				
		8,374	20,661	29,438	41,347					
40-44	23	359	1,275	824	464	160	2			
	6,068	10,031	23,638	38,868	46,676	52,265				
45-49	12	259	990	672	467	342	69	6		
		10,587	22,786	44,317	51,062	61,720	73,319			
50-54	33	222	860	609	467	369	172	127	7	
	25,456	10,920	22,144	38,746	53,763	72,719	83,728	89,930		
55-59	45	201	835	576	474	412	196	249	136	2
	49,831	12,224	22,650	37,320	52,782	76,099	85,257	91,697	108,107	
60-64	38	149	613	493	407	349	193	195	135	71
	42,976	15,380	21,982	38,071	54,499	82,138	92,447	110,821	132,437	132,792
65-69	13	71	297	258	170	172	94	79	64	71
		12,742	28,142	47,362	60,932	83,831	105,072	133,244	151,281	162,731
70 & over	2	23	115	87	65	74	40	33	22	28
		18,308	28,534	58,765	56,561	111,301	98,515	195,628	229,755	178,302
Average Age			46.82	Average Service			11.58			

² Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Northwell Health Pension Plan
 EIN / PN: 11-3418133/006
 Plan Sponsor: Northwell Health, Inc.
 Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	80,191,332	16,582,727	92,351,345	189,125,404
2024	48,469,731	10,415,460	90,201,420	149,086,611
2025	51,953,844	11,131,181	87,929,305	151,014,330
2026	58,670,224	11,976,788	85,528,611	156,175,623
2027	61,251,688	15,646,596	83,012,291	159,910,575
2028	63,459,905	14,894,014	80,319,040	158,672,959
2029	67,405,428	16,765,346	77,481,480	161,652,254
2030	69,207,976	17,250,455	74,524,917	160,983,348
2031	69,412,332	16,968,764	71,443,928	157,825,024
2032	69,638,528	19,326,584	68,274,894	157,240,006
2033	70,289,281	18,843,018	65,004,848	154,137,147
2034	71,576,174	20,567,158	61,631,957	153,775,289
2035	72,737,198	21,187,906	58,167,530	152,092,634
2036	75,694,083	19,214,972	54,634,744	149,543,799
2037	76,008,603	20,911,682	51,049,475	147,969,760
2038	77,361,343	21,763,955	47,427,040	146,552,338
2039	79,083,534	22,176,046	43,785,623	145,045,203
2040	80,254,520	22,089,209	40,131,463	142,475,192
2041	81,831,473	21,604,943	36,509,165	139,945,581
2042	80,014,390	23,126,660	32,975,946	136,116,996
2043	82,194,416	24,012,427	29,554,693	135,761,536
2044	82,476,116	22,351,451	26,270,180	131,097,747
2045	81,906,849	23,779,100	23,137,538	128,823,487
2046	81,048,092	23,163,248	20,181,579	124,392,919
2047	80,379,373	22,566,369	17,424,130	120,369,872
2048	80,425,256	22,271,313	14,883,099	117,579,668
2049	78,463,138	22,714,010	12,571,583	113,748,731
2050	76,960,147	21,141,277	10,497,282	108,598,706

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2051	75,435,257	20,847,848	8,661,997	104,945,102
2052	71,207,116	20,163,624	7,061,743	98,432,483
2053	69,855,614	19,121,796	5,687,230	94,664,640
2054	65,974,835	18,014,470	4,524,640	88,513,945
2055	63,539,505	16,847,197	3,556,680	83,943,382
2056	58,628,348	15,745,111	2,763,575	77,137,034
2057	54,169,679	15,014,169	2,124,079	71,307,927
2058	49,901,919	13,182,413	1,616,545	64,700,877
2059	46,635,430	11,770,449	1,219,954	59,625,833
2060	41,104,438	10,603,873	914,642	52,622,953
2061	35,804,533	9,373,767	682,856	45,861,156
2062	32,780,559	8,646,013	509,089	41,935,661
2063	29,874,068	7,906,858	380,207	38,161,133
2064	27,537,975	7,271,676	285,403	35,095,054
2065	25,324,392	6,675,161	216,030	32,215,583
2066	23,361,186	6,119,106	165,344	29,645,636
2067	21,541,026	5,594,073	128,215	27,263,314
2068	19,814,454	5,099,387	100,834	25,014,675
2069	18,174,260	4,634,348	80,426	22,889,034
2070	16,626,048	4,197,899	65,002	20,888,949
2071	15,151,961	3,788,768	53,153	18,993,882
2072	13,744,848	3,405,855	43,885	17,194,588

Plan Name: Northwell Health Pension Plan
 EIN / PN: 11-3418133/006
 Plan Sponsor: Northwell Health, Inc.
 Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

Applicable month	September 2022
Yield curve basis	Segment Rates from Fourth Month Preceding Valuation Date

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
First segment rate	4.75%	1.41%
Second segment rate	5.00%	3.09%
Third segment rate	5.74%	3.58%
Effective interest rate	5.32%	3.28%

Annual rates of increase

Compensation 5.00% in 2023, 4.00% thereafter

Interest crediting rate

Northwell Health formula	3.66%
Northern Westchester Hospital formula	5.18%
Peconic Formula	4.85%

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Lump sum / annuity conversion basis:

Northwell Health and Mather formulas:

Interest rate basis:

Applicable month	September 2022	
Yield curve basis	Segment Rates from Fourth Month Preceding Valuation Date	
Interest rates:	Reflecting Corridors	Not Reflecting Corridors
First segment rate	4.75%	1.41%
Second segment rate	5.00%	3.09%
Third segment rate	5.74%	3.58%
Effective interest rate	5.32%	3.28%

Mortality 2023 IRC §417(e)

Northern Westchester formula (account balance to annuity):

Interest rate 4.58%

Mortality Mortality prescribed by IRS Revenue Ruling 2001-62

Northern Westchester formula (annuity to lump sum):

Basis that results in greater lump sum, 1 or 2:

(1)

Interest rate 4.58%

Mortality Mortality prescribed by IRS Revenue Ruling 2001-62

(2)

Applicable month September 2022

Yield curve basis Segment Rates from Fourth Month Preceding Valuation Date

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
First segment rate	4.75%	1.41%
Second segment rate	5.00%	3.09%
Third segment rate	5.74%	3.58%
Effective interest rate	5.32%	3.28%

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Mortality

2023 IRC §417(e)

Peconic formula:

Interest rate basis:

Applicable month

September 2022

Yield curve basis

Segment Rates from Fourth Month Preceding
Valuation Date

Interest rates:

**Reflecting
Corridors**

**Not Reflecting
Corridors**

First segment rate

4.75%

1.41%

Second segment rate

5.00%

3.09%

Third segment rate

5.74%

3.58%

Effective interest rate

5.32%

3.28%

Mortality

Mortality prescribed by IRS Revenue Ruling 2001-62

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and PBGC 4010 FS.

Actuarial increase basis for late commencement:

Interest rate

7.00%

Mortality

2023 IRC §417(e) projected to year of
decrement using Scale MP-2021

Start date:

Active

Age 70.5 (age 65 if Mather)

Deferred vested

Later of age 65 or date of termination, but no
later than age 70.5

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.

Mortality

Healthy	Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021).
Disabled	Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.
Termination	Rates varying by age

Representative Termination Rates

Percentage leaving during the year	
Attained Age	Rate
25	13.8%
30	11.2%
35	9.4%
40	7.8%
45	7.0%
50	7.0%
55	7.0%
60	7.0%
64	2.4%
65	0.0%

Plan Name:	Northwell Health Pension Plan
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Plan Sponsor:	Northwell Health, Inc.
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SCHEDULE SB ATTACHMENTS

Disability

Rates varying by age and gender

Representative Disability Rates

Percentage becoming disabled during the year		
Age	Males	Females
25	.128%	.098%
30	.165%	.150%
35	.210%	.210%
40	.285%	.300%
45	.390%	.405%
50	.608%	.608%
55	.000%	.000%

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Representative Retirement Rates

Percentage retiring during the year	
Age	Rate
55-59	5.0%
60-61	6.5%
62-64	12.0%
65	20.0%*
66-69	17.0%*
70	100.0%

* 100% for The Long Island Home

Plan Name: Northwell Health Pension Plan
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Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Benefit commencement date:

Preretirement death
benefit

Northwell Health formulas:

The later of the death of the active participant or the date the participant would have attained age 55

Northern Westchester formula and Peconic:

Benefits are assumed to commence immediately upon death

Long Island Home formula:

If the participant has at least ten years of service at the time of death, the later of the death of the active participant or the date the participant would have attained age 55. Otherwise, the later of the death of the active participant or the date the participant would have attained age 65 with five years of service.

Deferred vested benefit

Northwell Health formulas and Peconic Formula:

For participants with a cash balance formula benefit, commencement begins at the later of age 65 with three years of service or termination of employment. For participants without a cash balance formula benefit, commencement begins at the later of age 65 with five years of service or termination of employment.

Northern Westchester formula:

Lump sums are assumed to commence immediately upon termination. Annuities are assumed to commence at age 65

Long Island Home formula:

The later of age 65 with five years of service or termination of employment

Disability benefit

For those employees who are early retirement eligible at the time of becoming disabled, benefits are assumed to commence immediately upon disablement. For all others, commencement is deferred to normal retirement date.

Huntington Hospital, Staten Island and Mather plan formulas do not offer disability benefits and participants that become disabled are assumed to commence consistent with deferred vested benefits as described above.

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Retirement benefit	Participants with a cash balance formula benefit who elect a lump sum are assumed to commence at the later of age 62 and termination of employment. All others eligible for the retirement benefit are assumed to commence immediately upon termination of employment.
Form of payment	65% of eligible cash balance, Plainview NYSNA, Staten Island, Peconic, Northern Westchester and Mather participants are assumed to elect a lump sum. For former employees in the Lenox Hill Hospital Health Services Retirement Plan, the disability benefit is assumed to be paid in the form of an annuity and other benefits are assumed to be paid 35% as an annuity and 65% as a lump sum. All participants that do not elect a lump sum are assumed to elect annuities according to the following percentages:

Peconic

Single:

100% -- life

Married:

65% -- life

35% -- 50% joint annuitant

All other

Single:

90% -- life

10% -- 10-year certain and life

Married:

55% -- life

20% -- 50% joint annuitant

15% -- 100% joint annuitant

10% -- 10-year certain and life

Plan Name:	Northwell Health Pension Plan
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Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Percentage married	80% of participants Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.
Spouse age	Wife three years younger than husband.
Covered pay	Assumed plan compensation for the year beginning on the valuation date was determined as the following: All except Huntington and Northern Westchester: the greater of the prior year's pensionable earnings increased by the salary scale and the current year's annual base pay rate. Huntington: The current year's annual base pay rate. Northern Westchester: For cash balance benefits, prior year's pensionable earnings increased by the salary scale. For prior plan benefit formula, the annual pay rate as of May 1 of the valuation year.
Plan-related expenses	Expected administrative expenses of \$6,760,000 were added to the Target Normal Cost for 2023. Expected expenses are based on the actual non-investment expenses from the prior year, adjusted for the expected change in the PBGC premium amount.
At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the lump sum form of payment for cash balance benefit participants and a joint and survivor form of payment for all other participants.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month. If eligible for an immediate lump sum, the lump sum is paid at decrement. Otherwise, lump sums are deferred to age 62.

Plan Name:	Northwell Health Pension Plan
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Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and the dates 12 and 24 months before the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Plan Name:	Northwell Health Pension Plan
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Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

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Benefits not valued

The plan pays small benefits with a present value up to \$5,000 in a single lump sum payment. In addition, those with a Northwell Health cash balance formula benefit are eligible for a lump sum if the present value is greater than \$5,000 and less than \$10,000. Such lump sums are not explicitly valued as such; rather such benefits are valued using the benefit choice assumptions described above.

The supplemental benefit available to non-union South Shore employees is not valued because annuity contracts were purchased to cover these benefits for all eligible participants.

For active participants accruing future benefits that commence after age 70 ½ we have assumed that additional pay and any applicable interest credits exceed actuarial increases to the accrued benefit.

Sources of Data and Other Information

The plan sponsor through its third party administrator furnished participant data as of January 1, 2023. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. Assumptions were made for missing or inconsistent data elements as documented on June 2, 2023 under separate cover. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Cash balance interest crediting rate

For the Northwell cash balance formula: The plan credits interest to cash balance accounts using the average of the yields on 30-year Treasury bonds during the months of September, October, and November of the prior year. The selected assumption is set equal to the 30-year Treasury rate for the month of December 2022.

For the Northern Westchester Hospital cash balance formula: The plan credits interest to cash balance accounts using the one-year U.S. Treasury Bills for the month of November of the prior year plus 0.5%, but in no event, less than 3.80%. The selected assumption is set equal to the one-year Treasury rate for the month of December 2022.

Plan Name: Northwell Health Pension Plan
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SCHEDULE SB ATTACHMENTS

For the Peconic cash balance formula: The plan credits interest to cash balance accounts using the third unadjusted 24 month average segment rate for the month prior to the valuation date. The selected assumption is set equal to the monthly third segment rate under § 417(e)(3)(D) computed without regard to a 24-month average applicable for the month of December 2022 as provided by the IRS.

After examining historical variability in this rate we believe that the selected assumptions do not significantly conflict with what would be reasonable based on market conditions at the measurement date.

Cash balance annuity
conversion
basis

As required by IRC 430, annuity benefits are valued by converting accounts to annuities using the current IRC 430 interest rates, so that the interest rates assumed are effectively the same as described above for the discount rate, rather than IRC 417(e) rates.

Rate of increase in
compensation

Assumed increases in compensation were based on an experience study conducted in 2018 for the population covered under the former Northwell Health Cash Balance Plan, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. The assumption was revised for expected increases in compensation during 2023 as provided by Northwell Health. We believe that the assumption chosen does not significantly conflict with what would be reasonable based on historical salary increase experience.

Assumptions Rationale - Significant Demographic Assumptions

Healthy mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

Disabled mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

Termination

Termination rates were based on an experience study conducted in 2018 for the population covered under the former Northwell Health Cash Balance Plan, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Disability

Assumed disability rates differ by gender because of expected differences in disability rates by gender with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Plan Name: Northwell Health Pension Plan
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SCHEDULE SB ATTACHMENTS

Retirement	Retirement rates were based on an experience study conducted in 2018 for the population covered under the former Northwell Health Cash Balance Plan, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Form of payment	Percentages of retiring participants assumed to take certain forms of payment were based on an experience study conducted in 2018 for the population covered under the former Northwell Health Cash Balance Plan, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Changes in assumptions since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.

The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by IRC §430.

The lump sum mortality was updated in accordance with Internal Revenue Code IRC §417(e).

The cash balance interest crediting rate for Northwell benefit obligations was changed from 1.98% to 3.66%. The cash balance interest crediting rate for Northern Westchester Hospital benefit obligations was changed from 3.80% to 5.18%. The cash balance interest crediting rate for Peconic benefit obligations was changed from 3.29% to 4.85%.

The salary scale rate was changed from 4% to 5% for 2023 only. For Northern Westchester prior plan formula covered pay, the as of date was changed from April 1 to May 1 for 2023 only.

A lump sum form of payment was added for eligible Plainview NYSNA participants.

For participants covered under the Mather formula, the rates of retirement, rates of termination and rates of disability, and forms of payment were changed to align with those used for the Northwell Health formulas.

The PBGC Variable Rate Premium funding target is based on the Standard Method consistent with the approach used by the Mather plan (renamed the Northwell Health Pension Plan).

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

**Change in methods since
prior valuation**

The valuation software used to produce the actuarial information submitted on this schedule is different than used for the previous valuation due to a change in both the enrolled actuary for the plan and the business organization providing actuarial services to the plan, and such change in software may be considered to be a method change. The new method is substantially the same as the method used by the prior enrolled actuary and is consistent with the description of the method contained in the prior actuarial valuation report and Schedule SB of Form 5500 (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations). The funding target and target normal cost (without regard to any adjustments for employee contributions and plan-related expenses), as determined for the prior plan year by the new enrolled actuary (using the actuarial assumptions of the prior enrolled actuary and disregarding the effects of any changes that are automatically approved under final IRC 430 regulations) are both within 3% of those values as determined by the prior enrolled actuary. The actuarial value of plan assets, as determined by the new enrolled actuary as of the valuation date for the prior plan year (using actuarial assumptions of the prior enrolled actuary), is within 2% of the value for that prior plan year as determined by the prior enrolled actuary. Therefore the change in funding method receives automatic approval under IRS Rev. Proc. 2017-56.

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2023

2023 FORM 5500
(ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN)

Name of Plan: Northwell Health Pension Plan
Plan Sponsor Name: Northwell Health, Inc.
Plan Sponsor EIN: 11-3418133
Plan Number: 006

REQUIRED ATTACHMENTS TO SCHEDULE H
(FINANCIAL INFORMATION)

**Question 4j – Schedule of Transactions or Series of Transactions in Excess of 5% of
the Current Value of Plan Assets**

In accordance with the Instructions for the 2023 Form 5500, Annual Return/Report of Employee Benefit Plan (the “Return”), the required attachment for Schedule H (Financial Information), question 4j, Schedule of Reportable Transaction (the “Schedule”), is included at the end of the audited financial statements for the Plan. Please refer to the Accountant’s Opinion, attached to the Return, for the Schedule.

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

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

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

A Name of plan NORTHWELL HEALTH PENSION PLAN	B Three-digit plan number (PN) ►	006
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NORTHWELL HEALTH, INC.	D Employer Identification Number (EIN) 11-3418133	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information				
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2023</u>			
2	Assets:			
	a Market value.....	2a	2,502,247,181	
	b Actuarial value.....	2b	2,752,471,898	
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.....	5,363	950,303,956	950,303,956
	b For terminated vested participants.....	10,597	302,844,161	302,844,161
	c For active participants.....	28,480	1,147,056,887	1,174,313,034
	d Total.....	44,440	2,400,205,004	2,427,461,151
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
	a Funding target disregarding prescribed at-risk assumptions.....	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5	Effective interest rate.....	5	5.32%	
6	Target normal cost			
	a Present value of current plan year accruals.....	6a	85,064,054	
	b Expected plan-related expenses.....	6b	6,760,000	
	c Target normal cost.....	6c	91,824,054	

Statement by Enrolled Actuary

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

SIGN HERE	David B Gold DBG Signature of actuary	9/19/2024 Date
	David B Gold Type or print name of actuary	2304944 Most recent enrollment number
	Willis Towers Watson US LLC Firm name	312-525-2475 Telephone number (including area code)
	Willis Tower 233 South Wacker Drive Suite 1800 Chicago IL 60606 Address of the firm	

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

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
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	339,385,593
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	339,385,593
10	Interest on line 9 using prior year's actual return of <u>-11.87</u> %.....	0	-40,285,070
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.46</u> %.....		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance.....		0
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	65,920,000
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	233,180,523

Part III		Funding Percentages	
14	Funding target attainment percentage.....	14	103.78 %
15	Adjusted funding target attainment percentage	15	113.38 %
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	115.13 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.75 % 2nd segment: 5.00 % 3rd segment: 5.74 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....	21b	4
22	Weighted average retirement age	22	64
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
26	Demographic and benefit information		
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... ☒ Yes ☐ No		
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years.....	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6c).....	31a	91,824,054
b	Excess assets, if applicable, but not greater than line 31a	31b	91,824,054
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	0	0
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement.....	0	0
36	Additional cash requirement (line 34 minus line 35)	36	0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	0
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40	Unpaid minimum required contributions for all years.....	40	0
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021		

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 16 Supplemental Information

The Northwell Health Cash Balance Plan i.e."Northwell Cash Balance" (EIN 11-3418133 / 004) merged into the John T. Mather Memorial Hospital of Port Jefferson, Inc. Pension Plan i.e."Mather" (EIN 11-3418133 / 006) as of December 31, 2022. The combined plan was renamed the Northwell Health Pension Plan. The exhibit below shows the derivation of the prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement on an aggregate basis.

	John T. Mather Memorial Hospital of Port Jefferson, Inc. Pension Plan	Northwell Health Cash Balance Plan	Aggregate Basis
1. Prior Year's Actuarial Value of Assets (prior year's Schedule SB, line 2b)	194,225,743	2,659,881,355	2,854,107,098
2. Prior Year's Prefunding Balance (prior year's Schedule SB, line 13)	0	339,385,593	339,385,593
3. Prior Year's Funding Target (prior year's Schedule SB, line 3d(3))	185,539,866	1,998,663,553	2,184,203,419
4. Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement (1. – 2.) / 3.	104.68%	116.10%	115.13%

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2023

Plan Name: Northwell Health Pension Plan
Plan Sponsor: Northwell Health, Inc.
EIN: 11-3418133; PN: 006
Schedule SB. Part II – Supplemental Information

The Northwell Health Cash Balance Plan i.e.” Northwell Cash Balance” (EIN 11-3418133 / 004) merged into the John T. Mather Memorial Hospital of Port Jefferson, Inc. Pension Plan i.e. “Mather ” (EIN 11-3418133 / 006) as of December 31, 2022. The combined plan was renamed the Northwell Health Pension Plan

The Exhibit below shows the derivation of Beginning of Year Prefunding Balances reflecting this plan merger.

		John T. Mather Memorial Hospital of Port Jefferson, Inc. Pension Plan	Northwell Health Cash Balance Plan	Total (as shown on the schedule)
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	339,385,593	339,385,593
8	Portion elected for use to offset prior year’s funding requirement (line 35 from prior year)	0	0	0
9	Amount remaining (line 7 minus line 8)	0	339,385,593	339,385,593
10	Interest on line 9 using prior’s year’s actual return			
	Mather: (16.75) %	0	N/A	0
	Northwell: (11.87) %	N/A	(40,285,070)	(40,285,070)
	Total	0	(40,285,070)	(40,285,070)
11	Prior year’s excess contribution to be added to prefunding balance			
a	Present value of excess contributions (line 38a from prior year)	0	0	0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year’s effective interest rate			
	Mather: 5.46 %	0	N/A	0
	Northwell: 5.38 %	N/A	0	0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year’s actual return	0	0	0
c	Total available at beginning of current plan year to add to prefunding balance	0	0	0
d	Portion of (c) to be added to prefunding balance	0	0	0
12	Other reductions in balance due to elections or deemed elections.	0	65,920,000	65,920,000
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	233,180,523	233,180,523

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2023

(1)	(2)	(3)	(4)	(5)
<i>Age</i>	<i>Rate of</i>		<i>Number of</i>	<i>Weighted</i>
<i>(If Eligible)</i>	<i>Retirement</i>		<i>Expected</i>	<i>Retirement</i>
	<i>Qx</i>	<i>tPx</i>	<i>Retirements</i>	<i>Age</i>
			<i>= (2) x (3)</i>	<i>= (1) x (4)</i>
55	0.0500	1.0000	0.0500	2.7500
56	0.0500	0.9500	0.0475	2.6600
57	0.0500	0.9025	0.0451	2.5721
58	0.0500	0.8574	0.0429	2.4864
59	0.0500	0.8145	0.0407	2.4028
60	0.0650	0.7738	0.0503	3.0177
61	0.0650	0.7235	0.0470	2.8686
62	0.1200	0.6765	0.0812	5.0329
63	0.1200	0.5953	0.0714	4.5003
64	0.1200	0.5238	0.0629	4.0232
65	0.2000	0.4610	0.0922	5.9928
66	0.1700	0.3688	0.0627	4.1378
67	0.1700	0.3061	0.0520	3.4864
68	0.1700	0.2541	0.0432	2.9369
69	0.1700	0.2109	0.0358	2.4735
70	1.0000	0.1750	0.1750	12.2515
Weighted Average Retirement Age				63.59

Plan Name: Northwell Health Pension Plan
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 Plan Sponsor: Northwell Health, Inc.
 Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

Applicable month	September 2022
Yield curve basis	Segment Rates from Fourth Month Preceding Valuation Date

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
First segment rate	4.75%	1.41%
Second segment rate	5.00%	3.09%
Third segment rate	5.74%	3.58%
Effective interest rate	5.32%	3.28%

Annual rates of increase

Compensation 5.00% in 2023, 4.00% thereafter

Interest crediting rate

Northwell Health formula	3.66%
Northern Westchester Hospital formula	5.18%
Peconic Formula	4.85%

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Lump sum / annuity conversion basis:

Northwell Health and Mather formulas:

Interest rate basis:

Applicable month	September 2022	
Yield curve basis	Segment Rates from Fourth Month Preceding Valuation Date	
Interest rates:	Reflecting Corridors	Not Reflecting Corridors
First segment rate	4.75%	1.41%
Second segment rate	5.00%	3.09%
Third segment rate	5.74%	3.58%
Effective interest rate	5.32%	3.28%

Mortality 2023 IRC §417(e)

Northern Westchester formula (account balance to annuity):

Interest rate 4.58%

Mortality Mortality prescribed by IRS Revenue Ruling 2001-62

Northern Westchester formula (annuity to lump sum):

Basis that results in greater lump sum, 1 or 2:

(1)

Interest rate 4.58%

Mortality Mortality prescribed by IRS Revenue Ruling 2001-62

(2)

Applicable month September 2022

Yield curve basis Segment Rates from Fourth Month Preceding Valuation Date

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
First segment rate	4.75%	1.41%
Second segment rate	5.00%	3.09%
Third segment rate	5.74%	3.58%
Effective interest rate	5.32%	3.28%

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Mortality

2023 IRC §417(e)

Peconic formula:

Interest rate basis:

Applicable month

September 2022

Yield curve basis

Segment Rates from Fourth Month Preceding
Valuation Date

Interest rates:

**Reflecting
Corridors**

**Not Reflecting
Corridors**

First segment rate

4.75%

1.41%

Second segment rate

5.00%

3.09%

Third segment rate

5.74%

3.58%

Effective interest rate

5.32%

3.28%

Mortality

Mortality prescribed by IRS Revenue Ruling 2001-62

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and PBGC 4010 FS.

Actuarial increase basis for late commencement:

Interest rate

7.00%

Mortality

2023 IRC §417(e) projected to year of
decrement using Scale MP-2021

Start date:

Active

Age 70.5 (age 65 if Mather)

Deferred vested

Later of age 65 or date of termination, but no
later than age 70.5

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SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.

Mortality

Healthy	Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021).
Disabled	Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.
Termination	Rates varying by age

Representative Termination Rates

Percentage leaving during the year	
Attained Age	Rate
25	13.8%
30	11.2%
35	9.4%
40	7.8%
45	7.0%
50	7.0%
55	7.0%
60	7.0%
64	2.4%
65	0.0%

Plan Name:	Northwell Health Pension Plan
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SCHEDULE SB ATTACHMENTS

Disability

Rates varying by age and gender

Representative Disability Rates

Percentage becoming disabled during the year		
Age	Males	Females
25	.128%	.098%
30	.165%	.150%
35	.210%	.210%
40	.285%	.300%
45	.390%	.405%
50	.608%	.608%
55	.000%	.000%

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Representative Retirement Rates

Percentage retiring during the year	
Age	Rate
55-59	5.0%
60-61	6.5%
62-64	12.0%
65	20.0%*
66-69	17.0%*
70	100.0%

* 100% for The Long Island Home

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SCHEDULE SB ATTACHMENTS

Benefit commencement date:

Preretirement death
benefit

Northwell Health formulas:

The later of the death of the active participant or the date the participant would have attained age 55

Northern Westchester formula and Peconic:

Benefits are assumed to commence immediately upon death

Long Island Home formula:

If the participant has at least ten years of service at the time of death, the later of the death of the active participant or the date the participant would have attained age 55. Otherwise, the later of the death of the active participant or the date the participant would have attained age 65 with five years of service.

Deferred vested benefit

Northwell Health formulas and Peconic Formula:

For participants with a cash balance formula benefit, commencement begins at the later of age 65 with three years of service or termination of employment. For participants without a cash balance formula benefit, commencement begins at the later of age 65 with five years of service or termination of employment.

Northern Westchester formula:

Lump sums are assumed to commence immediately upon termination. Annuities are assumed to commence at age 65

Long Island Home formula:

The later of age 65 with five years of service or termination of employment

Disability benefit

For those employees who are early retirement eligible at the time of becoming disabled, benefits are assumed to commence immediately upon disablement. For all others, commencement is deferred to normal retirement date.

Huntington Hospital, Staten Island and Mather plan formulas do not offer disability benefits and participants that become disabled are assumed to commence consistent with deferred vested benefits as described above.

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Retirement benefit	Participants with a cash balance formula benefit who elect a lump sum are assumed to commence at the later of age 62 and termination of employment. All others eligible for the retirement benefit are assumed to commence immediately upon termination of employment.
Form of payment	65% of eligible cash balance, Plainview NYSNA, Staten Island, Peconic, Northern Westchester and Mather participants are assumed to elect a lump sum. For former employees in the Lenox Hill Hospital Health Services Retirement Plan, the disability benefit is assumed to be paid in the form of an annuity and other benefits are assumed to be paid 35% as an annuity and 65% as a lump sum. All participants that do not elect a lump sum are assumed to elect annuities according to the following percentages:

Peconic

Single:

100% -- life

Married:

65% -- life

35% -- 50% joint annuitant

All other

Single:

90% -- life

10% -- 10-year certain and life

Married:

55% -- life

20% -- 50% joint annuitant

15% -- 100% joint annuitant

10% -- 10-year certain and life

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Percentage married	80% of participants Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.
Spouse age	Wife three years younger than husband.
Covered pay	Assumed plan compensation for the year beginning on the valuation date was determined as the following: All except Huntington and Northern Westchester: the greater of the prior year's pensionable earnings increased by the salary scale and the current year's annual base pay rate. Huntington: The current year's annual base pay rate. Northern Westchester: For cash balance benefits, prior year's pensionable earnings increased by the salary scale. For prior plan benefit formula, the annual pay rate as of May 1 of the valuation year.
Plan-related expenses	Expected administrative expenses of \$6,760,000 were added to the Target Normal Cost for 2023. Expected expenses are based on the actual non-investment expenses from the prior year, adjusted for the expected change in the PBGC premium amount.
At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the lump sum form of payment for cash balance benefit participants and a joint and survivor form of payment for all other participants.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month. If eligible for an immediate lump sum, the lump sum is paid at decrement. Otherwise, lump sums are deferred to age 62.

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SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and the dates 12 and 24 months before the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

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Benefits not valued

The plan pays small benefits with a present value up to \$5,000 in a single lump sum payment. In addition, those with a Northwell Health cash balance formula benefit are eligible for a lump sum if the present value is greater than \$5,000 and less than \$10,000. Such lump sums are not explicitly valued as such; rather such benefits are valued using the benefit choice assumptions described above.

The supplemental benefit available to non-union South Shore employees is not valued because annuity contracts were purchased to cover these benefits for all eligible participants.

For active participants accruing future benefits that commence after age 70 ½ we have assumed that additional pay and any applicable interest credits exceed actuarial increases to the accrued benefit.

Sources of Data and Other Information

The plan sponsor through its third party administrator furnished participant data as of January 1, 2023. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. Assumptions were made for missing or inconsistent data elements as documented on June 2, 2023 under separate cover. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Cash balance interest crediting rate

For the Northwell cash balance formula: The plan credits interest to cash balance accounts using the average of the yields on 30-year Treasury bonds during the months of September, October, and November of the prior year. The selected assumption is set equal to the 30-year Treasury rate for the month of December 2022.

For the Northern Westchester Hospital cash balance formula: The plan credits interest to cash balance accounts using the one-year U.S. Treasury Bills for the month of November of the prior year plus 0.5%, but in no event, less than 3.80%. The selected assumption is set equal to the one-year Treasury rate for the month of December 2022.

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SCHEDULE SB ATTACHMENTS

For the Peconic cash balance formula: The plan credits interest to cash balance accounts using the third unadjusted 24 month average segment rate for the month prior to the valuation date. The selected assumption is set equal to the monthly third segment rate under § 417(e)(3)(D) computed without regard to a 24-month average applicable for the month of December 2022 as provided by the IRS.

After examining historical variability in this rate we believe that the selected assumptions do not significantly conflict with what would be reasonable based on market conditions at the measurement date.

Cash balance annuity
conversion
basis

As required by IRC 430, annuity benefits are valued by converting accounts to annuities using the current IRC 430 interest rates, so that the interest rates assumed are effectively the same as described above for the discount rate, rather than IRC 417(e) rates.

Rate of increase in
compensation

Assumed increases in compensation were based on an experience study conducted in 2018 for the population covered under the former Northwell Health Cash Balance Plan, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. The assumption was revised for expected increases in compensation during 2023 as provided by Northwell Health. We believe that the assumption chosen does not significantly conflict with what would be reasonable based on historical salary increase experience.

Assumptions Rationale - Significant Demographic Assumptions

Healthy mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

Disabled mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

Termination

Termination rates were based on an experience study conducted in 2018 for the population covered under the former Northwell Health Cash Balance Plan, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Disability

Assumed disability rates differ by gender because of expected differences in disability rates by gender with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

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Retirement	Retirement rates were based on an experience study conducted in 2018 for the population covered under the former Northwell Health Cash Balance Plan, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Form of payment	Percentages of retiring participants assumed to take certain forms of payment were based on an experience study conducted in 2018 for the population covered under the former Northwell Health Cash Balance Plan, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Plan Name:	Northwell Health Pension Plan
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Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Changes in assumptions since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.

The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by IRC §430.

The lump sum mortality was updated in accordance with Internal Revenue Code IRC §417(e).

The cash balance interest crediting rate for Northwell benefit obligations was changed from 1.98% to 3.66%. The cash balance interest crediting rate for Northern Westchester Hospital benefit obligations was changed from 3.80% to 5.18%. The cash balance interest crediting rate for Peconic benefit obligations was changed from 3.29% to 4.85%.

The salary scale rate was changed from 4% to 5% for 2023 only. For Northern Westchester prior plan formula covered pay, the as of date was changed from April 1 to May 1 for 2023 only.

A lump sum form of payment was added for eligible Plainview NYSNA participants.

For participants covered under the Mather formula, the rates of retirement, rates of termination and rates of disability, and forms of payment were changed to align with those used for the Northwell Health formulas.

The PBGC Variable Rate Premium funding target is based on the Standard Method consistent with the approach used by the Mather plan (renamed the Northwell Health Pension Plan).

Plan Name: Northwell Health Pension Plan
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**Change in methods since
prior valuation**

The valuation software used to produce the actuarial information submitted on this schedule is different than used for the previous valuation due to a change in both the enrolled actuary for the plan and the business organization providing actuarial services to the plan, and such change in software may be considered to be a method change. The new method is substantially the same as the method used by the prior enrolled actuary and is consistent with the description of the method contained in the prior actuarial valuation report and Schedule SB of Form 5500 (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations). The funding target and target normal cost (without regard to any adjustments for employee contributions and plan-related expenses), as determined for the prior plan year by the new enrolled actuary (using the actuarial assumptions of the prior enrolled actuary and disregarding the effects of any changes that are automatically approved under final IRC 430 regulations) are both within 3% of those values as determined by the prior enrolled actuary. The actuarial value of plan assets, as determined by the new enrolled actuary as of the valuation date for the prior plan year (using actuarial assumptions of the prior enrolled actuary), is within 2% of the value for that prior plan year as determined by the prior enrolled actuary. Therefore the change in funding method receives automatic approval under IRS Rev. Proc. 2017-56.

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Schedule SB, Line 24 Change in Actuarial Assumptions

- The cash balance interest crediting rate for Northwell benefit obligations was changed from 1.98% to 3.66%. The cash balance interest crediting rate for Northern Westchester Hospital benefit obligations was changed from 3.80% to 5.18%. The cash balance interest crediting rate for Peconic benefit obligations was changed from 3.29% to 4.85%.
- The salary scale rate was changed from 4% to 5% for 2023 only. For Northern Westchester prior plan formula covered pay, the as of date was changed from April 1 to May 1 for 2023 only.
- A lump sum form of payment was added for eligible Plainview NYSNA participants.
- For participants covered under the Mather formula, the rates of retirement, rates of termination and rates of disability, and forms of payment were changed to align with those used for the Northwell Health formulas.
- The PBGC Variable Rate Premium funding target is based on the Standard Method consistent with the approach used by the Mather plan (renamed the Northwell Health Pension Plan).

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25 Change in Method

The valuation software used to produce the actuarial information submitted on this schedule is different than used for the previous valuation due to a change in both the enrolled actuary for the plan and the business organization providing actuarial services to the plan, and such change in software may be considered to be a method change. The new method is substantially the same as the method used by the prior enrolled actuary and is consistent with the description of the method contained in the prior actuarial valuation report and Schedule SB of Form 5500 (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations). The funding target and target normal cost (without regard to any adjustments for employee contributions and plan-related expenses), as determined for the prior plan year by the new enrolled actuary (using the actuarial assumptions of the prior enrolled actuary and disregarding the effects of any changes that are automatically approved under final IRC 430 regulations) are both within 3% of those values as determined by the prior enrolled actuary. The actuarial value of plan assets, as determined by the new enrolled actuary as of the valuation date for the prior plan year (using actuarial assumptions of the prior enrolled actuary), is within 2% of the value for that prior plan year as determined by the prior enrolled actuary. Therefore the change in funding method receives automatic approval under IRS Rev. Proc. 2017-56.

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SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

The most recent amendment of the Northwell Health Pension Plan was adopted on December 31, 2022. The plan provisions for each formula group are summarized separately below.

Summary of Main Plan Provisions – Northwell Health Cash Balance

Plan Provisions

The following summary describes the main participation, benefit, and contribution provisions of the cash balance component of the Plan as interpreted for the valuation.

Covered Employees	All employees of Northwell Health with the exclusion of the following: 1. an employee hired or re-hired on or after July 1, 2018, unless such employee is a collectively bargained employee whose collective bargaining agreement provides for his or her participation in this Plan pursuant to the cash balance formula 2. an employee hired prior to July 1, 2018 by John T. Mather Memorial Hospital, Phelps Memorial Hospital Center, Northern Westchester Hospital Association or Peconic Bay Medical Center and is transferred to an employer on or after such date, unless such employee is a collectively bargained employee whose collective bargaining agreement provides for his or her participation in this Plan pursuant to the cash balance formula 3. a nurse employed by RegionCare, Inc. to perform nurse staffing services at an employer or an affiliate 4. a member of the house staff (i.e., a fellow, resident or intern), or a member of the house staff prior to July 1, 2018 who becomes a non-house staff Employee on or after that date whose terms of employment are not governed by a collective bargaining agreement 5. a Plainview Nurse eligible employee 6. prior to January 1, 2007, a Southside eligible employee 7. a Southside Nurse eligible employee or, on or after January 1, 2009, a nurse employed by Southside Hospital on a per diem basis 8. a LIJ Valley Stream Nurse eligible employee or a nurse employed by Long Island Jewish Valley Stream, formerly Franklin Hospital, now a division of Long Island Jewish Medical Center, on a per diem basis
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9. a Lenox Hill MEETH participant or a Lenox Hill NYPNU participant hired on or before December 31, 2005
10. a Nurse employed by the Huntington Hospital Association represented by the Huntington Hospital Nurses Association who was hired on or before December 31, 2011, and who has not terminated service and had been rehired by the Huntington Hospital Association on or after January 1, 2012
11. an employee of the Huntington Hospital not represented in collective bargaining who was hired before January 1, 2009 and not rehired on or after January 1, 2009 and who continues to accrue benefits under the Huntington Hospital Pension Plan
12. a collectively bargained employee hired prior to July 1, 2018 whose terms of employment were governed by a collective bargaining agreement that did not provide for his or her participation in this Plan pursuant to the cash balance formula who becomes an employee on or after July 1, 2018 whose terms of employment are not governed by a collective bargaining agreement
13. a collectively bargained employee unless the collective bargaining agreement in which such collectively bargained employee's terms of employment are governed provides for his or her participation in this Plan pursuant to the cash balance formula
14. an employee of Northwell FlexStaff, Inc., other than those with union code 351

Participation Date

Entry date is one-year anniversary (or January 1 after completing 1 year of eligibility service if eligibility is not met in the first year) with benefit accruals beginning with the first payroll date in the calendar quarter following entry date.

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Definitions

Prior plan	North Shore University Hospital Pension Plan as in effect as of December 31, 1998.
Vesting service	One year of vesting service is granted for each plan year in which an employee completes 975 hours of service. All employees regularly scheduled to work 18.75 hours per week receive credit for 975 hours for the year. Service prior to the plan effective date is recognized.
Eligibility service	One year of eligibility service is granted upon completion of at least 975 hours of service in the 12 months following an employee's hire date or in any Plan Year (January 1 – December 31) following the employee's year of hire. Employees regularly scheduled to work at least 975 hours per year (18.75 per week) will be granted one year of eligibility service after 1 year of employment. All active participants of the former Long Island Jewish and North Shore Plans who were receiving employer contributions as of December 31, 1998, automatically satisfy this 1-year eligibility requirement. Service prior to the plan effective date is recognized.
Credited service	Same as vesting service except that a full year of credited service is granted in the last year of employment irrespective of whether the employee worked 975 hours. This service will be used to calculate eligibility for early retirement and 62 & 25 provisions.
Pensionable pay	Base pay (including shift differential, fringe base and augmentation) limited to the IRS 401(a)(17) compensation limit.
Interest crediting rate	The average of the yields on 30-year Treasury bonds during the months of September, October, and November of the prior year.
Cash balance formula	As of the date of participation in the plan, a notional account is established for each eligible employee. 3% of pensionable pay is credited to the account on the date ending with the first payroll period of March, June, September and December. Compound interest is credited quarterly on the account. Interest is determined on the account balance at the end of the previous quarter (contributions made to the account during the current quarter do not receive interest at the end of the quarter in which they are credited). Former participants in the Huntington Hospital Pension Plan eligible for the Cash balance formula will not receive any benefits under this formula prior to January 1, 2012.

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Opening account balances For all active participants of the North Shore University Hospital Pension Plan as of December 31, 1998 with an accrued benefit under that plan that were still active as of January 1, 1999, an opening account balance was established equal to the value of the accrued benefit as of January 1, 1999. The basis for the conversion was the 1983 Group Annuity Mortality Table (Unisex) and 6% interest. No early retirement subsidies were reflected in the computation of the opening balances. The opening balance included the present value of the accrued benefits under the former Glen Cove, Central General, Forest Hills, NSUH Manhasset and Syosset Pension Plans.

Special employer transition credits For employees whose age plus vesting service totaled 55 points with a minimum of 5 years of vesting service, at least age 45, younger than age 65 and who were participants of the North Shore University Hospital Pension Plan as of December 31, 1998, an additional employer transition credit is payable (in addition to the 3%). Transition credits were computed on an individualized basis and were based on comparing the participant's projected retirement benefit at age 65 under the North Shore University Hospital Pension Plan for service on or after January 1, 1999, to the total of the projected benefit provided under the Northwell Health Cash Balance Plan and the employer provided benefits under the Northwell Health 403(b) Plan using 1998 pensionable pay and 3% annual pay increases. For highly compensated employees, it assumed that the employee contributes 6% of pay per year to the 403(b) and for non-highly compensated employees it assumed that the employee contributes 5% of pay each year to the 403(b).

The plan was subsequently amended, effective January 1, 2005, to extend these credits beyond age 65. The amendment was made retroactive to January 1, 1999 to include employees who terminated prior to the effective date of the amendment.

For active Southside Non-Union employees who were 50 or more (but less than age 65) with a minimum of 10 years of vesting service as of January 1, 2007, an additional transition credit is payable (in addition to the 3%). Transition credits were computed on an individualized basis and were based on comparing the participant's projected retirement benefit at age 65 under the Southside Plan, for service on or after January 1, 2007, to the total of the projected benefit provided under the Northwell Health Cash Balance Plan and the employer provided benefits under the Northwell Health 403(b) Plan. Since these transition credits were based on a projected benefit at age 65 no transition credits were provided to employees who were over age 65 as of January 1, 2007.

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Normal retirement date (NRD)	First day of the month coincident with or next following the later of the Participant's attainment of age 65 or completion of three years of service.
Pension benefit	The value of the cash balance formula, plus any opening account balances and special employer transition credits with interest, payable as a lump sum or annuitized.
Annuitization basis: Cash Balance Formula (to convert account balance to life annuity)	The average of the yields on the PPA interest rates under section 417(e)(3) during the months of September, October, and November of the prior year and the PPA mandated Internal Revenue Code §417(e) mortality table.
Actuarial equivalence: Non-cash balance formula benefits (other than for Lump Sum optional form)	UP-1984 mortality and 7% interest.
Actuarial equivalence: Non-cash balance formula benefits (Lump Sum optional form)	The average of the yields on the PPA interest rates under section 417(e)(3) during the months of September, October, and November of the prior year and the PPA mandated Internal Revenue Code §417(e) mortality table.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retired before NRD and on or after both attaining age 55 and completion of five years of credited service or after attaining age 62 and three years of service.
Vested termination	Termination for reasons other than death or retirement and completion of three years of vesting service (five years if termination is before January 1, 2008). All eligible employees hired at Northwell Health prior to January 1, 1999 were immediately vested as of January 1, 1999.
Disability	Permanently disabled as defined under OASDI.
Preretirement death benefit	Death while vested and before payments have commenced.

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Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD.
Early retirement	Annuitized account balance. However, if participant defers receipt to age 62 or is at least age 62 at date of termination the account balance can be paid as a lump sum. Interest is credited until the actual date of commencement. Latest deferred commencement date is age 65.
Vested termination	Annuitized account balance. However, if participant defers receipt to age 62 or is at least age 62 with three years of service at date of termination the account balance can be paid as a lump sum. Commencement eligibility is normal retirement date or early retirement date if at least 5 years of service at termination. Interest is credited until the actual date of commencement. Latest payment is at age 65.
Disablement	Can receive full account balance (immediately vested) if retirement eligible as of date of disability; otherwise, an immediate annuity is payable. No additional employer contributions are credited while disabled although interest continues to accrue.
Preretirement death	100% of the account balance (immediately vested) payable to the beneficiary of the participant at the participant's age 55 (or immediately if the participant is older than 55 at death), or an immediate annuity payment (annuitized value of 100% of account balance).

Other Plan Provisions

Normal form of payment

Unmarried participants	Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
Married participants	50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

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Optional forms of payment

Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66⅔%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life. A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.
Certain and life income annuity	The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of a specified period (5, 10, 15 or 20 years). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.
Lump sum	The participant may elect to receive a retirement benefit in the form of a lump sum only under one of the following circumstances: (a) Termination of employment on or after age 62 with three years of service (b) Terminates employment with at least three years of service and elects to defer receipt to at least age 62 (c) The present value of the accrued benefit is greater than \$1,000 but less than \$10,000
Other	Participants with a Central General prior plan benefit are also eligible for a Social Security Level Income Optional form for the portion of their benefit accrued under the Central General Hospital plan.
Small cashouts	Account balances under \$1,000 will be paid out automatically upon termination as a lump sum. Account balances between \$1,000 and \$5,000 will be rolled over to an IRA.

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Age 70 ½ provisions	Plan amendment effective January 14, 2016 which provides that for Cash Balance Participants whose Annuity starting date is on or after his or her Normal Retirement Date but prior to the April 1st of the calendar year following the calendar year in which he or she attains age 70 ½, except for any period during which the Cash Balance Participant's benefit payments are suspended, the Cash Balance Participant's Deferred Retirement benefit shall equal the greater of (i) the Cash Balance Participant's Deferred Retirement benefit determined as of the last day of the prior Plan Year (or Normal Retirement Date, if later), actuarially increased using the interest and mortality assumptions set forth in the definition of Actuarial Equivalent (offset by any Pay Based Credits and Interest Credits credited during the current Plan Year, as applicable), or (ii) the Cash Balance Participant's Deferred Retirement benefit determined in accordance with Article IV of the Plan.
Plan participants' contributions	None
Minimum benefit	The accrued benefit as of December 31, 1998 under the prior formula will be a minimum benefit under the plan. It will be compared to the applicable cash balance formula benefit at retirement under every available form of payment. The December 31, 1998 benefit will be payable if it exceeds the cash balance formula benefit payment.
Maximum benefit	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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Summary of Main Plan Provisions – Plainview NYSNA

Plan Provisions

Covered Employees	All employees who were participants on January 1, 1988 shall continue to be participants. All other employees shall be eligible to participate in the plan on the January 1 or July 1 next following completion of one year of eligibility service.
Participation Date	Date of becoming a covered employee

Definitions

Year of service	A plan year in which an employee completes 1,000 hours of service. For benefit accrual purposes only a year of service is credited in the final year of employment even if the participant completes less than 1,000 hours of service. However, special rules apply with respect to the benefit accrual for such year as well as with respect to the first year of employment.
Total compensation	Basic salary plus shift differential and fringe base excluding bonuses, overtime pay, workmen's compensation, sickness or accident disability or other payments made under this plan or any other retirement, pension or employee benefit plan, limited to the IRS 401(a)(17) compensation limit.
Excess compensation	That part of total compensation in excess of basic compensation.
Basic compensation	For years prior to 1989 and all years in which accruals on compensation in excess of basic compensation are not permitted, that portion of total compensation up to the amount of Social Security wage base for the year in reference. For all other years, that portion of total compensation up to 1.5 times Social Security Covered Compensation but not more than that Social Security wage base in effect for the year in reference.
Social Security covered compensation	The average of the Social Security wage bases in effect during the 35-year period ending with the year in which the participant attains Social Security normal retirement age. In calculating this amount, it shall be assumed there will be no increases in the Social Security wage base after the year of reference.
Normal retirement date (NRD)	First day of the month coincident with or next following the later of the Participant's attainment of age 65 or completion of three years of service.

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Pension benefit	An annual benefit equal to the sum of (a), (b), and (c) for service prior to 1989: a) 1.5% of basic compensation for the calendar year 1975 (using the Social Security wage base for 1975 of \$14,000), plus 2% of excess compensation for such year multiplied by the number of years of service prior to January 1, 1976. b) 1.5% of basic compensation, plus 2% of excess compensation for each year of service after January 1, 1976 but before January 1, 2007 c) 1.6% of basic compensation, plus 2% of excess compensation for each year of service after January 1, 2007 For each year of service after 1988, (b) is revised with respect to the first 30 years to provide: 1.5% of basic compensation up to the lesser of (1) 150% of covered compensation or (2) the Social Security wage base, plus 2% of excess compensation. In no event does service for basic compensation exceed 40 years or service for excess compensation exceeds 30 years.
Actuarial Equivalence (other than for Lump Sum or Social Security Level Income optional forms)	Unisex Pensioner's 1984 mortality table and 7% interest.
Actuarial Equivalence (Lump Sum and Social Security Level Income optional forms)	The average of the yields on the PPA interest rates under section 417(e)(3) during the months of September, October, and November of the prior year and the PPA mandated Internal Revenue Code §417(e) mortality table.

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Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retired before NRD and on or after both attaining age 55 and completion of ten years of credited service.
Postponed retirement	Employment beyond normal retirement date.
Vested termination	Termination for reasons other than death or retirement and completion of five years of vesting service (three years for employees with an account balance under the cash balance benefit provisions).
Disability	Total and permanent disability.
Preretirement death benefit	Death while vested with a spouse and before payments have commenced.

Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD
Early retirement	Normal retirement pension accrued to date of retirement. If the participant elects early commencement of his benefit, the accrued benefit is reduced by 1/15th for each of the first five years and 1/30th for each of the next five years commencement of payment precedes normal retirement date. If a participant retires at age 62 or later with 25 years of service or retires on or after early retirement eligibility with age plus years of service totalling 80 with 25 years of service and defers commencement to age 62, the benefit is unreduced.
Postponed retirement	Benefits continue to accrue for service beyond normal retirement date. Special minimums apply to participants who attained age 70 prior to January 1, 1988.
Vested termination	Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 10 years of credited service, payable any time on or after age 55, but reduced by 1/15th for each of the first five years and 1/30th for each of the next five years commencement of payment precedes normal retirement date.
Disablement	Normal retirement pension accrued to date of disability. If the participant elects early commencement of his benefit, the accrued benefit is reduced by 1/15th for each of the first five years and 1/30th for each of the next five years commencement of payment precedes normal retirement date. If disability date precedes normal retirement date by more than 10 years, the amount of the pension payable will be further reduced on an actuarially equivalent basis.

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Preretirement death	If eligible for early retirement, 50% of the participant's early retirement benefit as of the date of death is payable to the spouse, reduced as if the 50% Joint and Survivor option was elected immediately prior to the date of death. Otherwise, 50% of the benefit the participant would have received had the participant quit employment the day before death and elected a 50% Joint and Survivor option to commence at the earliest possible retirement date is payable to the spouse.
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Other Plan Provisions

Normal form of payment

Unmarried participants	Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
Married participants	50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

Optional forms of payment

Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66⅔%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life. A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.

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Certain and life income annuity	The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of a specified period (5, 10, 15 or 20 years). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.
Lump sum	The participant may elect to receive a retirement benefit in the form of a lump sum only under one of the following circumstances: (a) Termination of employment on or after Normal Retirement Date (b) Termination of employment on or after January 1, 2004 on early retirement with the sum, using completed years, of age and Years of Service totalling at least 80 at Early Retirement Date and election to defers receipt of the retirement pension to Normal Retirement Date (c) Termination of employment on or after July 1, 1995 on early retirement and is at least age 62 with 25 years of service or the sum, using completed years of age and Years of Service totalling at least 80 and defers receipt of the retirement pension to age 62 (c) Termination of service on or after March 28, 2005 with the Actuarial Equivalent of the vested accrued pension in excess of \$1,000 but not in excess of \$5,000
Social Security Level Income Option	Participants with a Central General prior plan benefit are also eligible for a Social Security Level Income Optional form.
Plan participants' contributions	None
Maximum benefit	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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Summary of Main Plan Provisions – South Shore

Plan Provisions

Covered Employees	Any person regularly employed by the Hospital other than an intern, NYSNA employees working on a per diem basis, resident, one who is covered under a collective bargaining agreement which does not have coverage under this Plan (e.g., 1199), leased employees and non-union employees who do not meet the eligibility requirements prior to January 1, 2007. Effective January 1, 1986, each Hospital-paid physician is deemed to be an Employee for purposes of Plan benefits.
Participation Date	The first of the month coincident with or next following the attainment of age 21 and the one year anniversary from hire, with the completion of 1,000 hours of service in the first year. Otherwise, the January 1 after the year in which 1,000 hours of service is first completed.

Definitions

Vesting service	All service with the Hospital after the earlier of age 18 or the completion of one year of service, and in the case of an employee who became a member as of the effective date of the Plan, all continuous service rendered to the effective date. Non-participating employees (e.g., NYSNA per diem and service for non-union employees after December 31, 2006) who work at least 1,000 hours are credited with a year of Vesting Service. Employees who work less than 1,000 hours but more than 500 hours receive one-twelfth of a year of service for each 84 hours of service or fraction thereof.
Credited service	Eligible employees receive a year of Credited Service for any Plan Year in which they work 1,950 hours. Employees who work less than 1,950 hours receive one-twelfth of a year of service for each 162.5 hours of service or fraction thereof. In the case of an employee who became a member as of the effective date of the Plan, all continuous service rendered prior to the effective date shall be included.
Compensation	The full-time annual rate, on the basis of a 1,950 hour year, of remuneration paid to an employee, excluding any bonuses, pay for overtime and special pay, limited to the IRS 401(a)(17) compensation limit.

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Final average compensation The average compensation during the highest five out of the last ten years of credited service as of the applicable dates as defined below:

Non-Union

Termination Date	Final Average Pay Date
Prior to December 31, 2001	December 31, 1996
On or after January 1, 2002	December 31, 2001

NYSNA

Termination Date	Final Average Pay Date
Prior to August 8, 2003	December 31, 1999
After August 8, 2003 and on or before January 1, 2007	December 31, 2002
After January 1, 2007 and on or before January 1, 2008	December 31, 2003
After January 1, 2008 and on or before February 1, 2009	December 31, 2004
After February 1, 2009 and on or before January 1, 2011	December 31, 2005
After January 1, 2011 and on or before February 28, 2012	December 31, 2006
On or after March 1, 2012	December 31, 2007

Career average compensation The average compensation of a member during all years of credited service after the Final Average Compensation determination date. Compensation during partial years of service is included. For non-union employees, excludes all pay after December 31, 2006.

Social Security Taxable Wage Base (SSTWB) The base in effect under Section 230 of the Social Security Act as of the beginning of the plan year.

NYSNA Employee An employee who is represented by the New York State Nurses Association.

Normal retirement date (NRD) First day of the month coincident with or next following the later of the Participant's attainment of age 65 or completion of three years of service.

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Pension benefit

NYSNA Employees

Sum of (1) the past service benefit plus (2) the future service benefit.

- (1) 1.6% of Final Average Compensation multiplied by years of Credited Service as of the applicable final average pay date.
- (2) For each year of credited service after the applicable final average pay date, an amount equal to 1.6% of Career Average Compensation for such year.

Non-Union Employees

Employed by Hospital prior to January 1, 2002

Sum of (1) the past service benefit plus (2) the future service benefit.

- 1) 1.6% of Final Average Compensation multiplied by Years of Credited Service as of December 31, 2001 plus 0.8% of the excess, if any, of Final Average Compensation above \$62,700, multiplied by Years of Credited Service as of December 31, 2001.
- 2) For each year of credited service from December 31, 2001 to December 31, 2006, an amount equal to 1.6% of Career Average Compensation for such year plus 0.8% of the excess, if any, of Career Average Compensation for such year over the SSTWB applicable for such year. The SSTWB for calendar year 2006 was \$94,200.

Employed by Hospital on or after January 1, 2002

1.3% of Career Average Compensation multiplied by Years of Credited Service through December 31, 2006.

For service on or after January 1, 2007 benefits are accrued under the Northwell Health Cash Balance formula.

Actuarial equivalence

Unisex Pensioner's 1984 mortality table, set back 3 years for beneficiary, and 6% interest.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Non-union employees: Retirement before NRD and on or after the first of the month on or next following attainment of age 55 and at least 5 years of credited service at the time of retirement. NYSNA: Retirement before NRD and on or after the last day of the month on or next following attainment of age 55 and at least 5 years of credited service at the time of retirement.
Vested termination	Termination for reasons other than death or retirement after completion of five years of vesting service (three years for employees with employees with an account balance under the cash balance benefit provisions).
Disability	A member who has not yet reached age 65 after completion of five years of vesting service and who is entitled to receive disability benefits under the Social Security Act may retire with a disability retirement benefit.
Preretirement death benefit	Death while vested with a spouse and before payments have commenced.

Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD
Early retirement	Normal retirement pension benefit accrued to date of retirement. If the participant elects early commencement of his or her benefit, the accrued benefit is reduced as follows:

55	0.386	61	0.665
56	0.420	62	0.734
57	0.459	63	0.811
58	0.502	64	0.899
59	0.550	65	1.000
60	0.604		

All active NYSNA employees and non-union employees who became plan participants prior to January 1, 1999 who are at least age 60 with 25 years of vesting service at termination are entitled to an unreduced benefit.

All non-union employees who became Plan participants on or after January 1, 1999 and are at least age 62 with 25 years of vesting service at termination are entitled to an unreduced benefit.

Plan Name:	Northwell Health Pension Plan
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Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

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Vested termination	Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 5 years of credited service, payable any time on or after age 55, but reduced as follows:			
	55	0.386	61	0.665
	56	0.420	62	0.734
	57	0.459	63	0.811
	58	0.502	64	0.899
	59	0.550	65	1.000
	60	0.604		
Disablement	Normal retirement pension accrued to date of disability. If the participant elects commencement of his benefit before age 65, the accrued benefit is reduced on the same basis as for early retirement.			
Preretirement death	If eligible for early retirement, 50% of participant's early retirement benefit as of the date of death, reduced as if the 50% Joint and Survivor option was elected immediately prior to the date of death. Otherwise, 50% of the benefit the participant would have received had the participant quit employment the day before death and elected a 50% Joint and Survivor option to commence at the earliest possible retirement date.			
Supplemental Benefit	Non-union employees received a supplemental account benefit equal to 2% of compensation for each month of plan participation from July 1, 1996 through June 30, 1998.			

Other Plan Provisions

Normal form of payment

Unmarried participants	Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
Married participants	50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Optional forms of payment

Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66⅔%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life. A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.
Certain and life income annuity	The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of 5, 10, 15 or 20 years (only a period of 10 years is available to NYSNA participants). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.
Small cashouts	If the present value of the benefit is at least \$1,000 but less than \$5,000 the participant may elect to receive his or her benefit as a lump sum.
Plan participants' contributions	None
Minimum benefit	The minimum normal retirement benefit is equal to the accrued retirement benefit of the member immediately prior to January 1, 1976, or the accrued benefit on the day prior to the effective date of any benefit update. The benefits described herein are offset by a retirement benefits payable under GA U-4912 with MONY.
Maximum benefit	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Summary of Main Plan Provisions – LIJ Valley Stream NYSNA

Plan Provisions

Covered Employees	Any person regularly employed by the Hospital other than an intern, NYSNA employees working on a per diem basis, one who is covered under a collective bargaining agreement which does not have coverage under this Plan (e.g., 1199), leased employees.
Participation Date	The first of the month coincident with or next following the attainment of age 21 and the one year anniversary from hire, with the completion of 1,000 hours of service in the first year. Otherwise, the January 1 after the year in which 1,000 hours of service is first completed.

Definitions

Vesting service	All service with the Hospital after the earlier of age 18 or the completion of one year of service, and in the case of an employee who became a member as of the effective date of the Plan, all continuous service rendered to the effective date. Non-participating employees (e.g., NYSNA per diem) who work at least 1,000 hours are credited with a year of Vesting Service. Employees who work less than 1,000 hours but more than 500 hours receive one-twelfth of a year of service for each 84 hours of service or fraction thereof.
Credited service	Eligible employees receive a year of Credited Service for any Plan Year in which they work 1,950 hours. Employees who work less than 1,950 hours receive one-twelfth of a year of service for each 162.5 hours of service or fraction thereof. In the case of an employee who became a member as of the effective date of the Plan, all continuous service rendered prior to the effective date shall be included. Participants who remained active through January 1, 2011 are entitled to a prior service credit back to the later of their participation date and January 1, 2006.
Compensation	The full-time annual rate, on the basis of a 1,950 hour year, of remuneration paid to an employee, excluding any bonuses, pay for overtime and special pay, limited to the IRS 401(a)(17) compensation limit.
Career average compensation	The average compensation for each year the employee earns a year of credited service. Effective January 1, 2021, only compensation earned for years of credited service after January 1, 2010 will be included in average.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

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NYSNA Employee	An employee who is represented by the New York State Nurses Association.
Normal retirement date (NRD)	First day of the month coincident with or next following the later of the Participant's attainment of age 65 or completion of three years of service.
Pension benefit	From January 1, 2006 through June 30, 2008, LIJ Valley Stream NYSNA employees benefited under the Northwell Health Cash Balance benefit formula. Effective July 1, 2008: 1.6% of Career Average Compensation multiplied by years of Credited Service.
Actuarial equivalence	Unisex Pensioner's 1984 mortality table, set back 3 years for beneficiary, and 6% interest.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after the last day of the month on or next following attainment of age 55 and at least 5 years of participation service at the time of retirement.
Vested termination	Termination for reasons other than death or retirement after completion of five years of vesting service (three years for employees with employees with an account balance under the cash balance benefit provisions).
Disability	A member who has not yet reached age 65 after completion of five years of vesting service and who is entitled to receive disability benefits under the Social Security Act may retire with a disability retirement benefit.
Preretirement death benefit	Death while vested with a spouse and before payments have commenced.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD			
Early retirement	Normal retirement pension benefit accrued to date of retirement. If the participant elects early commencement of his or her benefit, the accrued benefit is reduced as follows:			
	55	0.386	61	0.665
	56	0.420	62	0.734
	57	0.459	63	0.811
	58	0.502	64	0.899
	59	0.550	65	1.000
	60	0.604		
	All active NYSNA employees who are at least age 60 with 25 years of vesting service at termination are entitled to an unreduced benefit.			
Vested termination	Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 5 years of credited service, payable any time on or after age 55, but reduced as follows:			
	55	0.386	61	0.665
	56	0.420	62	0.734
	57	0.459	63	0.811
	58	0.502	64	0.899
	59	0.550	65	1.000
	60	0.604		
Disablement	Normal retirement pension accrued to date of disability. If the participant elects commencement of his benefit before age 65, the accrued benefit is reduced on the same basis as for early retirement.			
Preretirement death	If eligible for early retirement, 50% of participant's early retirement benefit as of the date of death, reduced as if the 50% Joint and Survivor option was elected immediately prior to the date of death. Otherwise, 50% of the benefit the participant would have received had the participant quit employment the day before death and elected a 50% Joint and Survivor option to commence at the earliest possible retirement date.			

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

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Other Plan Provisions

Normal form of payment

Unmarried participants	Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
Married participants	50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

Optional forms of payment

Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66⅔%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life. A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.
Certain and life income annuity	The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of 10 years. If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.
Small cashouts	If the present value of the benefit is at least \$1,000 but less than \$5,000 the participant may elect to receive his or her benefit as a lump sum.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Plan participants'
contributions

None

Maximum benefit

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Summary of Main Plan Provisions – Lenox Hill

Plan Provisions

Covered Employees	All employees of Lenox Hill Hospital, excluding interns, residents, fellows, leased or per diem employees, and members of collective bargaining units not negotiated into the plan. NYPNU Nurses hired after December 31, 2005 are not eligible to participate.
Participation Date	Attainment of age 21 and completion of one year of continuous service.

Definitions

Vesting service	Period of employment used to determine eligibility for benefits. One year of service is earned for any calendar year in which the employee completed at least 1,000 hours of service.
Credited service	Total years and months of service determined for the purpose of computing benefits, beginning with the participant's date of hire. No Credited Service is earned for any calendar year in which the employee completed less than 1,000 hours (except for the year of hire or termination). For non-bargained employees only, no Credited Service will be earned for years after December 31, 2006. For NYPNU nurses, no Credited Service will be earned for 2007.
Compensation	Total W-2 earnings for a calendar year, plus any employee salary reduction contributions to a Hospital-sponsored qualified tax sheltered annuity program or to IRC Section 401(k) Plan maintained by the Hospital, limited to the IRS 401(a)(17) compensation limit. For non-bargained employees only, no compensation for years after December 31, 2006 will be recognized in benefit computations.
Final average compensation	Highest average compensation for five consecutive complete calendar years out of the last 10 calendar years during which Credited Service was earned (including the 2007 calendar year even if a year of credited service was not earned for such year but the Participant was in service during such year).
NYPNU Employee	An employee who is represented by the New York Professional Nurses Union.
Normal retirement date (NRD)	Non-union: The first day of the month coincident with or next following the later of Participant's attainment of age 65 or completion of three years of vesting service.

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Valuation Date:	January 1, 2023

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	NYPNU: The last day of the month coincident with or next following the later of Participant's attainment of age 65 or completion of five years of service.
Pension benefit	1.50% of Final Average Compensation multiplied by Credited Service plus 0.35% of Final Average Compensation in excess of Social Security Covered Compensation times Credited Service not greater than 35 years. All benefits under the plan are limited in accordance with IRS Section 415.
Actuarial Equivalence	Annuitant: One-third of the 1951 Group Annuity Table projected by Scale C to 1970 and two-thirds of the 1951 Group Annuity Table projected by Scale C to 1970 with a 5-year setback. Joint Annuitant: Two-thirds of the 1951 Group Annuity Table projected by Scale C to 1970 and one-third of the 1951 Group Annuity Table projected by Scale C to 1970 with a 5-year setback. Interest: 8.00%

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Non-union: Retired before NRD and on or after the first of the month on or next following attainment of age 55 and completion of five years of credited service. NYPNU: Retired before NRD and on or after the last day of the month on or next following attainment of age 55 and completion of ten years of participation service.
Postponed retirement	The first day of any month after Normal Retirement Date.
Vested termination	Termination for reasons other than death or retirement and completion of five years of vesting service (three years for employees with an account balance under the cash balance benefit provisions).
Disability	Totally and Permanently Disabled while a participant.
Preretirement death benefit	Death while vested with a spouse and before payments have commenced.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD
Early retirement	Normal retirement pension accrued to date of retirement. If the participant elects early commencement of his benefit, the accrued benefit is reduced by 0.25% for each month the benefits precede age 62. Benefit is unreduced if commencement is at or after age 62.
Vested termination	Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 5 years of credited service (10 years of participation service if NYPNU), payable any time on or after age 55, but reduced by 1/180 for each month not in excess of 60 plus 1/360 for each month in excess of 60 that the commencement date precedes the NRD.
Disablement	Based upon the Normal Retirement Benefit formula, including service during the period of disablement to the Normal Retirement Date, and commencing on Normal Retirement Date.
Preretirement death	If eligible for early retirement, 50% of participant's early retirement benefit as of the date of death, reduced as if the 50% Joint and Survivor option was elected immediately prior to the date of death. Otherwise, 50% of the benefit the participant would have received had the participant quit employment the day before death and elected a 50% Joint and Survivor option to commence at the earliest possible retirement date.

Other Plan Provisions

Normal form of payment	
Unmarried participants	Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
Married participants	50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2023

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Optional forms of payment

Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66⅔%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary (66⅔% not available to NYPNU participants). If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life. A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.
Certain and life income annuity	The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of 5, 10, 15 or 20 years (only a period of 10 years is available to NYPNU participants). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.
Small cashouts	If the present value of the benefit is at least \$1,000 but less than \$5,000 the participant may elect to receive his or her benefit as a lump sum.
Plan participants' contributions	None
Maximum benefit	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

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Summary of Main Plan Provisions - NYSNA Retiree Health Care Benefit

Plan Provisions

NYSNA employees at certain locations who meet age and service criteria at retirement are entitled to a temporary retiree health care benefit until age 65.

The following is a summary of the locations, age and service criteria, and benefit amounts.

Syosset

\$2,500 annual benefit upon retirement after age 55 with 15 years of service if retire prior to September 12, 2018.

Plainview

\$2,500 annual benefit upon retirement after age 55 with 15 years of service if retire prior to October 16, 2018.

LIJ Valley Stream

\$2,500 annual benefit upon retirement after attaining age 58 with 20 years of service if retire prior to September 18, 2020.

South Shore

Retirement Date	Eligibility	Annual Benefit Amount
Prior to 1/24/2010	Age 60 with 20 years of service	\$2,500
1/24/2010 – 2/28/2015	Age 55 with 20 years of service	\$2,500
3/1/2015 – 12/27/2018	Age 60 with 20 years of service	\$3,500
12/27/2018 or later	Not eligible	

Syosset, Plainview, South Shore and LIJ Valley Stream NYSNA participants that retire on or after September 12, 2018, October 16, 2018, December 27, 2018 and September 18, 2020, respectively, will no longer be eligible for this benefit payable from the Cash Balance Plan.

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Summary of Main Plan Provisions – Huntington Hospital

Plan Provisions

Covered Employees	Non-Union: All full-time and part-time employees hired prior to January 1, 2010 employed on the basis of at least 975 hours are eligible to participate at age 21 and one year of eligibility service. The Plan is closed to new non-union participants hired on or after January 1, 2010. Nurses: All full-time and part-time employees hired prior to January 1, 2012 employed on the basis of at least 975 hours are eligible to participate at age 21 and one year of eligibility service. The Plan is closed to new nurse participants hired on or after January 1, 2012. Non-union employees hired or rehired on or after January 1, 2009 and Nurses hired or rehired on or after January 1, 2012 benefit under the Northwell Health Cash Balance benefit formula effective January 1, 2012.
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Definitions

Eligibility service	Service as an employee of the hospital. Special rules apply for part-time employees.
Benefit service	Eligibility service rendered after becoming a participant. Special rules apply for part-time participants. For non-union participants hired or rehired on or after January 1, 2009 and prior to December 31, 2009, benefit service is frozen as of December 31, 2010.
Vesting service	Equal to eligibility service.
Final average earnings	For participants hired prior to January 1, 2009: Annual compensation of the three consecutive years out of the last ten which produces the highest average. Compensation is limited by the IRC Section 401(a)(17) compensation limit for benefit accrual purposes. Annual compensation is annualized base compensation, exclusive of overtime, bonuses and other special payments. For participants hired on or after January 1, 2009: Annual compensation of the five consecutive years out of the last ten which produces the highest average. Compensation is limited by the IRC Section 401(a)(17) compensation limit for benefit accrual purposes. Annual compensation is annualized base compensation, exclusive of overtime, bonuses and other special payments. For non-union participants hired or rehired on or after January 1, 2009 and prior to December 31, 2009, final average compensation is frozen as of December 31, 2010.

Plan Name:	Northwell Health Pension Plan
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Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

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Normal retirement date (NRD) If participation prior to January 1, 1988: the first day of the month coinciding with or next following the participant's 65th birthday. If participation on or after January 1, 1988: the first day of the month coinciding with or next following the later of the participant's 65th birthday or the fifth anniversary of the date the employee became a participant.

Pension benefit For participants hired before January 1, 2009:
The sum of the benefits determined under Part A and B, but no less than C.

- A. 1.3% of Final Average Earnings for the first 12 years of Benefit Service.
- B. 1.7% of Final Average Earnings after the first 12 years of Benefit Service.
- C. \$1,800 regardless of years of Benefit Service.

For non-union participants hired or rehired on or after January 1, 2009 and prior to December 31, 2009 or nurse participants hired or rehired on or after January 1, 2009 and prior to December 31, 2011:

The benefit determined under Part A, but no less than B.

- A. 1.3% of Final Average Earnings for all years of Benefit Service.
- B. \$1,800 regardless of years of Benefit Service when combined with his or her cash balance benefit, if any.

Final Average Earnings and Benefit Service are frozen for non-union participants hired or rehired on or after January 1, 2009 and prior to December 31, 2009 as of December 31, 2010.

Actuarial Equivalence (Joint and Survivor and Certain and Life optional forms) Tables of rates specified in plan document.

Actuarial Equivalence (Lump Sum optional form) The average of the yields on the PPA interest rates under section 417(e)(3) during the months of September, October, and November of the prior year, and Unisex Pensioner's 1984 mortality table.

Actuarial Equivalence (all other forms) 1984 GBB Female for the participant and the 1984 GBB Male for the beneficiary, and 8.50% interest.

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Non-Union: Retirement before NRD and on or after both attaining age 55 and completion of five years of credited service. Nurse: Retirement before NRD and on or after both attaining age 55 and completion of ten years of participation service.
Vested termination	Termination for reason other than death or retirement and completion of five years of eligibility service.
Preretirement death benefit	Death while vested and before payments have commenced.

Benefits Paid Upon the Following Events

Normal retirement	<i>Class A Participant</i> Pension benefit determined as of NRD. <i>Class B Participant</i> Maximum allowable annual pension under IRC Section 415
Early retirement	Normal retirement benefit reduced by 5/12 of 1% for each month the early retirement date precedes the NRD. For employees hired before January 1, 2009: The early retirement benefit is unreduced at age 62. An employee who retires after attaining age 55 and has completed 25 years of service may elect to receive his early retirement pension in a reduced amount equal to the normal retirement benefit reduced by 5/12 of 1% for each month the early retirement date precedes attaining age 62.
Vested termination	Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 5 years of credited service (10 years of vesting service if Nurse), payable any time on or after age 55, but reduced by 1/180 for each month not in excess of 60 plus 1/360 for each month in excess of 60 that the commencement date precedes the NRD.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Preretirement death	If eligible for early retirement, 50% of the participant's early retirement benefit as of the date of death is payable to the spouse, reduced as if the 50% Joint and Survivor option was elected immediately prior to the date of death. Otherwise, 50% of the benefit the participant would have received had the participant quit employment the day before death and elected a 50% Joint and Survivor option to commence at the earliest possible retirement date is payable to the spouse.
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Other Plan Provisions

Normal form of payment

Unmarried participants	Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
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Married participants	50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.
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Optional forms of payment

Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66 2/3%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life.
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A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Certain and life income annuity	The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of 5, 10, 15 or 20 years (only a period of 10 years is available to nurse participants). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.
Small cashouts	If the present value of the benefit is at least \$1,000 but less than \$5,000 the participant may elect to receive his or her benefit as a lump sum.
Plan participants' contributions	None
Maximum benefit	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Summary of Main Plan Provisions – Staten Island

Plan Provisions

Covered Employees	Any person employed by DHSI before eligibility was frozen as of March 21, 1996, and who is not covered by a collective bargaining agreement. As of January 1, 2018, employees benefit under the Northwell Health Cash Balance formula.
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Definitions

Vesting service	One year of vesting service is granted for each plan year in which an employee completes 1,000 hours of service, including service with an affiliated employer.
Eligibility service	One year of eligibility service is granted for each plan year in which an employee completes 1,000 hours of service, including service with an affiliated employer.
Credited service	One year of credited service is granted for each plan year in which an employee completes 1,000 hours of service prior to February 10, 1995.
Normal retirement date (NRD)	First day of the month coincident with or next following the later of the Participant's attainment of age 65 or completion of three years of vesting service.
Pension benefit	Participants who completed an hour of service on or after September 1, 1992: \$300 times credited service. Participants who did not complete an hour of service on or after September 1, 1992: Benefit in accordance with the plan provisions applicable at that time. Effective February 10, 1995, all benefits under this plan were frozen.
Actuarial equivalence (other than for 5 and 10-year Certain optional form)	Group Annuity Mortality 1971 Male and 8% interest.
Actuarial equivalence (5 and 10-year Certain optional forms)	The average of the yields on the PPA interest rates under section 417(e)(3) during the months of September, October, and November of the prior year and the PPA mandated Internal Revenue Code §417(e) mortality table.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retired before NRD and on or after both attaining age 55 and completion of five years of credited service.
Vested termination	Termination for reasons other than death or retirement and completion of five years of vesting service.
Disability	Immediately upon the employer's declaration of disability.
Preretirement death benefit	Death while vested and before payments have commenced.

Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD.
Early retirement	Pension benefit, reduced by 0.5% for each month by which benefit commencement precedes NRD.
Vested termination	Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 5 years of credited service, payable any time on or after age 55, but reduced by 0.5% for each month by which benefit commencement precedes the Normal Retirement Date.
Disablement	Fully vested and unreduced pension benefit, payable immediately upon eligibility.
Preretirement death	Fifty percent of the pension benefit, actuarially adjusted for the joint and 50% survivor payment form and early commencement, if applicable, payable commencing on the earliest date the participant could have retired, to the surviving spouse and continuing for the remaining lifetime of the surviving spouse.

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Normal form of payment

Unmarried participants	Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
Married participants	50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

Optional forms of payment

Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66⅔%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life. A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.
Certain and life income annuity	The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of a specified period (5, 10, 15 or 20 years). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.
Certain only	The participant may elect to receive reduced monthly installments over a guaranteed period of 5 or 10 years. If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Lump sum	The participant may elect to receive a retirement benefit in the form of a lump sum only under one of the following circumstances: a) Termination of employment on or after age 62 or elects to defer receipt of retirement pension to age 62. b) Termination of service with the Actuarial Equivalent of the vested accrued pension in excess of \$1,000 but not in excess of \$10,000.
Age 70½ provisions	Benefit payments must commence no later than April 1 of the calendar year following the later of: (1) the calendar year in which the participant attains age 70½; or (2) the calendar year in which the participant retires.
Plan participants' contributions	None
Maximum benefit	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. Increases in the limitations under IRC 415(b) after 1996 shall not result in the increase of any benefits provided to any employee or former employee.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Summary of Main Plan Provisions – Lenox Hill Hospital Health Services

Plan Provisions

Covered Employees	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.
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Definitions

Vesting and 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.
Past Service Credit	Credited service earned through November 1, 1970
Current Service Credit	Credited service earned on or after November 1, 1970 and through December 31, 2006
Normal retirement date (NRD)	First of the month coincident with or next following the later of attainment of age 65.
Pension benefit	The sum of (1) and (2): (1) Current Service Benefit: 1.76% of average monthly compensation multiplied by years of current service credit. (2) Past Service Benefit: 1.50% of past service compensation base multiplied by years of past service credit. Effective December 31, 2006, all benefits under this plan were frozen.
Actuarial equivalence (other than for Lump Sum optional form)	1951 Group Annuity Male Mortality Table projected to 1970 on Scale C with a 5 year setback for participants and no setback for their beneficiaries and spouses. 7.25% interest rate.
Actuarial equivalence (Lump Sum optional form)	The yield on the PPA interest rates under section 417(e)(3) during November of the prior year and the PPA mandated Internal Revenue Code §417(e) mortality table.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retired before NRD and on or after both attaining age 55 and completion of five years of credited service.
Vested termination	Termination for reasons other than death or retirement and completion of five years of service 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.
Preretirement death benefit	Death while vested and before payments have commenced.

Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD.
Early retirement	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 NRD. If the participant retires at age 62 with 25 years of credited service, the benefit will be unreduced.
Vested termination	Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 5 years of credited service, payable any time on or after age 55, but reduced by 0.5% for each month by which benefit commencement precedes the Normal Retirement Date.
Disablement	A pension computed as for Normal retirement, but based on service and compensation at disability. Payment of benefits commences immediately without reduction.

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Preretirement death Fifty percent of the pension benefit, actuarially adjusted for the joint and 50% survivor payment form and early commencement, if applicable 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:

<u>Participant's Age</u>	<u>Reduction Per Month</u>
34-44	1/120%
45-54	1/60%
55-64	1/20%
65 and over	1/10%

Other Plan Provisions

Normal form of payment

Unmarried participants Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.

Married participants 50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Optional forms of payment

Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life. A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.
Certain and life income annuity	The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of a specified period (5 or 10 years). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.
Level income early retirement annuity	A participant who retires with an Early Retirement Pension Benefit may elect this option pursuant to which the participant will receive the Actuarial Equivalent of a straight life annuity in the form of a life annuity adjusted such that the monthly payments are larger in amount from the effective date of the Participant's Retirement through the month in which he or she attains age 62 or age 65 as the participant shall elect, and smaller in amount thereafter, so computed that such smaller amount, when added to his or her estimated Social Security benefit, will be approximately equal to the larger amount.
25% or 50% single lump sum payment	If the benefit is not a Disability Pension Benefit, a participant may elect that the Actuarial Equivalent present value of either 25% or 50%, as the participant elects, of the participant's pension benefit shall be paid to the participant in a single lump sum cash payment either on the participant's Pension Commencement Date or on the January 1 immediately following such date, as the participant elects, and the remainder of the pension benefit shall be paid in another form of payment available under the plan which the participant shall elect.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Lump Sum	The participant may elect to receive a retirement benefit in the form of a total lump sum only if: (a) the Actuarial Equivalent present value of a participant's entire pension benefit does not exceed \$7,000 and (b) the benefit is not a Disability Pension Benefit (c) the participant has met all of the eligibility requirements for a Normal Pension Benefit or Early Retirement Pension Benefit.
Age 70½ provisions	Benefit payments must commence no later than April 1 of the calendar year following the later of: (1) the calendar year in which the participant attains age 70½; or (2) the calendar year in which the participant retires.
Plan participants' contributions	None
Maximum benefit	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. Increases in the limitations under IRC 415(b) after 1996 shall not result in the increase of any benefits provided to any employee or former employee.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Summary of Main Plan Provisions – Northern Westchester Hospital Association

Plan Provisions

Covered Employees	The plan is closed to new entrants. The plan has ongoing benefit accruals for Grandfathered participants. For non-Grandfathered employees, benefit accruals are frozen.
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Definitions

Eligibility	Attainment of age 21 and completion of one year of service. No individuals may become new members in the plan on or after January 1, 2013.
Eligibility service	A 12 month period commencing with employment during which the employee completes 975 hours of service. If the 975 hours are not completed during the first year of employment, the period of measurement is any plan year commencing after date of employment. Special rules apply for the period July 1, 1980 to December 31, 1982.
Vesting service	Effective January 1, 2002, a 12 month period commencing on the first day of any plan year during which the employee has completed at least 975 hours of service. Service performed before age 18 is excluded. Special rules apply for the period July 1, 1980 to December 31, 1982.
Credited service	The sum of (i) and (ii) below (i) Credited service prior to July 1, 1976: all full-time nonunion continuous service with Hospital prior to July 1, 1976. (ii) Credited service after June 30, 1976: 1,850 hours of employment during a plan year will constitute one year of credited service. For service less than 1,950 hours, credited service will be the ratio of actual hours to 1,950 hours. Special rules apply for the period July 1, 1980 to December 31, 1982.
Actuarial equivalence	November 30-Year Treasury rate for the prior Plan Year and the mortality prescribed by the IRS Revenue Ruling 2001-62, but for grandfathered lump sums not less than the value determined using the applicable interest rate prescribed by the IRS under Section 417(e)(3).

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Minimum Benefit Service	Twelve month period commencing on the first day of any plan year during which an employee commences 975 hours of service will constitute one year of minimum benefit service.
Annual Salary	Annual salary means the rate of compensation on April 1 of the Plan year, excluding bonuses and overtime. Effective January 1, 2008, annual bonus is included in the determination of Annual Salary.
Final Average Salary	Average of the Annual Salary for the five consecutive years of the 10 consecutive years immediately preceding termination, death, or retirement which produces the highest average.
Annual Compensation	Annual compensation means the basic compensation paid during each plan year, excluding bonuses and overtime. Effective January 1, 2008, annual bonus is included in the determination of Annual Compensation.
Covered Compensation	The average of 35 years of Social Security Taxable Wage Bases ending in the year in which the participant attains Social Security Retirement Age.
Vesting	3 years of vesting service, effective January 1, 2008.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Normal Retirement

Eligibility Normal Retirement Date is the first of the month coincident with or following age 65.

Cash Balance Formula On January 1, 2001, the plan was converted to a cash balance plan. All active participants have a cash balance account under the plan. The account balance is equal to the opening account balance plus pay-related credits plus interest credits. On termination of employment the account balance may be taken as a lump sum or converted to an annuity on an actuarial equivalent basis.

Opening Account Balance as of January 1, 2001:

The present value of the accrued benefit under the Plan as in effect on December 31, 2000 determined assuming age 65 retirement, 6.5% interest and GATT 1994 mortality.

Pay Credits:

As of the last day of each year beginning after December 31, 2000, all participants' accounts shall be credited with an amount equal to a percentage of the participant's Annual Compensation for the year, based on the Participant's age and vesting service as of the last day of the plan year, as follows:

Points (age + service)	Percentage
Less than 30	3.0%
30 or more but less than 40	4.0%
40 or more but less than 50	5.0%
50 or more but less than 60	6.0%
60 or more but less than 70	7.0%
70 or more but less than 80	8.0%
80 or more	9.0%

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Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Effective January 1, 2013, pay credits are frozen for all nongrandfathered participants.

Interest Credits:

The interest credits to Cash Balance Account are equal to the one-year U.S. Treasury Bills for the month of November immediately preceding the Plan Year plus 0.5%. In no event, will such "Interest Crediting Rate" applicable to any given year be less than 3.8%.

Annuity Conversion Rate:

Lump Sums are converted to life annuities using the 30-year U.S. Treasury rates for the month of November immediately preceding the Plan Year and the mortality prescribed by IRS Revenue Ruling 2001-62.

Prior Plan Benefit Formula

The benefits paid from this plan will not be less than benefits earned under the prior plan formula accrued to December 31, 2000. Furthermore, all participants as of December 31, 2000 will be grandfathered. Grandfathered participants who as of December 31, 2000 are age 50 or age 45 with 65 points will receive a benefit which is determined as the greater of the benefit determined under the cash balance formula or the prior plan formula. All other grandfathered participants will receive a benefit which is the greater of the benefit determined under the cash balance formula or 90% of the benefit determined under the prior plan formula.

The prior plan formula benefit is the sum of:

- (i) 1.50% of Final Average Salary less .48% of Covered Compensation multiplied by Credited Service earned before January 1, 1993, plus 1.75% of Final Average Salary less .48% of Covered Compensation multiplied by Credited Service earned on or after January 1, 1993; plus
- (ii) 1.00% of Final Average Salary multiplied by Credited Service in excess of 35 years. The maximum number of years of Credited Service that shall be taken into account under subparagraph (i) shall not exceed 35. The prior plan formula has a minimum benefit which is equal to \$15.00 per month for each year of Minimum Benefit Service with the Hospital.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Early Retirement

Eligibility	Eligible upon vesting
Benefit	For nongrandfathered participants, benefits commencing prior to Normal Retirement Date will be reduced actuarially for each year the member's early retirement date preceded age 65. Benefits are unreduced at the age of 65. For grandfathered participants who have attained age 55, benefits commencing prior to Normal Retirement Date will be reduced by 5% per year for each year the member's early retirement date precedes age 62. Benefits are unreduced at the age of 62. For grandfathered participants who leave before they have attained age 55, the prior plan formula early retirement factors between ages 55 and 65 are 2/3 of 1% for each of the first 60 months and 1/3 of 1% for each of the net 60 months by which the Retirement Commencement Date precedes age 65. For retirement prior to age 55, benefits will be reduced actuarially from age 55 to commencement age.

Deferred Retirement

Benefit	To comply with the Age Discrimination in Employment Act (ADEA), the plan has been amended to provide for benefit accruals after age 65.
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Ad-Hoc COLA

Ad-hoc COLA	Effective January 1, 1987 retired members receiving benefits were granted an ad-hoc cost of living increase of 4% of the benefit payable as a life annuity for each completed year since retirement with a minimum increase of \$10.00 per month.
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Pre-retirement death

Benefit	The benefit payable upon death to a beneficiary is equal to the cash balance account. If the beneficiary is the participant's spouse, then the spouse may elect to receive the benefit in the form of an annuity. For participants whose benefit is determined under the Prior Plan, the Survivor is entitled to receive a qualified joint and 50% survivor benefit which is actuarially equivalent to the single life annuity otherwise payable.
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Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Forms of benefits

Automatic form for unmarried participants	Life Annuity
Automatic form for married participants	50% Qualified Joint and Survivor Annuity
Optional forms of payment	
Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life.
Certain and life income annuity	The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of a specified period (5 or 10 years). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.
Lump Sum Basis	Annuities are converted to lump sums based on Actuarial Equivalence.

Miscellaneous

Early Retirement Window	Effective November 11, 2012, an early retirement window was offered to select employees which provided an additional year of service in the determination of retirement benefits.
Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually.
Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Summary of Main Plan Provisions – The Long Island Home

Plan Provisions

Covered employees	The plan is closed to new entrants. All common law employees who are not covered by a collective bargaining agreement and who are not considered "Leased Employees".
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Definitions

Vesting service	One year of vesting service is granted for each plan year in which an employee is credited with at least 250 hours of service.
Credited service	One year of credited service is granted for each plan year in which an employee is credited with at least 250 hours of service ending on or before December 31, 2005.
Pensionable pay	Total compensation which is subject to withholding for Federal income tax purposes. Compensation received after December 31, 2005 is not recognized.
Average earnings	The average of the highest five consecutive calendar years of pensionable pay during the ten-year period ending on the earlier of the participant's termination date or retirement date (but not after December 31, 2005).
Normal retirement date (NRD)	The later of age 65 or the fifth anniversary of the employee's date of participation.
Monthly pension benefit	One-twelfth of 1.55% of average earnings for each year of credited service. As of December 31, 2005, all benefit accruals have been frozen.
Social Security date	Age 62 or age 65 as selected by participant.
Actuarial equivalence	Group Annuity Mortality 1951 Male, set back 6 years for employee and 1 year for beneficiary, and 4.50% interest.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service.
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Preretirement death benefit	Death while vested and before payments have commenced.
Continuation of employment after NRD	Continuation of service with The Long Island Home after NRD.

Benefits Paid Upon the Following Events

Normal retirement or continuation of employment after NRD	The monthly pension benefit determined as of NRD.
Early retirement	Normal retirement pension accrued to date of retirement. If the participant elects early commencement of his or her benefit, the accrued benefit is reduced by the following percentages:

Number of Years Early Retirement Date Precedes Normal Retirement Date	Early Retirement Benefit Percentage
0	100.0%
1	90.8%
2	82.7%
3	75.5%
4	69.1%
5	63.5%
6	58.4%
7	53.8%
8	49.7%
9	46.0%
10	42.6%

Vested termination	The monthly pension benefit, accrued to date of termination and payable at NRD.
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Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Preretirement death	The survivor benefit which would be payable if the participant terminated on his/her date of death, elected payment at the earliest eligibility for early retirement in the form of a qualified joint and survivor annuity and died prior to the first payment.
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Other Plan Provisions

Normal form of payment

Unmarried participants	Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
Married participants	50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

Optional forms of payment

Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66 2/3%, 75% or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, the participant will continue to receive the reduced amount for the remainder of his or her life.
Certain and life income annuity	The participant may elect to receive reduced monthly installments for life, with a guarantee minimum of 10 years. If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survived this guarantee period, the monthly benefit will continue to be paid for the remainder of his or her lifetime. In this case, no further payments will be made after the participant's death.
Lump sum	The participant may elect to receive a retirement benefit in the form of a lump sum only if the monthly benefit is less than \$100.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Social Security Adjustment Option	If the participant elects to receive benefits prior to age 65, the participant may elect this option whereby the monthly benefit payable to the participant prior to his Social Security Date will equal the amount of benefits he or she would have received had the Social Security Adjustment Option had not been elected plus a percentage of the participant's Social Security benefit. The benefit payable on or after his Social Security Date will equal the monthly benefit payable before his Social Security Date minus the Social Security benefit.
Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the limitations under IRC 415(b) after 2005 shall not result in the increase of any benefits provided to any employee or former employee.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Summary of Main Plan Provisions – Central Suffolk Hospital Employees (“Peconic”)

Plan Provisions

Covered employees	The plan is closed to new entrants. Any participant who was a participant in the plan on December 31, 2008 shall remain in the plan.
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Definitions

Vesting service	One year of vesting service is granted for each plan year in which an employee is credited with at least 1,000 hours of service.
Credited service	One year of credited service is granted for each plan year in which an employee is credited with at least 1,950 hours of service.
Normal retirement date (NRD)	The later of age 65 or the fifth anniversary of the employee’s date of participation.
Monthly pension benefit	The greater of (a) or (b), but not less than (c): a) Accrued benefit under the prior plan formula b) Cash balance account, consisting of opening balance, service credits, and interest credits, converted to a life annuity c) \$600 Except for ongoing interest credits on account balances, the Plan has been frozen for future benefit accruals with respect to participants represented by Local 1199 as of November 1, 2002; with respect to salaried and hourly non-union employees as of February 29, 2004; and with respect to employees represented by the New York State Nurses Association as of March 9, 2009.
Interest crediting rate	The unadjusted applicable “third segment” safe harbor rate of Section 430(h)(2)(C)(iii) of the Internal Revenue Code.
Actuarial equivalence	For converting between a lump sum and an annuity, mortality from Revenue Ruling 2001-62 and interest equal to the non-average funding segment rates for the third month preceding the plan year. For converting between different annuity forms, the 2014 Unisex Mortality Table and 7% interest.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement on NRD.
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Preretirement death benefit	Death while vested and before payments have commenced.

Benefits Paid Upon the Following Events

Normal retirement or continuation of employment after NRD	The monthly pension benefit determined as of NRD.
Early retirement	For cash balance benefits, the early retirement benefit is equal to the cash balance at retirement. For prior plan benefits, the normal retirement benefit is reduced by 6.667% per year for each of the first five years commencement precedes age 65, and 3.333% per year for each of the next five years.
Vested termination	The monthly pension benefit, accrued to date of termination and payable at NRD.
Preretirement death	The survivor benefit which would be payable if the participant terminated on his/her date of death, elected payment at the earliest eligibility for early retirement in the form of a qualified joint and survivor annuity and died prior to the first payment.

Other Plan Provisions

Normal form of payment

Unmarried participants	Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
Married participants	50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Optional forms of payment

Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 75% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, the participant will continue to receive the reduced amount for the remainder of his or her life.
Lump sum	The participant may elect to receive a retirement benefit in the form of a lump sum.
Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Summary of Main Plan Provisions – John T. Mather (“Mather”)

Plan Provisions

Covered employees	All employees of the employer excluding the following: Leased employees Non-resident aliens Union employees Physician partners effective December 31, 2008 Plan participation is frozen effective December 31, 2009 for new hires and frozen effective December 31, 2010 for all employees.
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Definitions

Eligibility	Attainment of age 21 and completion of one year of service in which at least 1,000 hours worked.
Average compensation	The monthly average of the participant's compensation for the highest 60 consecutive calendar months in the last 120 calendar months prior to termination. Average compensation is frozen effective December 31, 2012.
Accrual service	One year of accrual service is earned for each plan year on or after date of entry during which the employee works 1,000 or more hours. Accrual service is frozen effective December 31, 2012.
Vesting service	One year of vesting service is earned for each plan year on or after date of hire during which the employee works 1,000 or more hours.
Covered compensation	The monthly average of the social security taxable wage bases in effect under section 230 of the Social Security Act for each year in the 35 year period ending with the year in which the employee attains social security retirement age.
Integration level	A single amount in any given year equal to one-half of the monthly average of the social security taxable wage bases (in effect under section 230 of the social security act) for each year in the preceding 35-year period, for an individual that attains social security retirement age that year.
Normal retirement date (NRD)	The later of attained age 65 or the age on the date five years after the first day of the plan year in which entry date occurred, but no later than attained age 70.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Accrued benefit	The sum of (a), (b), (c), and (d) reduced by (e) below: a) 1.3% of average compensation not in excess of integration level multiplied by accrual service (maximum 35 years) b) 1.9% of average compensation in excess of integration level multiplied by accrual service (maximum 35 years) c) 1.6% of average compensation multiplied by accrual service in excess of 35 years up to a maximum of 40 years d) Supplemental benefit e) The monthly amount of accrued benefit to the participant under the prior plan determined as of December 31, 1988 Accrued benefits are frozen effective December 31, 2012.
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Actuarial equivalence (other than Lump Sum optional form)	The optional form conversion basis is 8.0% interest and the UP 1984 mortality table for payments other than lump sums.
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Actuarial equivalence (Lump Sum optional form)	The optional form conversion basis uses the applicable interest rate and applicable mortality table as set forth in Code Section 417 for lump sum payments. The applicable interest rate uses the first calendar month preceding the first day of the stability period which is the plan year.
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Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retired before NRD and on or after both attaining age 55 and completion of five years of service.
Vested termination	Termination after completing five years of service.
Preretirement death benefit	Death while fully or partially vested in an accrued benefit and before payments have commenced.
Continuation of employment after NRD	Continuation of service with Mather after NRD

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	Accrued benefit determined as of NRD.
Early retirement	Accrued benefit on early retirement date reduced by 0.5% for each month that the early retirement date precedes normal retirement date.
Continuation of employment after NRD	Employed participants: Accrued benefit on late retirement date (requires suspension of benefit notice). Other participants: Greater of accrued benefit on normal retirement date actuarially increased to late retirement date or accrued benefit on late retirement date.
Vested termination	Accrued benefit on date of termination multiplied by the vesting percentage.
Preretirement death	If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day.

Other Plan Provisions

Normal form of payment

Unmarried participants	Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
Married participants	50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Optional forms of payment

Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life. A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.
Certain and life income	The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of ten years. If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.
Lump Sum	Single sum payment equal to the present value of normal retirement benefit if not more than \$100,000 if the participant terminates employment on or after September 1, 2018.
Plan participants' contributions	None
Maximum benefit	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Changes in Benefits Valued Since Prior Year

The 401(a)(17) limitation on compensation was increased from \$305,000 to \$330,000.

Effective December 31, 2022, the Northwell Health Cash Balance Plan (Cash Balance Plan) was merged into The John T. Mather Memorial Hospital of Port Jefferson, Inc. Pension Plan (Mather Plan). The Mather Plan was subsequently renamed the Northwell Health Pension Plan.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2023

Number and average plan compensation limited by IRC §401(a)(17) distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹									
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over
Under 25	48	85	5	0	0	0	0	0	0	0
	94,022	92,651	-	-	-	-	-	-	-	-
25-29	89	848	612	6	0	0	0	0	0	0
	85,532	72,382	86,020	-	-	-	-	-	-	-
30-34	63	1000	2014	393	4	0	0	0	0	0
	63,408	60,266	85,421	102,807	-	-	-	-	-	-
35-39	38	654	1916	936	241	5	0	0	0	0
	58,846	58,055	105,186	105,328	112,598	-	-	-	-	-
40-44	43	423	1430	887	504	123	1	0	0	0
	57,441	67,325	124,715	125,493	118,088	107,961	-	-	-	-
45-49	21	304	1145	786	526	358	57	4	0	0
	33,109	67,620	114,967	137,539	117,693	119,431	124,834	-	-	-
50-54	32	265	926	697	571	426	170	89	2	0
	22,517	63,635	114,089	112,255	121,870	131,872	127,999	122,018	-	-
55-59	50	239	894	713	579	481	238	295	94	1
	11,013	70,726	111,491	105,838	113,878	126,145	116,299	132,520	131,783	-
60-64	41	201	769	587	507	438	252	256	203	53
	3,756	87,349	104,391	109,521	113,443	127,955	117,744	126,261	142,533	149,486
65-69	19	95	371	334	265	247	128	134	83	85
	-	104,674	128,002	128,895	118,784	137,157	117,379	130,732	139,472	139,569
70 & over	4	29	148	134	91	107	53	44	26	39
	-	129,032	126,824	151,930	113,122	152,850	129,763	148,660	123,674	123,302
Average:	Age	47.96								
	Service	11.73								

Census data as of January 1, 2023

Excludes 406 participants that have no liability under the plan. Average plan compensation includes active employees not currently accruing future plan benefits with zero compensation reflected.

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Northwell Health Pension Plan
 EIN / PN: 11-3418133/006
 Plan Sponsor: Northwell Health, Inc.
 Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2023 Number and average account balances distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ²									
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over
Under 25	4	140	22							
		3,850	5,804							
25-29	9	826	913	15						
		6,704	12,441							
30-34	17	813	2,027	544	10					
		7,275	14,836	25,395						
35-39	10	523	1,756	871	314	16				
		8,374	20,661	29,438	41,347					
40-44	23	359	1,275	824	464	160	2			
	6,068	10,031	23,638	38,868	46,676	52,265				
45-49	12	259	990	672	467	342	69	6		
		10,587	22,786	44,317	51,062	61,720	73,319			
50-54	33	222	860	609	467	369	172	127	7	
	25,456	10,920	22,144	38,746	53,763	72,719	83,728	89,930		
55-59	45	201	835	576	474	412	196	249	136	2
	49,831	12,224	22,650	37,320	52,782	76,099	85,257	91,697	108,107	
60-64	38	149	613	493	407	349	193	195	135	71
	42,976	15,380	21,982	38,071	54,499	82,138	92,447	110,821	132,437	132,792
65-69	13	71	297	258	170	172	94	79	64	71
		12,742	28,142	47,362	60,932	83,831	105,072	133,244	151,281	162,731
70 & over	2	23	115	87	65	74	40	33	22	28
		18,308	28,534	58,765	56,561	111,301	98,515	195,628	229,755	178,302
Average Age			46.82	Average Service			11.58			

² Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Northwell Health Pension Plan
 EIN / PN: 11-3418133/006
 Plan Sponsor: Northwell Health, Inc.
 Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	80,191,332	16,582,727	92,351,345	189,125,404
2024	48,469,731	10,415,460	90,201,420	149,086,611
2025	51,953,844	11,131,181	87,929,305	151,014,330
2026	58,670,224	11,976,788	85,528,611	156,175,623
2027	61,251,688	15,646,596	83,012,291	159,910,575
2028	63,459,905	14,894,014	80,319,040	158,672,959
2029	67,405,428	16,765,346	77,481,480	161,652,254
2030	69,207,976	17,250,455	74,524,917	160,983,348
2031	69,412,332	16,968,764	71,443,928	157,825,024
2032	69,638,528	19,326,584	68,274,894	157,240,006
2033	70,289,281	18,843,018	65,004,848	154,137,147
2034	71,576,174	20,567,158	61,631,957	153,775,289
2035	72,737,198	21,187,906	58,167,530	152,092,634
2036	75,694,083	19,214,972	54,634,744	149,543,799
2037	76,008,603	20,911,682	51,049,475	147,969,760
2038	77,361,343	21,763,955	47,427,040	146,552,338
2039	79,083,534	22,176,046	43,785,623	145,045,203
2040	80,254,520	22,089,209	40,131,463	142,475,192
2041	81,831,473	21,604,943	36,509,165	139,945,581
2042	80,014,390	23,126,660	32,975,946	136,116,996
2043	82,194,416	24,012,427	29,554,693	135,761,536
2044	82,476,116	22,351,451	26,270,180	131,097,747
2045	81,906,849	23,779,100	23,137,538	128,823,487
2046	81,048,092	23,163,248	20,181,579	124,392,919
2047	80,379,373	22,566,369	17,424,130	120,369,872
2048	80,425,256	22,271,313	14,883,099	117,579,668
2049	78,463,138	22,714,010	12,571,583	113,748,731
2050	76,960,147	21,141,277	10,497,282	108,598,706

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2051	75,435,257	20,847,848	8,661,997	104,945,102
2052	71,207,116	20,163,624	7,061,743	98,432,483
2053	69,855,614	19,121,796	5,687,230	94,664,640
2054	65,974,835	18,014,470	4,524,640	88,513,945
2055	63,539,505	16,847,197	3,556,680	83,943,382
2056	58,628,348	15,745,111	2,763,575	77,137,034
2057	54,169,679	15,014,169	2,124,079	71,307,927
2058	49,901,919	13,182,413	1,616,545	64,700,877
2059	46,635,430	11,770,449	1,219,954	59,625,833
2060	41,104,438	10,603,873	914,642	52,622,953
2061	35,804,533	9,373,767	682,856	45,861,156
2062	32,780,559	8,646,013	509,089	41,935,661
2063	29,874,068	7,906,858	380,207	38,161,133
2064	27,537,975	7,271,676	285,403	35,095,054
2065	25,324,392	6,675,161	216,030	32,215,583
2066	23,361,186	6,119,106	165,344	29,645,636
2067	21,541,026	5,594,073	128,215	27,263,314
2068	19,814,454	5,099,387	100,834	25,014,675
2069	18,174,260	4,634,348	80,426	22,889,034
2070	16,626,048	4,197,899	65,002	20,888,949
2071	15,151,961	3,788,768	53,153	18,993,882
2072	13,744,848	3,405,855	43,885	17,194,588

Plan Name: Northwell Health Pension Plan
 EIN / PN: 11-3418133/006
 Plan Sponsor: Northwell Health, Inc.
 Valuation Date: January 1, 2023

Plan Name: Northwell Health Pension Plan
Plan Sponsor: Northwell Health, Inc.
EIN: 11-3418133; PN: 006
Schedule SB. Part II – Supplemental Information

The Northwell Health Cash Balance Plan i.e.” Northwell Cash Balance” (EIN 11-3418133 / 004) merged into the John T. Mather Memorial Hospital of Port Jefferson, Inc. Pension Plan i.e. “Mather ” (EIN 11-3418133 / 006) as of December 31, 2022. The combined plan was renamed the Northwell Health Pension Plan

The Exhibit below shows the derivation of Beginning of Year Prefunding Balances reflecting this plan merger.

		John T. Mather Memorial Hospital of Port Jefferson, Inc. Pension Plan	Northwell Health Cash Balance Plan	Total (as shown on the schedule)
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	339,385,593	339,385,593
8	Portion elected for use to offset prior year’s funding requirement (line 35 from prior year)	0	0	0
9	Amount remaining (line 7 minus line 8)	0	339,385,593	339,385,593
10	Interest on line 9 using prior’s year’s actual return			
	Mather: (16.75) %	0	N/A	0
	Northwell: (11.87) %	N/A	(40,285,070)	(40,285,070)
	Total	0	(40,285,070)	(40,285,070)
11	Prior year’s excess contribution to be added to prefunding balance			
a	Present value of excess contributions (line 38a from prior year)	0	0	0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year’s effective interest rate			
	Mather: 5.46 %	0	N/A	0
	Northwell: 5.38 %	N/A	0	0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year’s actual return	0	0	0
c	Total available at beginning of current plan year to add to prefunding balance	0	0	0
d	Portion of (c) to be added to prefunding balance	0	0	0
12	Other reductions in balance due to elections or deemed elections.	0	65,920,000	65,920,000
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	233,180,523	233,180,523

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 16 Supplemental Information

The Northwell Health Cash Balance Plan i.e."Northwell Cash Balance" (EIN 11-3418133 / 004) merged into the John T. Mather Memorial Hospital of Port Jefferson, Inc. Pension Plan i.e."Mather" (EIN 11-3418133 / 006) as of December 31, 2022. The combined plan was renamed the Northwell Health Pension Plan. The exhibit below shows the derivation of the prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement on an aggregate basis.

	John T. Mather Memorial Hospital of Port Jefferson, Inc. Pension Plan	Northwell Health Cash Balance Plan	Aggregate Basis
1. Prior Year's Actuarial Value of Assets (prior year's Schedule SB, line 2b)	194,225,743	2,659,881,355	2,854,107,098
2. Prior Year's Prefunding Balance (prior year's Schedule SB, line 13)	0	339,385,593	339,385,593
3. Prior Year's Funding Target (prior year's Schedule SB, line 3d(3))	185,539,866	1,998,663,553	2,184,203,419
4. Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement (1. – 2.) / 3.	104.68%	116.10%	115.13%

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2023

(1)	(2)	(3)	(4)	(5)
<i>Age</i>	<i>Rate of</i>		<i>Number of</i>	<i>Weighted</i>
<i>(If Eligible)</i>	<i>Retirement</i>		<i>Expected</i>	<i>Retirement</i>
	<i>Qx</i>	<i>tPx</i>	<i>Retirements</i>	<i>Age</i>
			<i>= (2) x (3)</i>	<i>= (1) x (4)</i>
55	0.0500	1.0000	0.0500	2.7500
56	0.0500	0.9500	0.0475	2.6600
57	0.0500	0.9025	0.0451	2.5721
58	0.0500	0.8574	0.0429	2.4864
59	0.0500	0.8145	0.0407	2.4028
60	0.0650	0.7738	0.0503	3.0177
61	0.0650	0.7235	0.0470	2.8686
62	0.1200	0.6765	0.0812	5.0329
63	0.1200	0.5953	0.0714	4.5003
64	0.1200	0.5238	0.0629	4.0232
65	0.2000	0.4610	0.0922	5.9928
66	0.1700	0.3688	0.0627	4.1378
67	0.1700	0.3061	0.0520	3.4864
68	0.1700	0.2541	0.0432	2.9369
69	0.1700	0.2109	0.0358	2.4735
70	1.0000	0.1750	0.1750	12.2515
Weighted Average Retirement Age				63.59

Plan Name: Northwell Health Pension Plan
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 Plan Sponsor: Northwell Health, Inc.
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Schedule SB, Part V Summary of Plan Provisions

The most recent amendment of the Northwell Health Pension Plan was adopted on December 31, 2022. The plan provisions for each formula group are summarized separately below.

Summary of Main Plan Provisions – Northwell Health Cash Balance

Plan Provisions

The following summary describes the main participation, benefit, and contribution provisions of the cash balance component of the Plan as interpreted for the valuation.

Covered Employees	All employees of Northwell Health with the exclusion of the following: 1. an employee hired or re-hired on or after July 1, 2018, unless such employee is a collectively bargained employee whose collective bargaining agreement provides for his or her participation in this Plan pursuant to the cash balance formula 2. an employee hired prior to July 1, 2018 by John T. Mather Memorial Hospital, Phelps Memorial Hospital Center, Northern Westchester Hospital Association or Peconic Bay Medical Center and is transferred to an employer on or after such date, unless such employee is a collectively bargained employee whose collective bargaining agreement provides for his or her participation in this Plan pursuant to the cash balance formula 3. a nurse employed by RegionCare, Inc. to perform nurse staffing services at an employer or an affiliate 4. a member of the house staff (i.e., a fellow, resident or intern), or a member of the house staff prior to July 1, 2018 who becomes a non-house staff Employee on or after that date whose terms of employment are not governed by a collective bargaining agreement 5. a Plainview Nurse eligible employee 6. prior to January 1, 2007, a Southside eligible employee 7. a Southside Nurse eligible employee or, on or after January 1, 2009, a nurse employed by Southside Hospital on a per diem basis 8. a LIJ Valley Stream Nurse eligible employee or a nurse employed by Long Island Jewish Valley Stream, formerly Franklin Hospital, now a division of Long Island Jewish Medical Center, on a per diem basis
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9. a Lenox Hill MEETH participant or a Lenox Hill NYPNU participant hired on or before December 31, 2005
10. a Nurse employed by the Huntington Hospital Association represented by the Huntington Hospital Nurses Association who was hired on or before December 31, 2011, and who has not terminated service and had been rehired by the Huntington Hospital Association on or after January 1, 2012
11. an employee of the Huntington Hospital not represented in collective bargaining who was hired before January 1, 2009 and not rehired on or after January 1, 2009 and who continues to accrue benefits under the Huntington Hospital Pension Plan
12. a collectively bargained employee hired prior to July 1, 2018 whose terms of employment were governed by a collective bargaining agreement that did not provide for his or her participation in this Plan pursuant to the cash balance formula who becomes an employee on or after July 1, 2018 whose terms of employment are not governed by a collective bargaining agreement
13. a collectively bargained employee unless the collective bargaining agreement in which such collectively bargained employee's terms of employment are governed provides for his or her participation in this Plan pursuant to the cash balance formula
14. an employee of Northwell FlexStaff, Inc., other than those with union code 351

Participation Date

Entry date is one-year anniversary (or January 1 after completing 1 year of eligibility service if eligibility is not met in the first year) with benefit accruals beginning with the first payroll date in the calendar quarter following entry date.

Plan Name:	Northwell Health Pension Plan
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Definitions

Prior plan	North Shore University Hospital Pension Plan as in effect as of December 31, 1998.
Vesting service	One year of vesting service is granted for each plan year in which an employee completes 975 hours of service. All employees regularly scheduled to work 18.75 hours per week receive credit for 975 hours for the year. Service prior to the plan effective date is recognized.
Eligibility service	One year of eligibility service is granted upon completion of at least 975 hours of service in the 12 months following an employee's hire date or in any Plan Year (January 1 – December 31) following the employee's year of hire. Employees regularly scheduled to work at least 975 hours per year (18.75 per week) will be granted one year of eligibility service after 1 year of employment. All active participants of the former Long Island Jewish and North Shore Plans who were receiving employer contributions as of December 31, 1998, automatically satisfy this 1-year eligibility requirement. Service prior to the plan effective date is recognized.
Credited service	Same as vesting service except that a full year of credited service is granted in the last year of employment irrespective of whether the employee worked 975 hours. This service will be used to calculate eligibility for early retirement and 62 & 25 provisions.
Pensionable pay	Base pay (including shift differential, fringe base and augmentation) limited to the IRS 401(a)(17) compensation limit.
Interest crediting rate	The average of the yields on 30-year Treasury bonds during the months of September, October, and November of the prior year.
Cash balance formula	As of the date of participation in the plan, a notional account is established for each eligible employee. 3% of pensionable pay is credited to the account on the date ending with the first payroll period of March, June, September and December. Compound interest is credited quarterly on the account. Interest is determined on the account balance at the end of the previous quarter (contributions made to the account during the current quarter do not receive interest at the end of the quarter in which they are credited). Former participants in the Huntington Hospital Pension Plan eligible for the Cash balance formula will not receive any benefits under this formula prior to January 1, 2012.

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Opening account balances	For all active participants of the North Shore University Hospital Pension Plan as of December 31, 1998 with an accrued benefit under that plan that were still active as of January 1, 1999, an opening account balance was established equal to the value of the accrued benefit as of January 1, 1999. The basis for the conversion was the 1983 Group Annuity Mortality Table (Unisex) and 6% interest. No early retirement subsidies were reflected in the computation of the opening balances. The opening balance included the present value of the accrued benefits under the former Glen Cove, Central General, Forest Hills, NSUH Manhasset and Syosset Pension Plans.
Special employer transition credits	For employees whose age plus vesting service totaled 55 points with a minimum of 5 years of vesting service, at least age 45, younger than age 65 and who were participants of the North Shore University Hospital Pension Plan as of December 31, 1998, an additional employer transition credit is payable (in addition to the 3%). Transition credits were computed on an individualized basis and were based on comparing the participant's projected retirement benefit at age 65 under the North Shore University Hospital Pension Plan for service on or after January 1, 1999, to the total of the projected benefit provided under the Northwell Health Cash Balance Plan and the employer provided benefits under the Northwell Health 403(b) Plan using 1998 pensionable pay and 3% annual pay increases. For highly compensated employees, it assumed that the employee contributes 6% of pay per year to the 403(b) and for non-highly compensated employees it assumed that the employee contributes 5% of pay each year to the 403(b). The plan was subsequently amended, effective January 1, 2005, to extend these credits beyond age 65. The amendment was made retroactive to January 1, 1999 to include employees who terminated prior to the effective date of the amendment. For active Southside Non-Union employees who were 50 or more (but less than age 65) with a minimum of 10 years of vesting service as of January 1, 2007, an additional transition credit is payable (in addition to the 3%). Transition credits were computed on an individualized basis and were based on comparing the participant's projected retirement benefit at age 65 under the Southside Plan, for service on or after January 1, 2007, to the total of the projected benefit provided under the Northwell Health Cash Balance Plan and the employer provided benefits under the Northwell Health 403(b) Plan. Since these transition credits were based on a projected benefit at age 65 no transition credits were provided to employees who were over age 65 as of January 1, 2007.

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Normal retirement date (NRD)	First day of the month coincident with or next following the later of the Participant's attainment of age 65 or completion of three years of service.
Pension benefit	The value of the cash balance formula, plus any opening account balances and special employer transition credits with interest, payable as a lump sum or annuitized.
Annuitization basis: Cash Balance Formula (to convert account balance to life annuity)	The average of the yields on the PPA interest rates under section 417(e)(3) during the months of September, October, and November of the prior year and the PPA mandated Internal Revenue Code §417(e) mortality table.
Actuarial equivalence: Non-cash balance formula benefits (other than for Lump Sum optional form)	UP-1984 mortality and 7% interest.
Actuarial equivalence: Non-cash balance formula benefits (Lump Sum optional form)	The average of the yields on the PPA interest rates under section 417(e)(3) during the months of September, October, and November of the prior year and the PPA mandated Internal Revenue Code §417(e) mortality table.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retired before NRD and on or after both attaining age 55 and completion of five years of credited service or after attaining age 62 and three years of service.
Vested termination	Termination for reasons other than death or retirement and completion of three years of vesting service (five years if termination is before January 1, 2008). All eligible employees hired at Northwell Health prior to January 1, 1999 were immediately vested as of January 1, 1999.
Disability	Permanently disabled as defined under OASDI.
Preretirement death benefit	Death while vested and before payments have commenced.

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Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD.
Early retirement	Annuitized account balance. However, if participant defers receipt to age 62 or is at least age 62 at date of termination the account balance can be paid as a lump sum. Interest is credited until the actual date of commencement. Latest deferred commencement date is age 65.
Vested termination	Annuitized account balance. However, if participant defers receipt to age 62 or is at least age 62 with three years of service at date of termination the account balance can be paid as a lump sum. Commencement eligibility is normal retirement date or early retirement date if at least 5 years of service at termination. Interest is credited until the actual date of commencement. Latest payment is at age 65.
Disablement	Can receive full account balance (immediately vested) if retirement eligible as of date of disability; otherwise, an immediate annuity is payable. No additional employer contributions are credited while disabled although interest continues to accrue.
Preretirement death	100% of the account balance (immediately vested) payable to the beneficiary of the participant at the participant's age 55 (or immediately if the participant is older than 55 at death), or an immediate annuity payment (annuitized value of 100% of account balance).

Other Plan Provisions

Normal form of payment

Unmarried participants	Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
Married participants	50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

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Optional forms of payment

Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66⅔%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life. A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.
Certain and life income annuity	The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of a specified period (5, 10, 15 or 20 years). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.
Lump sum	The participant may elect to receive a retirement benefit in the form of a lump sum only under one of the following circumstances: (a) Termination of employment on or after age 62 with three years of service (b) Terminates employment with at least three years of service and elects to defer receipt to at least age 62 (c) The present value of the accrued benefit is greater than \$1,000 but less than \$10,000
Other	Participants with a Central General prior plan benefit are also eligible for a Social Security Level Income Optional form for the portion of their benefit accrued under the Central General Hospital plan.
Small cashouts	Account balances under \$1,000 will be paid out automatically upon termination as a lump sum. Account balances between \$1,000 and \$5,000 will be rolled over to an IRA.

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Age 70 ½ provisions	Plan amendment effective January 14, 2016 which provides that for Cash Balance Participants whose Annuity starting date is on or after his or her Normal Retirement Date but prior to the April 1st of the calendar year following the calendar year in which he or she attains age 70 ½, except for any period during which the Cash Balance Participant's benefit payments are suspended, the Cash Balance Participant's Deferred Retirement benefit shall equal the greater of (i) the Cash Balance Participant's Deferred Retirement benefit determined as of the last day of the prior Plan Year (or Normal Retirement Date, if later), actuarially increased using the interest and mortality assumptions set forth in the definition of Actuarial Equivalent (offset by any Pay Based Credits and Interest Credits credited during the current Plan Year, as applicable), or (ii) the Cash Balance Participant's Deferred Retirement benefit determined in accordance with Article IV of the Plan.
Plan participants' contributions	None
Minimum benefit	The accrued benefit as of December 31, 1998 under the prior formula will be a minimum benefit under the plan. It will be compared to the applicable cash balance formula benefit at retirement under every available form of payment. The December 31, 1998 benefit will be payable if it exceeds the cash balance formula benefit payment.
Maximum benefit	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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Summary of Main Plan Provisions – Plainview NYSNA

Plan Provisions

Covered Employees	All employees who were participants on January 1, 1988 shall continue to be participants. All other employees shall be eligible to participate in the plan on the January 1 or July 1 next following completion of one year of eligibility service.
Participation Date	Date of becoming a covered employee

Definitions

Year of service	A plan year in which an employee completes 1,000 hours of service. For benefit accrual purposes only a year of service is credited in the final year of employment even if the participant completes less than 1,000 hours of service. However, special rules apply with respect to the benefit accrual for such year as well as with respect to the first year of employment.
Total compensation	Basic salary plus shift differential and fringe base excluding bonuses, overtime pay, workmen's compensation, sickness or accident disability or other payments made under this plan or any other retirement, pension or employee benefit plan, limited to the IRS 401(a)(17) compensation limit.
Excess compensation	That part of total compensation in excess of basic compensation.
Basic compensation	For years prior to 1989 and all years in which accruals on compensation in excess of basic compensation are not permitted, that portion of total compensation up to the amount of Social Security wage base for the year in reference. For all other years, that portion of total compensation up to 1.5 times Social Security Covered Compensation but not more than that Social Security wage base in effect for the year in reference.
Social Security covered compensation	The average of the Social Security wage bases in effect during the 35-year period ending with the year in which the participant attains Social Security normal retirement age. In calculating this amount, it shall be assumed there will be no increases in the Social Security wage base after the year of reference.
Normal retirement date (NRD)	First day of the month coincident with or next following the later of the Participant's attainment of age 65 or completion of three years of service.

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Pension benefit	An annual benefit equal to the sum of (a), (b), and (c) for service prior to 1989: a) 1.5% of basic compensation for the calendar year 1975 (using the Social Security wage base for 1975 of \$14,000), plus 2% of excess compensation for such year multiplied by the number of years of service prior to January 1, 1976. b) 1.5% of basic compensation, plus 2% of excess compensation for each year of service after January 1, 1976 but before January 1, 2007 c) 1.6% of basic compensation, plus 2% of excess compensation for each year of service after January 1, 2007 For each year of service after 1988, (b) is revised with respect to the first 30 years to provide: 1.5% of basic compensation up to the lesser of (1) 150% of covered compensation or (2) the Social Security wage base, plus 2% of excess compensation. In no event does service for basic compensation exceed 40 years or service for excess compensation exceeds 30 years.
Actuarial Equivalence (other than for Lump Sum or Social Security Level Income optional forms)	Unisex Pensioner's 1984 mortality table and 7% interest.
Actuarial Equivalence (Lump Sum and Social Security Level Income optional forms)	The average of the yields on the PPA interest rates under section 417(e)(3) during the months of September, October, and November of the prior year and the PPA mandated Internal Revenue Code §417(e) mortality table.

Plan Name:	Northwell Health Pension Plan
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Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retired before NRD and on or after both attaining age 55 and completion of ten years of credited service.
Postponed retirement	Employment beyond normal retirement date.
Vested termination	Termination for reasons other than death or retirement and completion of five years of vesting service (three years for employees with an account balance under the cash balance benefit provisions).
Disability	Total and permanent disability.
Preretirement death benefit	Death while vested with a spouse and before payments have commenced.

Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD
Early retirement	Normal retirement pension accrued to date of retirement. If the participant elects early commencement of his benefit, the accrued benefit is reduced by 1/15th for each of the first five years and 1/30th for each of the next five years commencement of payment precedes normal retirement date. If a participant retires at age 62 or later with 25 years of service or retires on or after early retirement eligibility with age plus years of service totalling 80 with 25 years of service and defers commencement to age 62, the benefit is unreduced.
Postponed retirement	Benefits continue to accrue for service beyond normal retirement date. Special minimums apply to participants who attained age 70 prior to January 1, 1988.
Vested termination	Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 10 years of credited service, payable any time on or after age 55, but reduced by 1/15th for each of the first five years and 1/30th for each of the next five years commencement of payment precedes normal retirement date.
Disablement	Normal retirement pension accrued to date of disability. If the participant elects early commencement of his benefit, the accrued benefit is reduced by 1/15th for each of the first five years and 1/30th for each of the next five years commencement of payment precedes normal retirement date. If disability date precedes normal retirement date by more than 10 years, the amount of the pension payable will be further reduced on an actuarially equivalent basis.

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Preretirement death	If eligible for early retirement, 50% of the participant's early retirement benefit as of the date of death is payable to the spouse, reduced as if the 50% Joint and Survivor option was elected immediately prior to the date of death. Otherwise, 50% of the benefit the participant would have received had the participant quit employment the day before death and elected a 50% Joint and Survivor option to commence at the earliest possible retirement date is payable to the spouse.
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Other Plan Provisions

Normal form of payment

Unmarried participants	Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
Married participants	50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

Optional forms of payment

Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66⅔%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life. A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.

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Certain and life income annuity	The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of a specified period (5, 10, 15 or 20 years). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.
Lump sum	The participant may elect to receive a retirement benefit in the form of a lump sum only under one of the following circumstances: (a) Termination of employment on or after Normal Retirement Date (b) Termination of employment on or after January 1, 2004 on early retirement with the sum, using completed years, of age and Years of Service totalling at least 80 at Early Retirement Date and election to defers receipt of the retirement pension to Normal Retirement Date (c) Termination of employment on or after July 1, 1995 on early retirement and is at least age 62 with 25 years of service or the sum, using completed years of age and Years of Service totalling at least 80 and defers receipt of the retirement pension to age 62 (c) Termination of service on or after March 28, 2005 with the Actuarial Equivalent of the vested accrued pension in excess of \$1,000 but not in excess of \$5,000
Social Security Level Income Option	Participants with a Central General prior plan benefit are also eligible for a Social Security Level Income Optional form.
Plan participants' contributions	None
Maximum benefit	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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Summary of Main Plan Provisions – South Shore

Plan Provisions

Covered Employees	Any person regularly employed by the Hospital other than an intern, NYSNA employees working on a per diem basis, resident, one who is covered under a collective bargaining agreement which does not have coverage under this Plan (e.g., 1199), leased employees and non-union employees who do not meet the eligibility requirements prior to January 1, 2007. Effective January 1, 1986, each Hospital-paid physician is deemed to be an Employee for purposes of Plan benefits.
Participation Date	The first of the month coincident with or next following the attainment of age 21 and the one year anniversary from hire, with the completion of 1,000 hours of service in the first year. Otherwise, the January 1 after the year in which 1,000 hours of service is first completed.

Definitions

Vesting service	All service with the Hospital after the earlier of age 18 or the completion of one year of service, and in the case of an employee who became a member as of the effective date of the Plan, all continuous service rendered to the effective date. Non-participating employees (e.g., NYSNA per diem and service for non-union employees after December 31, 2006) who work at least 1,000 hours are credited with a year of Vesting Service. Employees who work less than 1,000 hours but more than 500 hours receive one-twelfth of a year of service for each 84 hours of service or fraction thereof.
Credited service	Eligible employees receive a year of Credited Service for any Plan Year in which they work 1,950 hours. Employees who work less than 1,950 hours receive one-twelfth of a year of service for each 162.5 hours of service or fraction thereof. In the case of an employee who became a member as of the effective date of the Plan, all continuous service rendered prior to the effective date shall be included.
Compensation	The full-time annual rate, on the basis of a 1,950 hour year, of remuneration paid to an employee, excluding any bonuses, pay for overtime and special pay, limited to the IRS 401(a)(17) compensation limit.

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Final average compensation The average compensation during the highest five out of the last ten years of credited service as of the applicable dates as defined below:

Non-Union

Termination Date	Final Average Pay Date
Prior to December 31, 2001	December 31, 1996
On or after January 1, 2002	December 31, 2001

NYSNA

Termination Date	Final Average Pay Date
Prior to August 8, 2003	December 31, 1999
After August 8, 2003 and on or before January 1, 2007	December 31, 2002
After January 1, 2007 and on or before January 1, 2008	December 31, 2003
After January 1, 2008 and on or before February 1, 2009	December 31, 2004
After February 1, 2009 and on or before January 1, 2011	December 31, 2005
After January 1, 2011 and on or before February 28, 2012	December 31, 2006
On or after March 1, 2012	December 31, 2007

Career average compensation The average compensation of a member during all years of credited service after the Final Average Compensation determination date. Compensation during partial years of service is included. For non-union employees, excludes all pay after December 31, 2006.

Social Security Taxable Wage Base (SSTWB) The base in effect under Section 230 of the Social Security Act as of the beginning of the plan year.

NYSNA Employee An employee who is represented by the New York State Nurses Association.

Normal retirement date (NRD) First day of the month coincident with or next following the later of the Participant's attainment of age 65 or completion of three years of service.

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SCHEDULE SB ATTACHMENTS

Pension benefit

NYSNA Employees

Sum of (1) the past service benefit plus (2) the future service benefit.

- (1) 1.6% of Final Average Compensation multiplied by years of Credited Service as of the applicable final average pay date.
- (2) For each year of credited service after the applicable final average pay date, an amount equal to 1.6% of Career Average Compensation for such year.

Non-Union Employees

Employed by Hospital prior to January 1, 2002

Sum of (1) the past service benefit plus (2) the future service benefit.

- 1) 1.6% of Final Average Compensation multiplied by Years of Credited Service as of December 31, 2001 plus 0.8% of the excess, if any, of Final Average Compensation above \$62,700, multiplied by Years of Credited Service as of December 31, 2001.
- 2) For each year of credited service from December 31, 2001 to December 31, 2006, an amount equal to 1.6% of Career Average Compensation for such year plus 0.8% of the excess, if any, of Career Average Compensation for such year over the SSTWB applicable for such year. The SSTWB for calendar year 2006 was \$94,200.

Employed by Hospital on or after January 1, 2002

1.3% of Career Average Compensation multiplied by Years of Credited Service through December 31, 2006.

For service on or after January 1, 2007 benefits are accrued under the Northwell Health Cash Balance formula.

Actuarial equivalence

Unisex Pensioner's 1984 mortality table, set back 3 years for beneficiary, and 6% interest.

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Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Non-union employees: Retirement before NRD and on or after the first of the month on or next following attainment of age 55 and at least 5 years of credited service at the time of retirement. NYSNA: Retirement before NRD and on or after the last day of the month on or next following attainment of age 55 and at least 5 years of credited service at the time of retirement.
Vested termination	Termination for reasons other than death or retirement after completion of five years of vesting service (three years for employees with employees with an account balance under the cash balance benefit provisions).
Disability	A member who has not yet reached age 65 after completion of five years of vesting service and who is entitled to receive disability benefits under the Social Security Act may retire with a disability retirement benefit.
Preretirement death benefit	Death while vested with a spouse and before payments have commenced.

Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD
Early retirement	Normal retirement pension benefit accrued to date of retirement. If the participant elects early commencement of his or her benefit, the accrued benefit is reduced as follows:

55	0.386	61	0.665
56	0.420	62	0.734
57	0.459	63	0.811
58	0.502	64	0.899
59	0.550	65	1.000
60	0.604		

All active NYSNA employees and non-union employees who became plan participants prior to January 1, 1999 who are at least age 60 with 25 years of vesting service at termination are entitled to an unreduced benefit.

All non-union employees who became Plan participants on or after January 1, 1999 and are at least age 62 with 25 years of vesting service at termination are entitled to an unreduced benefit.

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Vested termination	Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 5 years of credited service, payable any time on or after age 55, but reduced as follows:			
	55	0.386	61	0.665
	56	0.420	62	0.734
	57	0.459	63	0.811
	58	0.502	64	0.899
	59	0.550	65	1.000
	60	0.604		
Disablement	Normal retirement pension accrued to date of disability. If the participant elects commencement of his benefit before age 65, the accrued benefit is reduced on the same basis as for early retirement.			
Preretirement death	If eligible for early retirement, 50% of participant's early retirement benefit as of the date of death, reduced as if the 50% Joint and Survivor option was elected immediately prior to the date of death. Otherwise, 50% of the benefit the participant would have received had the participant quit employment the day before death and elected a 50% Joint and Survivor option to commence at the earliest possible retirement date.			
Supplemental Benefit	Non-union employees received a supplemental account benefit equal to 2% of compensation for each month of plan participation from July 1, 1996 through June 30, 1998.			

Other Plan Provisions

Normal form of payment

Unmarried participants	Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
Married participants	50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

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Optional forms of payment

Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66⅔%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life. A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.
Certain and life income annuity	The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of 5, 10, 15 or 20 years (only a period of 10 years is available to NYSNA participants). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.
Small cashouts	If the present value of the benefit is at least \$1,000 but less than \$5,000 the participant may elect to receive his or her benefit as a lump sum.
Plan participants' contributions	None
Minimum benefit	The minimum normal retirement benefit is equal to the accrued retirement benefit of the member immediately prior to January 1, 1976, or the accrued benefit on the day prior to the effective date of any benefit update. The benefits described herein are offset by a retirement benefits payable under GA U-4912 with MONY.
Maximum benefit	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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Summary of Main Plan Provisions – LIJ Valley Stream NYSNA

Plan Provisions

Covered Employees	Any person regularly employed by the Hospital other than an intern, NYSNA employees working on a per diem basis, one who is covered under a collective bargaining agreement which does not have coverage under this Plan (e.g., 1199), leased employees.
Participation Date	The first of the month coincident with or next following the attainment of age 21 and the one year anniversary from hire, with the completion of 1,000 hours of service in the first year. Otherwise, the January 1 after the year in which 1,000 hours of service is first completed.

Definitions

Vesting service	All service with the Hospital after the earlier of age 18 or the completion of one year of service, and in the case of an employee who became a member as of the effective date of the Plan, all continuous service rendered to the effective date. Non-participating employees (e.g., NYSNA per diem) who work at least 1,000 hours are credited with a year of Vesting Service. Employees who work less than 1,000 hours but more than 500 hours receive one-twelfth of a year of service for each 84 hours of service or fraction thereof.
Credited service	Eligible employees receive a year of Credited Service for any Plan Year in which they work 1,950 hours. Employees who work less than 1,950 hours receive one-twelfth of a year of service for each 162.5 hours of service or fraction thereof. In the case of an employee who became a member as of the effective date of the Plan, all continuous service rendered prior to the effective date shall be included. Participants who remained active through January 1, 2011 are entitled to a prior service credit back to the later of their participation date and January 1, 2006.
Compensation	The full-time annual rate, on the basis of a 1,950 hour year, of remuneration paid to an employee, excluding any bonuses, pay for overtime and special pay, limited to the IRS 401(a)(17) compensation limit.
Career average compensation	The average compensation for each year the employee earns a year of credited service. Effective January 1, 2021, only compensation earned for years of credited service after January 1, 2010 will be included in average.

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NYSNA Employee	An employee who is represented by the New York State Nurses Association.
Normal retirement date (NRD)	First day of the month coincident with or next following the later of the Participant's attainment of age 65 or completion of three years of service.
Pension benefit	From January 1, 2006 through June 30, 2008, LIJ Valley Stream NYSNA employees benefited under the Northwell Health Cash Balance benefit formula. Effective July 1, 2008: 1.6% of Career Average Compensation multiplied by years of Credited Service.
Actuarial equivalence	Unisex Pensioner's 1984 mortality table, set back 3 years for beneficiary, and 6% interest.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after the last day of the month on or next following attainment of age 55 and at least 5 years of participation service at the time of retirement.
Vested termination	Termination for reasons other than death or retirement after completion of five years of vesting service (three years for employees with employees with an account balance under the cash balance benefit provisions).
Disability	A member who has not yet reached age 65 after completion of five years of vesting service and who is entitled to receive disability benefits under the Social Security Act may retire with a disability retirement benefit.
Preretirement death benefit	Death while vested with a spouse and before payments have commenced.

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Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD			
Early retirement	Normal retirement pension benefit accrued to date of retirement. If the participant elects early commencement of his or her benefit, the accrued benefit is reduced as follows:			
	55	0.386	61	0.665
	56	0.420	62	0.734
	57	0.459	63	0.811
	58	0.502	64	0.899
	59	0.550	65	1.000
	60	0.604		
	All active NYSNA employees who are at least age 60 with 25 years of vesting service at termination are entitled to an unreduced benefit.			
Vested termination	Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 5 years of credited service, payable any time on or after age 55, but reduced as follows:			
	55	0.386	61	0.665
	56	0.420	62	0.734
	57	0.459	63	0.811
	58	0.502	64	0.899
	59	0.550	65	1.000
	60	0.604		
Disablement	Normal retirement pension accrued to date of disability. If the participant elects commencement of his benefit before age 65, the accrued benefit is reduced on the same basis as for early retirement.			
Preretirement death	If eligible for early retirement, 50% of participant's early retirement benefit as of the date of death, reduced as if the 50% Joint and Survivor option was elected immediately prior to the date of death. Otherwise, 50% of the benefit the participant would have received had the participant quit employment the day before death and elected a 50% Joint and Survivor option to commence at the earliest possible retirement date.			

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Other Plan Provisions

Normal form of payment

Unmarried participants	Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
Married participants	50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

Optional forms of payment

Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66⅔%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life. A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.
Certain and life income annuity	The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of 10 years. If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.
Small cashouts	If the present value of the benefit is at least \$1,000 but less than \$5,000 the participant may elect to receive his or her benefit as a lump sum.

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Plan participants'
contributions

None

Maximum benefit

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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Summary of Main Plan Provisions – Lenox Hill

Plan Provisions

Covered Employees	All employees of Lenox Hill Hospital, excluding interns, residents, fellows, leased or per diem employees, and members of collective bargaining units not negotiated into the plan. NYPNU Nurses hired after December 31, 2005 are not eligible to participate.
Participation Date	Attainment of age 21 and completion of one year of continuous service.

Definitions

Vesting service	Period of employment used to determine eligibility for benefits. One year of service is earned for any calendar year in which the employee completed at least 1,000 hours of service.
Credited service	Total years and months of service determined for the purpose of computing benefits, beginning with the participant's date of hire. No Credited Service is earned for any calendar year in which the employee completed less than 1,000 hours (except for the year of hire or termination). For non-bargained employees only, no Credited Service will be earned for years after December 31, 2006. For NYPNU nurses, no Credited Service will be earned for 2007.
Compensation	Total W-2 earnings for a calendar year, plus any employee salary reduction contributions to a Hospital-sponsored qualified tax sheltered annuity program or to IRC Section 401(k) Plan maintained by the Hospital, limited to the IRS 401(a)(17) compensation limit. For non-bargained employees only, no compensation for years after December 31, 2006 will be recognized in benefit computations.
Final average compensation	Highest average compensation for five consecutive complete calendar years out of the last 10 calendar years during which Credited Service was earned (including the 2007 calendar year even if a year of credited service was not earned for such year but the Participant was in service during such year).
NYPNU Employee	An employee who is represented by the New York Professional Nurses Union.
Normal retirement date (NRD)	Non-union: The first day of the month coincident with or next following the later of Participant's attainment of age 65 or completion of three years of vesting service.

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	NYPNU: The last day of the month coincident with or next following the later of Participant's attainment of age 65 or completion of five years of service.
Pension benefit	1.50% of Final Average Compensation multiplied by Credited Service plus 0.35% of Final Average Compensation in excess of Social Security Covered Compensation times Credited Service not greater than 35 years. All benefits under the plan are limited in accordance with IRS Section 415.
Actuarial Equivalence	Annuitant: One-third of the 1951 Group Annuity Table projected by Scale C to 1970 and two-thirds of the 1951 Group Annuity Table projected by Scale C to 1970 with a 5-year setback. Joint Annuitant: Two-thirds of the 1951 Group Annuity Table projected by Scale C to 1970 and one-third of the 1951 Group Annuity Table projected by Scale C to 1970 with a 5-year setback. Interest: 8.00%

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Non-union: Retired before NRD and on or after the first of the month on or next following attainment of age 55 and completion of five years of credited service. NYPNU: Retired before NRD and on or after the last day of the month on or next following attainment of age 55 and completion of ten years of participation service.
Postponed retirement	The first day of any month after Normal Retirement Date.
Vested termination	Termination for reasons other than death or retirement and completion of five years of vesting service (three years for employees with an account balance under the cash balance benefit provisions).
Disability	Totally and Permanently Disabled while a participant.
Preretirement death benefit	Death while vested with a spouse and before payments have commenced.

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Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD
Early retirement	Normal retirement pension accrued to date of retirement. If the participant elects early commencement of his benefit, the accrued benefit is reduced by 0.25% for each month the benefits precede age 62. Benefit is unreduced if commencement is at or after age 62.
Vested termination	Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 5 years of credited service (10 years of participation service if NYPNU), payable any time on or after age 55, but reduced by 1/180 for each month not in excess of 60 plus 1/360 for each month in excess of 60 that the commencement date precedes the NRD.
Disablement	Based upon the Normal Retirement Benefit formula, including service during the period of disablement to the Normal Retirement Date, and commencing on Normal Retirement Date.
Preretirement death	If eligible for early retirement, 50% of participant's early retirement benefit as of the date of death, reduced as if the 50% Joint and Survivor option was elected immediately prior to the date of death. Otherwise, 50% of the benefit the participant would have received had the participant quit employment the day before death and elected a 50% Joint and Survivor option to commence at the earliest possible retirement date.

Other Plan Provisions

Normal form of payment	
Unmarried participants	Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
Married participants	50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

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Optional forms of payment

Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66⅔%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary (66⅔% not available to NYPNU participants). If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life. A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.
Certain and life income annuity	The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of 5, 10, 15 or 20 years (only a period of 10 years is available to NYPNU participants). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.
Small cashouts	If the present value of the benefit is at least \$1,000 but less than \$5,000 the participant may elect to receive his or her benefit as a lump sum.
Plan participants' contributions	None
Maximum benefit	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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Summary of Main Plan Provisions - NYSNA Retiree Health Care Benefit

Plan Provisions

NYSNA employees at certain locations who meet age and service criteria at retirement are entitled to a temporary retiree health care benefit until age 65.

The following is a summary of the locations, age and service criteria, and benefit amounts.

Syosset

\$2,500 annual benefit upon retirement after age 55 with 15 years of service if retire prior to September 12, 2018.

Plainview

\$2,500 annual benefit upon retirement after age 55 with 15 years of service if retire prior to October 16, 2018.

LIJ Valley Stream

\$2,500 annual benefit upon retirement after attaining age 58 with 20 years of service if retire prior to September 18, 2020.

South Shore

Retirement Date	Eligibility	Annual Benefit Amount
Prior to 1/24/2010	Age 60 with 20 years of service	\$2,500
1/24/2010 – 2/28/2015	Age 55 with 20 years of service	\$2,500
3/1/2015 – 12/27/2018	Age 60 with 20 years of service	\$3,500
12/27/2018 or later	Not eligible	

Syosset, Plainview, South Shore and LIJ Valley Stream NYSNA participants that retire on or after September 12, 2018, October 16, 2018, December 27, 2018 and September 18, 2020, respectively, will no longer be eligible for this benefit payable from the Cash Balance Plan.

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Summary of Main Plan Provisions – Huntington Hospital

Plan Provisions

Covered Employees	Non-Union: All full-time and part-time employees hired prior to January 1, 2010 employed on the basis of at least 975 hours are eligible to participate at age 21 and one year of eligibility service. The Plan is closed to new non-union participants hired on or after January 1, 2010. Nurses: All full-time and part-time employees hired prior to January 1, 2012 employed on the basis of at least 975 hours are eligible to participate at age 21 and one year of eligibility service. The Plan is closed to new nurse participants hired on or after January 1, 2012. Non-union employees hired or rehired on or after January 1, 2009 and Nurses hired or rehired on or after January 1, 2012 benefit under the Northwell Health Cash Balance benefit formula effective January 1, 2012.
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Definitions

Eligibility service	Service as an employee of the hospital. Special rules apply for part-time employees.
Benefit service	Eligibility service rendered after becoming a participant. Special rules apply for part-time participants. For non-union participants hired or rehired on or after January 1, 2009 and prior to December 31, 2009, benefit service is frozen as of December 31, 2010.
Vesting service	Equal to eligibility service.
Final average earnings	For participants hired prior to January 1, 2009: Annual compensation of the three consecutive years out of the last ten which produces the highest average. Compensation is limited by the IRC Section 401(a)(17) compensation limit for benefit accrual purposes. Annual compensation is annualized base compensation, exclusive of overtime, bonuses and other special payments. For participants hired on or after January 1, 2009: Annual compensation of the five consecutive years out of the last ten which produces the highest average. Compensation is limited by the IRC Section 401(a)(17) compensation limit for benefit accrual purposes. Annual compensation is annualized base compensation, exclusive of overtime, bonuses and other special payments. For non-union participants hired or rehired on or after January 1, 2009 and prior to December 31, 2009, final average compensation is frozen as of December 31, 2010.

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Normal retirement date (NRD)	If participation prior to January 1, 1988: the first day of the month coinciding with or next following the participant's 65th birthday. If participation on or after January 1, 1988: the first day of the month coinciding with or next following the later of the participant's 65th birthday or the fifth anniversary of the date the employee became a participant.
Pension benefit	For participants hired before January 1, 2009: The sum of the benefits determined under Part A and B, but no less than C. A. 1.3% of Final Average Earnings for the first 12 years of Benefit Service. B. 1.7% of Final Average Earnings after the first 12 years of Benefit Service. C. \$1,800 regardless of years of Benefit Service. For non-union participants hired or rehired on or after January 1, 2009 and prior to December 31, 2009 or nurse participants hired or rehired on or after January 1, 2009 and prior to December 31, 2011: The benefit determined under Part A, but no less than B. A. 1.3% of Final Average Earnings for all years of Benefit Service. B. \$1,800 regardless of years of Benefit Service when combined with his or her cash balance benefit, if any. Final Average Earnings and Benefit Service are frozen for non-union participants hired or rehired on or after January 1, 2009 and prior to December 31, 2009 as of December 31, 2010.
Actuarial Equivalence (Joint and Survivor and Certain and Life optional forms)	Tables of rates specified in plan document.
Actuarial Equivalence (Lump Sum optional form)	The average of the yields on the PPA interest rates under section 417(e)(3) during the months of September, October, and November of the prior year, and Unisex Pensioner's 1984 mortality table.
Actuarial Equivalence (all other forms)	1984 GBB Female for the participant and the 1984 GBB Male for the beneficiary, and 8.50% interest.

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Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Non-Union: Retirement before NRD and on or after both attaining age 55 and completion of five years of credited service. Nurse: Retirement before NRD and on or after both attaining age 55 and completion of ten years of participation service.
Vested termination	Termination for reason other than death or retirement and completion of five years of eligibility service.
Preretirement death benefit	Death while vested and before payments have commenced.

Benefits Paid Upon the Following Events

Normal retirement	<i>Class A Participant</i> Pension benefit determined as of NRD. <i>Class B Participant</i> Maximum allowable annual pension under IRC Section 415
Early retirement	Normal retirement benefit reduced by 5/12 of 1% for each month the early retirement date precedes the NRD. For employees hired before January 1, 2009: The early retirement benefit is unreduced at age 62. An employee who retires after attaining age 55 and has completed 25 years of service may elect to receive his early retirement pension in a reduced amount equal to the normal retirement benefit reduced by 5/12 of 1% for each month the early retirement date precedes attaining age 62.
Vested termination	Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 5 years of credited service (10 years of vesting service if Nurse), payable any time on or after age 55, but reduced by 1/180 for each month not in excess of 60 plus 1/360 for each month in excess of 60 that the commencement date precedes the NRD.

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Preretirement death	If eligible for early retirement, 50% of the participant's early retirement benefit as of the date of death is payable to the spouse, reduced as if the 50% Joint and Survivor option was elected immediately prior to the date of death. Otherwise, 50% of the benefit the participant would have received had the participant quit employment the day before death and elected a 50% Joint and Survivor option to commence at the earliest possible retirement date is payable to the spouse.
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Other Plan Provisions

Normal form of payment

Unmarried participants	Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
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Married participants	50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.
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Optional forms of payment

Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66 2/3%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life.
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A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.

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Certain and life income annuity	The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of 5, 10, 15 or 20 years (only a period of 10 years is available to nurse participants). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.
Small cashouts	If the present value of the benefit is at least \$1,000 but less than \$5,000 the participant may elect to receive his or her benefit as a lump sum.
Plan participants' contributions	None
Maximum benefit	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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Summary of Main Plan Provisions – Staten Island

Plan Provisions

Covered Employees	Any person employed by DHSI before eligibility was frozen as of March 21, 1996, and who is not covered by a collective bargaining agreement. As of January 1, 2018, employees benefit under the Northwell Health Cash Balance formula.
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Definitions

Vesting service	One year of vesting service is granted for each plan year in which an employee completes 1,000 hours of service, including service with an affiliated employer.
Eligibility service	One year of eligibility service is granted for each plan year in which an employee completes 1,000 hours of service, including service with an affiliated employer.
Credited service	One year of credited service is granted for each plan year in which an employee completes 1,000 hours of service prior to February 10, 1995.
Normal retirement date (NRD)	First day of the month coincident with or next following the later of the Participant's attainment of age 65 or completion of three years of vesting service.
Pension benefit	Participants who completed an hour of service on or after September 1, 1992: \$300 times credited service. Participants who did not complete an hour of service on or after September 1, 1992: Benefit in accordance with the plan provisions applicable at that time. Effective February 10, 1995, all benefits under this plan were frozen.
Actuarial equivalence (other than for 5 and 10-year Certain optional form)	Group Annuity Mortality 1971 Male and 8% interest.
Actuarial equivalence (5 and 10-year Certain optional forms)	The average of the yields on the PPA interest rates under section 417(e)(3) during the months of September, October, and November of the prior year and the PPA mandated Internal Revenue Code §417(e) mortality table.

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SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retired before NRD and on or after both attaining age 55 and completion of five years of credited service.
Vested termination	Termination for reasons other than death or retirement and completion of five years of vesting service.
Disability	Immediately upon the employer's declaration of disability.
Preretirement death benefit	Death while vested and before payments have commenced.

Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD.
Early retirement	Pension benefit, reduced by 0.5% for each month by which benefit commencement precedes NRD.
Vested termination	Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 5 years of credited service, payable any time on or after age 55, but reduced by 0.5% for each month by which benefit commencement precedes the Normal Retirement Date.
Disablement	Fully vested and unreduced pension benefit, payable immediately upon eligibility.
Preretirement death	Fifty percent of the pension benefit, actuarially adjusted for the joint and 50% survivor payment form and early commencement, if applicable, payable commencing on the earliest date the participant could have retired, to the surviving spouse and continuing for the remaining lifetime of the surviving spouse.

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Normal form of payment

Unmarried participants	Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
Married participants	50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

Optional forms of payment

Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66⅔%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life. A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.
Certain and life income annuity	The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of a specified period (5, 10, 15 or 20 years). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.
Certain only	The participant may elect to receive reduced monthly installments over a guaranteed period of 5 or 10 years. If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Lump sum	The participant may elect to receive a retirement benefit in the form of a lump sum only under one of the following circumstances: a) Termination of employment on or after age 62 or elects to defer receipt of retirement pension to age 62. b) Termination of service with the Actuarial Equivalent of the vested accrued pension in excess of \$1,000 but not in excess of \$10,000.
Age 70½ provisions	Benefit payments must commence no later than April 1 of the calendar year following the later of: (1) the calendar year in which the participant attains age 70½; or (2) the calendar year in which the participant retires.
Plan participants' contributions	None
Maximum benefit	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. Increases in the limitations under IRC 415(b) after 1996 shall not result in the increase of any benefits provided to any employee or former employee.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Summary of Main Plan Provisions – Lenox Hill Hospital Health Services

Plan Provisions

Covered Employees	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.
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Definitions

Vesting and 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.
Past Service Credit	Credited service earned through November 1, 1970
Current Service Credit	Credited service earned on or after November 1, 1970 and through December 31, 2006
Normal retirement date (NRD)	First of the month coincident with or next following the later of attainment of age 65.
Pension benefit	The sum of (1) and (2): (1) Current Service Benefit: 1.76% of average monthly compensation multiplied by years of current service credit. (2) Past Service Benefit: 1.50% of past service compensation base multiplied by years of past service credit. Effective December 31, 2006, all benefits under this plan were frozen.
Actuarial equivalence (other than for Lump Sum optional form)	1951 Group Annuity Male Mortality Table projected to 1970 on Scale C with a 5 year setback for participants and no setback for their beneficiaries and spouses. 7.25% interest rate.
Actuarial equivalence (Lump Sum optional form)	The yield on the PPA interest rates under section 417(e)(3) during November of the prior year and the PPA mandated Internal Revenue Code §417(e) mortality table.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retired before NRD and on or after both attaining age 55 and completion of five years of credited service.
Vested termination	Termination for reasons other than death or retirement and completion of five years of service 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.
Preretirement death benefit	Death while vested and before payments have commenced.

Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD.
Early retirement	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 NRD. If the participant retires at age 62 with 25 years of credited service, the benefit will be unreduced.
Vested termination	Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 5 years of credited service, payable any time on or after age 55, but reduced by 0.5% for each month by which benefit commencement precedes the Normal Retirement Date.
Disablement	A pension computed as for Normal retirement, but based on service and compensation at disability. Payment of benefits commences immediately without reduction.

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Preretirement death Fifty percent of the pension benefit, actuarially adjusted for the joint and 50% survivor payment form and early commencement, if applicable 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:

<u>Participant's Age</u>	<u>Reduction Per Month</u>
34-44	1/120%
45-54	1/60%
55-64	1/20%
65 and over	1/10%

Other Plan Provisions

Normal form of payment

Unmarried participants Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.

Married participants 50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Optional forms of payment

Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life. A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.
Certain and life income annuity	The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of a specified period (5 or 10 years). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.
Level income early retirement annuity	A participant who retires with an Early Retirement Pension Benefit may elect this option pursuant to which the participant will receive the Actuarial Equivalent of a straight life annuity in the form of a life annuity adjusted such that the monthly payments are larger in amount from the effective date of the Participant's Retirement through the month in which he or she attains age 62 or age 65 as the participant shall elect, and smaller in amount thereafter, so computed that such smaller amount, when added to his or her estimated Social Security benefit, will be approximately equal to the larger amount.
25% or 50% single lump sum payment	If the benefit is not a Disability Pension Benefit, a participant may elect that the Actuarial Equivalent present value of either 25% or 50%, as the participant elects, of the participant's pension benefit shall be paid to the participant in a single lump sum cash payment either on the participant's Pension Commencement Date or on the January 1 immediately following such date, as the participant elects, and the remainder of the pension benefit shall be paid in another form of payment available under the plan which the participant shall elect.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Lump Sum	The participant may elect to receive a retirement benefit in the form of a total lump sum only if: (a) the Actuarial Equivalent present value of a participant's entire pension benefit does not exceed \$7,000 and (b) the benefit is not a Disability Pension Benefit (c) the participant has met all of the eligibility requirements for a Normal Pension Benefit or Early Retirement Pension Benefit.
Age 70½ provisions	Benefit payments must commence no later than April 1 of the calendar year following the later of: (1) the calendar year in which the participant attains age 70½; or (2) the calendar year in which the participant retires.
Plan participants' contributions	None
Maximum benefit	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. Increases in the limitations under IRC 415(b) after 1996 shall not result in the increase of any benefits provided to any employee or former employee.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Summary of Main Plan Provisions – Northern Westchester Hospital Association

Plan Provisions

Covered Employees	The plan is closed to new entrants. The plan has ongoing benefit accruals for Grandfathered participants. For non-Grandfathered employees, benefit accruals are frozen.
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Definitions

Eligibility	Attainment of age 21 and completion of one year of service. No individuals may become new members in the plan on or after January 1, 2013.
Eligibility service	A 12 month period commencing with employment during which the employee completes 975 hours of service. If the 975 hours are not completed during the first year of employment, the period of measurement is any plan year commencing after date of employment. Special rules apply for the period July 1, 1980 to December 31, 1982.
Vesting service	Effective January 1, 2002, a 12 month period commencing on the first day of any plan year during which the employee has completed at least 975 hours of service. Service performed before age 18 is excluded. Special rules apply for the period July 1, 1980 to December 31, 1982.
Credited service	The sum of (i) and (ii) below (i) Credited service prior to July 1, 1976: all full-time nonunion continuous service with Hospital prior to July 1, 1976. (ii) Credited service after June 30, 1976: 1,850 hours of employment during a plan year will constitute one year of credited service. For service less than 1,950 hours, credited service will be the ratio of actual hours to 1,950 hours. Special rules apply for the period July 1, 1980 to December 31, 1982.
Actuarial equivalence	November 30-Year Treasury rate for the prior Plan Year and the mortality prescribed by the IRS Revenue Ruling 2001-62, but for grandfathered lump sums not less than the value determined using the applicable interest rate prescribed by the IRS under Section 417(e)(3).

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Minimum Benefit Service	Twelve month period commencing on the first day of any plan year during which an employee commences 975 hours of service will constitute one year of minimum benefit service.
Annual Salary	Annual salary means the rate of compensation on April 1 of the Plan year, excluding bonuses and overtime. Effective January 1, 2008, annual bonus is included in the determination of Annual Salary.
Final Average Salary	Average of the Annual Salary for the five consecutive years of the 10 consecutive years immediately preceding termination, death, or retirement which produces the highest average.
Annual Compensation	Annual compensation means the basic compensation paid during each plan year, excluding bonuses and overtime. Effective January 1, 2008, annual bonus is included in the determination of Annual Compensation.
Covered Compensation	The average of 35 years of Social Security Taxable Wage Bases ending in the year in which the participant attains Social Security Retirement Age.
Vesting	3 years of vesting service, effective January 1, 2008.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Normal Retirement

Eligibility Normal Retirement Date is the first of the month coincident with or following age 65.

Cash Balance Formula On January 1, 2001, the plan was converted to a cash balance plan. All active participants have a cash balance account under the plan. The account balance is equal to the opening account balance plus pay-related credits plus interest credits. On termination of employment the account balance may be taken as a lump sum or converted to an annuity on an actuarial equivalent basis.

Opening Account Balance as of January 1, 2001:

The present value of the accrued benefit under the Plan as in effect on December 31, 2000 determined assuming age 65 retirement, 6.5% interest and GATT 1994 mortality.

Pay Credits:

As of the last day of each year beginning after December 31, 2000, all participants' accounts shall be credited with an amount equal to a percentage of the participant's Annual Compensation for the year, based on the Participant's age and vesting service as of the last day of the plan year, as follows:

Points (age + service)	Percentage
Less than 30	3.0%
30 or more but less than 40	4.0%
40 or more but less than 50	5.0%
50 or more but less than 60	6.0%
60 or more but less than 70	7.0%
70 or more but less than 80	8.0%
80 or more	9.0%

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Effective January 1, 2013, pay credits are frozen for all nongrandfathered participants.

Interest Credits:

The interest credits to Cash Balance Account are equal to the one-year U.S. Treasury Bills for the month of November immediately preceding the Plan Year plus 0.5%. In no event, will such "Interest Crediting Rate" applicable to any given year be less than 3.8%.

Annuity Conversion Rate:

Lump Sums are converted to life annuities using the 30-year U.S. Treasury rates for the month of November immediately preceding the Plan Year and the mortality prescribed by IRS Revenue Ruling 2001-62.

Prior Plan Benefit Formula

The benefits paid from this plan will not be less than benefits earned under the prior plan formula accrued to December 31, 2000. Furthermore, all participants as of December 31, 2000 will be grandfathered. Grandfathered participants who as of December 31, 2000 are age 50 or age 45 with 65 points will receive a benefit which is determined as the greater of the benefit determined under the cash balance formula or the prior plan formula. All other grandfathered participants will receive a benefit which is the greater of the benefit determined under the cash balance formula or 90% of the benefit determined under the prior plan formula.

The prior plan formula benefit is the sum of:

- (i) 1.50% of Final Average Salary less .48% of Covered Compensation multiplied by Credited Service earned before January 1, 1993, plus 1.75% of Final Average Salary less .48% of Covered Compensation multiplied by Credited Service earned on or after January 1, 1993; plus
- (ii) 1.00% of Final Average Salary multiplied by Credited Service in excess of 35 years. The maximum number of years of Credited Service that shall be taken into account under subparagraph (i) shall not exceed 35. The prior plan formula has a minimum benefit which is equal to \$15.00 per month for each year of Minimum Benefit Service with the Hospital.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Early Retirement

Eligibility	Eligible upon vesting
Benefit	For nongrandfathered participants, benefits commencing prior to Normal Retirement Date will be reduced actuarially for each year the member's early retirement date preceded age 65. Benefits are unreduced at the age of 65. For grandfathered participants who have attained age 55, benefits commencing prior to Normal Retirement Date will be reduced by 5% per year for each year the member's early retirement date precedes age 62. Benefits are unreduced at the age of 62. For grandfathered participants who leave before they have attained age 55, the prior plan formula early retirement factors between ages 55 and 65 are 2/3 of 1% for each of the first 60 months and 1/3 of 1% for each of the net 60 months by which the Retirement Commencement Date precedes age 65. For retirement prior to age 55, benefits will be reduced actuarially from age 55 to commencement age.

Deferred Retirement

Benefit	To comply with the Age Discrimination in Employment Act (ADEA), the plan has been amended to provide for benefit accruals after age 65.
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Ad-Hoc COLA

Ad-hoc COLA	Effective January 1, 1987 retired members receiving benefits were granted an ad-hoc cost of living increase of 4% of the benefit payable as a life annuity for each completed year since retirement with a minimum increase of \$10.00 per month.
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Pre-retirement death

Benefit	The benefit payable upon death to a beneficiary is equal to the cash balance account. If the beneficiary is the participant's spouse, then the spouse may elect to receive the benefit in the form of an annuity. For participants whose benefit is determined under the Prior Plan, the Survivor is entitled to receive a qualified joint and 50% survivor benefit which is actuarially equivalent to the single life annuity otherwise payable.
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Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Forms of benefits

Automatic form for unmarried participants	Life Annuity
Automatic form for married participants	50% Qualified Joint and Survivor Annuity
Optional forms of payment	
Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life.
Certain and life income annuity	The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of a specified period (5 or 10 years). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.
Lump Sum Basis	Annuities are converted to lump sums based on Actuarial Equivalence.

Miscellaneous

Early Retirement Window	Effective November 11, 2012, an early retirement window was offered to select employees which provided an additional year of service in the determination of retirement benefits.
Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually.
Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Summary of Main Plan Provisions – The Long Island Home

Plan Provisions

Covered employees	The plan is closed to new entrants. All common law employees who are not covered by a collective bargaining agreement and who are not considered "Leased Employees".
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Definitions

Vesting service	One year of vesting service is granted for each plan year in which an employee is credited with at least 250 hours of service.
Credited service	One year of credited service is granted for each plan year in which an employee is credited with at least 250 hours of service ending on or before December 31, 2005.
Pensionable pay	Total compensation which is subject to withholding for Federal income tax purposes. Compensation received after December 31, 2005 is not recognized.
Average earnings	The average of the highest five consecutive calendar years of pensionable pay during the ten-year period ending on the earlier of the participant's termination date or retirement date (but not after December 31, 2005).
Normal retirement date (NRD)	The later of age 65 or the fifth anniversary of the employee's date of participation.
Monthly pension benefit	One-twelfth of 1.55% of average earnings for each year of credited service. As of December 31, 2005, all benefit accruals have been frozen.
Social Security date	Age 62 or age 65 as selected by participant.
Actuarial equivalence	Group Annuity Mortality 1951 Male, set back 6 years for employee and 1 year for beneficiary, and 4.50% interest.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service.
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Preretirement death benefit	Death while vested and before payments have commenced.
Continuation of employment after NRD	Continuation of service with The Long Island Home after NRD.

Benefits Paid Upon the Following Events

Normal retirement or continuation of employment after NRD	The monthly pension benefit determined as of NRD.
Early retirement	Normal retirement pension accrued to date of retirement. If the participant elects early commencement of his or her benefit, the accrued benefit is reduced by the following percentages:

Number of Years Early Retirement Date Precedes Normal Retirement Date	Early Retirement Benefit Percentage
0	100.0%
1	90.8%
2	82.7%
3	75.5%
4	69.1%
5	63.5%
6	58.4%
7	53.8%
8	49.7%
9	46.0%
10	42.6%

Vested termination	The monthly pension benefit, accrued to date of termination and payable at NRD.
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Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Preretirement death	The survivor benefit which would be payable if the participant terminated on his/her date of death, elected payment at the earliest eligibility for early retirement in the form of a qualified joint and survivor annuity and died prior to the first payment.
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Other Plan Provisions

Normal form of payment

Unmarried participants	Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
Married participants	50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

Optional forms of payment

Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66 2/3%, 75% or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, the participant will continue to receive the reduced amount for the remainder of his or her life.
Certain and life income annuity	The participant may elect to receive reduced monthly installments for life, with a guarantee minimum of 10 years. If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survived this guarantee period, the monthly benefit will continue to be paid for the remainder of his or her lifetime. In this case, no further payments will be made after the participant's death.
Lump sum	The participant may elect to receive a retirement benefit in the form of a lump sum only if the monthly benefit is less than \$100.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Social Security Adjustment Option	If the participant elects to receive benefits prior to age 65, the participant may elect this option whereby the monthly benefit payable to the participant prior to his Social Security Date will equal the amount of benefits he or she would have received had the Social Security Adjustment Option had not been elected plus a percentage of the participant's Social Security benefit. The benefit payable on or after his Social Security Date will equal the monthly benefit payable before his Social Security Date minus the Social Security benefit.
Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the limitations under IRC 415(b) after 2005 shall not result in the increase of any benefits provided to any employee or former employee.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Summary of Main Plan Provisions – Central Suffolk Hospital Employees (“Peconic”)

Plan Provisions

Covered employees	The plan is closed to new entrants. Any participant who was a participant in the plan on December 31, 2008 shall remain in the plan.
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Definitions

Vesting service	One year of vesting service is granted for each plan year in which an employee is credited with at least 1,000 hours of service.
Credited service	One year of credited service is granted for each plan year in which an employee is credited with at least 1,950 hours of service.
Normal retirement date (NRD)	The later of age 65 or the fifth anniversary of the employee’s date of participation.
Monthly pension benefit	The greater of (a) or (b), but not less than (c): a) Accrued benefit under the prior plan formula b) Cash balance account, consisting of opening balance, service credits, and interest credits, converted to a life annuity c) \$600 Except for ongoing interest credits on account balances, the Plan has been frozen for future benefit accruals with respect to participants represented by Local 1199 as of November 1, 2002; with respect to salaried and hourly non-union employees as of February 29, 2004; and with respect to employees represented by the New York State Nurses Association as of March 9, 2009.
Interest crediting rate	The unadjusted applicable “third segment” safe harbor rate of Section 430(h)(2)(C)(iii) of the Internal Revenue Code.
Actuarial equivalence	For converting between a lump sum and an annuity, mortality from Revenue Ruling 2001-62 and interest equal to the non-average funding segment rates for the third month preceding the plan year. For converting between different annuity forms, the 2014 Unisex Mortality Table and 7% interest.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement on NRD.
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Preretirement death benefit	Death while vested and before payments have commenced.

Benefits Paid Upon the Following Events

Normal retirement or continuation of employment after NRD	The monthly pension benefit determined as of NRD.
Early retirement	For cash balance benefits, the early retirement benefit is equal to the cash balance at retirement. For prior plan benefits, the normal retirement benefit is reduced by 6.667% per year for each of the first five years commencement precedes age 65, and 3.333% per year for each of the next five years.
Vested termination	The monthly pension benefit, accrued to date of termination and payable at NRD.
Preretirement death	The survivor benefit which would be payable if the participant terminated on his/her date of death, elected payment at the earliest eligibility for early retirement in the form of a qualified joint and survivor annuity and died prior to the first payment.

Other Plan Provisions

Normal form of payment

Unmarried participants	Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
Married participants	50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

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Optional forms of payment

Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 75% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, the participant will continue to receive the reduced amount for the remainder of his or her life.
Lump sum	The participant may elect to receive a retirement benefit in the form of a lump sum.
Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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Summary of Main Plan Provisions – John T. Mather (“Mather”)

Plan Provisions

Covered employees	All employees of the employer excluding the following: Leased employees Non-resident aliens Union employees Physician partners effective December 31, 2008 Plan participation is frozen effective December 31, 2009 for new hires and frozen effective December 31, 2010 for all employees.
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Definitions

Eligibility	Attainment of age 21 and completion of one year of service in which at least 1,000 hours worked.
Average compensation	The monthly average of the participant's compensation for the highest 60 consecutive calendar months in the last 120 calendar months prior to termination. Average compensation is frozen effective December 31, 2012.
Accrual service	One year of accrual service is earned for each plan year on or after date of entry during which the employee works 1,000 or more hours. Accrual service is frozen effective December 31, 2012.
Vesting service	One year of vesting service is earned for each plan year on or after date of hire during which the employee works 1,000 or more hours.
Covered compensation	The monthly average of the social security taxable wage bases in effect under section 230 of the Social Security Act for each year in the 35 year period ending with the year in which the employee attains social security retirement age.
Integration level	A single amount in any given year equal to one-half of the monthly average of the social security taxable wage bases (in effect under section 230 of the social security act) for each year in the preceding 35-year period, for an individual that attains social security retirement age that year.
Normal retirement date (NRD)	The later of attained age 65 or the age on the date five years after the first day of the plan year in which entry date occurred, but no later than attained age 70.

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Accrued benefit	The sum of (a), (b), (c), and (d) reduced by (e) below: a) 1.3% of average compensation not in excess of integration level multiplied by accrual service (maximum 35 years) b) 1.9% of average compensation in excess of integration level multiplied by accrual service (maximum 35 years) c) 1.6% of average compensation multiplied by accrual service in excess of 35 years up to a maximum of 40 years d) Supplemental benefit e) The monthly amount of accrued benefit to the participant under the prior plan determined as of December 31, 1988 Accrued benefits are frozen effective December 31, 2012.
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Actuarial equivalence (other than Lump Sum optional form)	The optional form conversion basis is 8.0% interest and the UP 1984 mortality table for payments other than lump sums.
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Actuarial equivalence (Lump Sum optional form)	The optional form conversion basis uses the applicable interest rate and applicable mortality table as set forth in Code Section 417 for lump sum payments. The applicable interest rate uses the first calendar month preceding the first day of the stability period which is the plan year.
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Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retired before NRD and on or after both attaining age 55 and completion of five years of service.
Vested termination	Termination after completing five years of service.
Preretirement death benefit	Death while fully or partially vested in an accrued benefit and before payments have commenced.
Continuation of employment after NRD	Continuation of service with Mather after NRD

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Benefits Paid Upon the Following Events

Normal retirement	Accrued benefit determined as of NRD.
Early retirement	Accrued benefit on early retirement date reduced by 0.5% for each month that the early retirement date precedes normal retirement date.
Continuation of employment after NRD	Employed participants: Accrued benefit on late retirement date (requires suspension of benefit notice). Other participants: Greater of accrued benefit on normal retirement date actuarially increased to late retirement date or accrued benefit on late retirement date.
Vested termination	Accrued benefit on date of termination multiplied by the vesting percentage.
Preretirement death	If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day.

Other Plan Provisions

Normal form of payment

Unmarried participants	Single Life Annuity. The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
Married participants	50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that when the participant dies his or her surviving spouse will receive 50% of that benefit for the rest of the spouse's life. However, if the spouse dies first, the payments will cease upon participant's death.

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Optional forms of payment

Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life. A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.
Certain and life income	The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of ten years. If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.
Lump Sum	Single sum payment equal to the present value of normal retirement benefit if not more than \$100,000 if the participant terminates employment on or after September 1, 2018.
Plan participants' contributions	None
Maximum benefit	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Changes in Benefits Valued Since Prior Year

The 401(a)(17) limitation on compensation was increased from \$305,000 to \$330,000.

Effective December 31, 2022, the Northwell Health Cash Balance Plan (Cash Balance Plan) was merged into The John T. Mather Memorial Hospital of Port Jefferson, Inc. Pension Plan (Mather Plan). The Mather Plan was subsequently renamed the Northwell Health Pension Plan.

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2023 FORM 5500
(ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN)

Name of Plan: Northwell Health Pension Plan
Plan Sponsor Name: Northwell Health, Inc.
Plan Sponsor EIN: 11-3418133
Plan Number: 006

REQUIRED ATTACHMENTS TO SCHEDULE H
(FINANCIAL INFORMATION)

Question 4i – Schedule of Assets Held for Investments

In accordance with the Instructions for the 2023 Form 5500, Annual Return/Report of Employee Benefit Plan (the “Return”), the required attachment for Schedule H (Financial Information), question 4i, Schedule of Assets Held for Investments Purposes at End of Year (the “Schedule”), is included at the end of the audited financial statements for the Plan. Please refer to the Accountant’s Opinion, attached to the Return, for the Schedule.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25 Change in Method

The valuation software used to produce the actuarial information submitted on this schedule is different than used for the previous valuation due to a change in both the enrolled actuary for the plan and the business organization providing actuarial services to the plan, and such change in software may be considered to be a method change. The new method is substantially the same as the method used by the prior enrolled actuary and is consistent with the description of the method contained in the prior actuarial valuation report and Schedule SB of Form 5500 (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations). The funding target and target normal cost (without regard to any adjustments for employee contributions and plan-related expenses), as determined for the prior plan year by the new enrolled actuary (using the actuarial assumptions of the prior enrolled actuary and disregarding the effects of any changes that are automatically approved under final IRC 430 regulations) are both within 3% of those values as determined by the prior enrolled actuary. The actuarial value of plan assets, as determined by the new enrolled actuary as of the valuation date for the prior plan year (using actuarial assumptions of the prior enrolled actuary), is within 2% of the value for that prior plan year as determined by the prior enrolled actuary. Therefore the change in funding method receives automatic approval under IRS Rev. Proc. 2017-56.

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Schedule SB, Line 24 Change in Actuarial Assumptions

- The cash balance interest crediting rate for Northwell benefit obligations was changed from 1.98% to 3.66%. The cash balance interest crediting rate for Northern Westchester Hospital benefit obligations was changed from 3.80% to 5.18%. The cash balance interest crediting rate for Peconic benefit obligations was changed from 3.29% to 4.85%.
- The salary scale rate was changed from 4% to 5% for 2023 only. For Northern Westchester prior plan formula covered pay, the as of date was changed from April 1 to May 1 for 2023 only.
- A lump sum form of payment was added for eligible Plainview NYSNA participants.
- For participants covered under the Mather formula, the rates of retirement, rates of termination and rates of disability, and forms of payment were changed to align with those used for the Northwell Health formulas.
- The PBGC Variable Rate Premium funding target is based on the Standard Method consistent with the approach used by the Mather plan (renamed the Northwell Health Pension Plan).

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