

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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 THE RETIREMENT SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 004
1c	Effective date of plan 05/01/1989
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) THE NEW YORK-PRESBYTERIAN HOSPITAL 525 EAST 68TH STREET BOX 38004 NEW YORK, NY 10065
2b	Employer Identification Number (EIN) 13-3957095
2c	Plan Sponsor's telephone number 212-746-4000
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.	10/15/2025	RACHEL MARLING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 66650
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) 45574 6a(2) 50152 6b 1230 6c 20682 6d 72064 6e 192 6f 72256 6g(1) 61873 6g(2) 63840 6h 45
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:
 2F 2G 2L 2M 2R 2S 2T 3F 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 11
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK-PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-3957095

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
EMPOWER ANNUITY 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
06-1050034	93629	556345-02	3347	01/01/2024	12/31/2024

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
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	(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	135905342
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. Specify nature of costs ▶	6d	

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 ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	141852876
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c Additions: (1) Contributions deposited during the year	7c(1)	13489515	
(2) Dividends and credits.....	7c(2)	0	
(3) Interest credited during the year.....	7c(3)	4488150	
(4) Transferred from separate account	7c(4)	19598313	
(5) Other (specify below).....	7c(5)	949672	

▶ **LOAN REPAYMENTS, FORFEITURE CREDITS**

(6) Total additions	7c(6)	38525650
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d Total of balance and additions (add lines 7b and 7c(6))	7d	180378526
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	16821906	
(2) Administration charge made by carrier.....	7e(2)	-66695	
(3) Transferred to separate account	7e(3)	27717973	
(4) Other (specify below).....	7e(4)	0	

▶

(5) Total deductions	7e(5)	44473184
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	135905342
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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. Specify nature of costs.	10b	

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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK-PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-3957095	

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
LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK

(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
22-0832760	60139	891489+006	6	01/01/2024	12/31/2024

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 232255	(b) Total amount of fees paid 0
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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
HEALTHCARE COMMUNITY SECURITIE
1 EMPIRE DRIVE
RENSSELAER, NY 12144

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
232255			4

(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	125702
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. Specify nature of costs ▶	6d	

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 ▶ **GROUP VARIABLE ANNUITY**

b Balance at the end of the previous year	7b	219196
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c Additions: (1) Contributions deposited during the year	7c(1)	0	
	7c(2)	0	
	7c(3)	7455	
	7c(4)	0	
	7c(5)	0	

(6) Total additions	7c(6)	7455
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d Total of balance and additions (add lines 7b and 7c(6))	7d	226651
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	100949	
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account	7e(3)	0	
(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	100949
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	125702
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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. Specify nature of costs.	10b	

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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK-PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-3957095	

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
LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK

(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
22-0832760	60139	194329+011	1022	01/01/2024	12/31/2024

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

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(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	46872396
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5 Current value of plan's interest under this contract in separate accounts at year end.....	5	
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6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
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c Premiums due but unpaid at the end of the year	6c	
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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. Specify nature of costs ▶	6d	
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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 ▶ GROUP VARIABLE ANNUITY

b Balance at the end of the previous year	7b	48047288
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c Additions: (1) Contributions deposited during the year	7c(1)	290593	
(2) Dividends and credits.....	7c(2)	0	
(3) Interest credited during the year.....	7c(3)	2034651	
(4) Transferred from separate account	7c(4)	495926	
(5) Other (specify below).....	7c(5)	0	

▶ MISCELLANEOUS IN, LOAN ADJUST

(6) Total additions	7c(6)	2821170
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d Total of balance and additions (add lines 7b and 7c(6))	7d	50868458
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3159029	
(2) Administration charge made by carrier.....	7e(2)	0	
(3) Transferred to separate account	7e(3)	827252	
(4) Other (specify below).....	7e(4)	9781	

▶ MISCELLANEOUS OUT

(5) Total deductions	7e(5)	3996062
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	46872396
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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. Specify nature of costs.	10b	

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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK-PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-3957095	

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
LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK

(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
22-0832760	60139	892187+006	217	01/01/2024	12/31/2024

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 101350	(b) Total amount of fees paid 0
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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
HEALTHCARE COMMUNITY SECURITIE
1 EMPIRE DRIVE
RENSSELAER, NY 12144

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
101350			4

(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	22857099
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5 Current value of plan's interest under this contract in separate accounts at year end.....	5	
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6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
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c Premiums due but unpaid at the end of the year	6c	
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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. Specify nature of costs ▶	6d	
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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	23777032
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c Additions: (1) Contributions deposited during the year	7c(1)	613327	
(2) Dividends and credits.....	7c(2)	0	
(3) Interest credited during the year.....	7c(3)	924648	
(4) Transferred from separate account	7c(4)	169	
(5) Other (specify below).....	7c(5)	269261	

▶ MISCELLANEOUS IN, LOAN ADJUST

(6) Total additions	7c(6)	1807405
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d Total of balance and additions (add lines 7b and 7c(6))	7d	25584437
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2141647	
(2) Administration charge made by carrier.....	7e(2)	0	
(3) Transferred to separate account	7e(3)	264439	
(4) Other (specify below).....	7e(4)	321252	

▶ MISCELLANEOUS OUT

(5) Total deductions	7e(5)	2727338
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	22857099
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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. Specify nature of costs.	10b	

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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK-PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-3957095	

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
TIAA-CREF

(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
13-1624203	69345	100780	382	01/01/2024	12/31/2024

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	14936998
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	1244080

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. Specify nature of costs ▶	6d	

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	15434481
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c Additions: (1) Contributions deposited during the year	7c(1)	0	
(2) Dividends and credits.....	7c(2)	0	
(3) Interest credited during the year.....	7c(3)	696398	
(4) Transferred from separate account	7c(4)	1288521	
(5) Other (specify below)..... ▶	7c(5)	0	

(6) Total additions	7c(6)	1984919
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d Total of balance and additions (add lines 7b and 7c(6))	7d	17419400
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1103760	
(2) Administration charge made by carrier.....	7e(2)	0	
(3) Transferred to separate account	7e(3)	1376900	
(4) Other (specify below)..... ▶ MISCELLANEOUS OUT	7e(4)	1742	

(5) Total deductions	7e(5)	2482402
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	14936998
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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. Specify nature of costs.	10b	

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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK-PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-3957095	

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
TIAA-CREF

(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
13-1624203	69345	150494	569	01/01/2024	12/31/2024

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	11866126
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	1087250

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. Specify nature of costs ▶	6d	

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	12126022
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c Additions: (1) Contributions deposited during the year	7c(1)	0	
(2) Dividends and credits.....	7c(2)	0	
(3) Interest credited during the year.....	7c(3)	485887	
(4) Transferred from separate account	7c(4)	1186769	
(5) Other (specify below)..... ▶	7c(5)	0	

(6) Total additions	7c(6)	1672656
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d Total of balance and additions (add lines 7b and 7c(6))	7d	13798678
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	970535	
(2) Administration charge made by carrier.....	7e(2)	0	
(3) Transferred to separate account	7e(3)	962017	
(4) Other (specify below)..... ▶	7e(4)	0	

(5) Total deductions	7e(5)	1932552
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	11866126
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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. Specify nature of costs.	10b	

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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK-PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-3957095

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
TIAA-CREF

(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
13-1624203	69345	100781	2910	01/01/2024	12/31/2024

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	101744915
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	7386824

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. Specify nature of costs ▶	6d	

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	107055291
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c Additions: (1) Contributions deposited during the year	7c(1)	0	
	7c(2)	0	
	7c(3)	4088483	
	7c(4)	3999416	
	7c(5)	0	

(6) Total additions	7c(6)	8087899
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d Total of balance and additions (add lines 7b and 7c(6))	7d	115143190
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	9121185	
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account	7e(3)	4046725	
(4) Other (specify below)	7e(4)	230365	

▶ MISCELLANEOUS OUT

(5) Total deductions	7e(5)	13398275
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	101744915
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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. Specify nature of costs.	10b	

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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK-PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-3957095	

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
TIAA-CREF

(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
13-1624203	69345	151304	752	01/01/2024	12/31/2024

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	20317776
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	5032690

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. Specify nature of costs ▶	6d	

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	20777039
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c Additions: (1) Contributions deposited during the year	7c(1)	0	
(2) Dividends and credits.....	7c(2)	0	
(3) Interest credited during the year.....	7c(3)	879294	
(4) Transferred from separate account	7c(4)	835436	
(5) Other (specify below)..... ▶	7c(5)	0	

(6) Total additions	7c(6)	1714730
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d Total of balance and additions (add lines 7b and 7c(6))	7d	22491769
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1869690	
(2) Administration charge made by carrier.....	7e(2)	0	
(3) Transferred to separate account	7e(3)	239855	
(4) Other (specify below)..... ▶ MISCELLANEOUS OUT	7e(4)	64448	

(5) Total deductions	7e(5)	2173993
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	20317776
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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. Specify nature of costs.	10b	

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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK-PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-3957095	

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
TRANSAMERICA FINANCIAL 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
36-6071399	70688	L7550358	19	01/01/2024	12/31/2024

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 626	(b) Total amount of fees paid 0
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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
HEALTHCARE COMMUNITY SECURITIES COR ONE EMPIRE DRIVE
RENSSELAER, NY 12144

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
626			3

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

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

(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	318830
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	127

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**

332966

c Additions: (1) Contributions deposited during the year**7c(1)**

0

(2) Dividends and credits.....

7c(2)

0

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

7c(3)

7193

(4) Transferred from separate account

7c(4)

0

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

7c(5)

136

▶ TRANSFERS

(6) Total additions

7c(6)

7329

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

340295

e Deductions:

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

7e(1)

21465

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

7e(2)

0

(3) Transferred to separate account

7e(3)

0

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

7e(4)

0

(5) Total deductions

7e(5)

21465

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

318830

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. Specify nature of costs.	10b	

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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK-PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-3957095	

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
TRANSAMERICA FINANCIAL 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
36-6071399	70688	L7550091	115	01/01/2024	12/31/2024

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 8822	(b) Total amount of fees paid 0
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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
HEALTHCARE COMMUNITY SECURITIES COR
ONE EMPIRE DRIVE
RENSSELAER, NY 12144

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8822			3

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

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

(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	2350001
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	84775

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. Specify nature of costs ▶	6d	

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	3043462
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c Additions: (1) Contributions deposited during the year	7c(1)	0	
(2) Dividends and credits.....	7c(2)	0	
(3) Interest credited during the year.....	7c(3)	84515	
(4) Transferred from separate account	7c(4)	47375	
(5) Other (specify below).....	7c(5)	17345	

▶ MISCELLANEOUS IN, LOAN ADJUST

(6) Total additions	7c(6)	149235
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d Total of balance and additions (add lines 7b and 7c(6))	7d	3192697
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	768266	
(2) Administration charge made by carrier.....	7e(2)	80	
(3) Transferred to separate account	7e(3)	54389	
(4) Other (specify below).....	7e(4)	19961	

▶ MISCELLANEOUS

(5) Total deductions	7e(5)	842696
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	2350001
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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. Specify nature of costs.	10b	

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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK-PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-3957095

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
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(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
22-1211670	68241	524176-01	23	01/01/2024	12/31/2024

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	1177465
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	5294237

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. Specify nature of costs ▶	6d	

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	1161497
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c Additions: (1) Contributions deposited during the year	7c(1)	0	
(2) Dividends and credits.....	7c(2)	0	
(3) Interest credited during the year.....	7c(3)	34570	
(4) Transferred from separate account	7c(4)	0	
(5) Other (specify below)..... ▶	7c(5)	0	

(6) Total additions	7c(6)	34570
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d Total of balance and additions (add lines 7b and 7c(6))	7d	1196067
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	18347	
(2) Administration charge made by carrier.....	7e(2)	255	
(3) Transferred to separate account	7e(3)	0	
(4) Other (specify below)..... ▶	7e(4)	0	

(5) Total deductions	7e(5)	18602
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	1177465
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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. Specify nature of costs.	10b	

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 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
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan THE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) 004
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK-PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-3957095

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
LINCOLN LIFE & ANNUITY COMPANY OF N
22-0832760

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TIAA
13-1624203

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS
13-3689044

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

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

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

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY O

8515 E ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

06-1050034

(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?
64	NONE	1844636	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

AON INVESTMENTS USA INC.

39584 TREASURY CENTER
CHICAGO, IL 60694-9500

(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	INVESTMENT ADVISOR	159089	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LINCOLN NATIONAL CORPORATION

35-1140070

(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?
13	SERVICE PROVIDER	4936	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

EMPOWER FINANCIAL SERVICES, INC

8515 E ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

84-0965407

(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?
63 72 33 59	NONE	2355	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

TIAA - TEACHERS INSURANCE AND ANNUITY

730 THIRD AVE
NEW YORK, NY 10017-3206

13-1624203

(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?
15	NONE	1875	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

EMPOWER LIFE & ANNUITY INSURANCE CO

8515 E ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	870	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

TRANSAMERIA RETIREMENT SOLUTIONS

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 28 37 38 50 54 59 61 62 63 64 65	RECORD KEEPER	80	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
33 71	SECURITIES BROKER	0	Yes ☒ No ☐	Yes ☒ No ☐	0	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
CHARLES SCHWAB & CO., INC.	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.
SCHWAB FUNDS 94-1737782	RATE OF 0.25% OF AVERAGE DAILY BALANCE OF ASSET(S)

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) 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 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 004
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE NEW YORK-PRESBYTERIAN HOSPITAL		D Employer Identification Number (EIN) 13-3957095
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: TIAA REAL ESTATE		
b Name of sponsor of entity listed in (a): TIAA-CREF		
c EIN-PN 13-1624203-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14750844
a Name of MTIA, CCT, PSA, or 103-12 IE: GOVERNMENT FIXED INCOME		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO		
c EIN-PN 36-6071399-009	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84902
a Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY PSF GLOBAL PORTFOLIO		
b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA		
c EIN-PN 22-1211670-071	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 425085
a Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY PSF PGIM JENNISON BLEND PORT		
b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA		
c EIN-PN 22-1211670-069	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 873914
a Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY PSF PGIM FLEXIBLE MANAGED PO		
b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA		
c EIN-PN 22-1211670-086	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45982
a Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY PRUDENTIAL CAPITAL GROWTH AC		
b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA		
c EIN-PN 22-1211670-005	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 791474
a Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY PSF PGIM 50/50 BALANCED PORT		
b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA		
c EIN-PN 22-1211670-087	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 351755
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2024 v. 240311		

a Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY PSF STOCK INDEX PORTFOLIO

b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

c EIN-PN 22-1211670-070	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2268142
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a Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY PSF PGIM GOVT INCOME PORTFOL

b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

c EIN-PN 22-1211670-084	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 245409
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a Name of MTIA, CCT, PSA, or 103-12 IE: MEDLEY PSF PGIM TOTAL RET BOND PORT

b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

c EIN-PN 22-1211670-083	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 292476
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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)
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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
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan THE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK-PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-3957095

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)	4715467	5203221
(2) Participant contributions.....	1b(2)	9533484	8389659
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	21483662	23261475
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	39576891	46930251
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	21664206	20129983
(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)	3624962884	4347169192
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	373827150	358472650
(15) Other.....	1c(15)	18766686	22474599

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	4114530430	4832031030
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2403863	2170190
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2403863	2170190
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4112126567	4829860840

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)	18200879	
(B) Participants.....	2a(1)(B)	374653516	
(C) Others (including rollovers).....	2a(1)(C)	30533730	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		423388125
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	682239	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	2866040	
(F) Other.....	2b(1)(F)	19390312	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		22938591
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	153356161	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C).....	2b(2)(D)		153356161
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		207466
(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)		408250429
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1008140772

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	278919496	
(2) To insurance carriers for the provision of benefits	2e(2)	3135596	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		282055092
f Corrective distributions (see instructions)	2f		287086
g Certain deemed distributions of participant loans (see instructions)	2g		6359131
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	1546101	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	159089	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1705190
j Total expenses. Add all expense amounts in column (b) and enter total	2j		290406499

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		717734273
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?	☒		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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 _____.

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
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK-PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-3957095	

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): 20-3691708		
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	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ 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
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9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: 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)..... 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)..... 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).....	14a 14b 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 b The corresponding number for the second preceding plan year	15a 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 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	16a 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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
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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 <u>09 / 21 / 2022</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>J500956A</u> .	

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

The Retirement Savings Plan
December 31, 2024 and 2023
and Year Ended December 31, 2024
With Report of Independent Auditors



The better the question.
The better the answer.
The better the world works.



Shape the future
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The Retirement Savings Plan

Financial Statements and Supplemental Schedule

December 31, 2024 and 2023 and
Year Ended December 31, 2024

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Report of Independent Auditors

The Board of Trustees
The New York and Presbyterian Hospital

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

We were engaged to perform audits of the financial statements of The Retirement Savings 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, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, 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 qualified institutions as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.



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Basis for Disclaimer of Opinion

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the financial statements may have been affected by these conditions.

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

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matter described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of the Plan, and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit.



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Other Matters

Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024 (referred to as the “supplemental schedule”) is presented for purposes of additional analysis and is not a required part of the financial statements but is 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.

Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule.

Ernst & Young LLP

October 14, 2025

The Retirement Savings Plan

Statements of Net Assets Available for Benefits

	December 31	
	2024	2023
Assets		
Investments, at fair value:		
Cash equivalents and money market funds	\$ 23,261,475	\$ 21,483,662
Mutual funds	4,044,120,546	3,357,826,064
Self-directed brokerage accounts	22,474,599	18,766,686
Pooled separate/variable annuity accounts	323,093,727	287,760,153
Guaranteed investment contracts	92,697,149	95,897,548
Total investments, at fair value	<u>4,505,647,496</u>	<u>3,781,734,113</u>
Fully benefit-responsive guaranteed investment contracts, at contract value	265,860,403	278,970,475
Employee contributions receivable	8,389,659	9,533,484
Employer contributions receivable	5,203,221	4,715,467
Participant notes receivable	46,930,251	39,576,891
Total assets	<u>4,832,031,030</u>	<u>4,114,530,430</u>
Liabilities		
Due to TIAA-CREF	2,170,190	2,403,863
Total liabilities	<u>2,170,190</u>	<u>2,403,863</u>
Net assets available for benefits	<u><u>\$ 4,829,860,840</u></u>	<u><u>\$ 4,112,126,567</u></u>

See accompanying notes.

The Retirement Savings Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2024

Additions

Interest and dividends	\$ 173,428,712
Employee contributions	374,653,516
Employer contributions	18,200,879
Rollover contributions	30,533,730
Interest on participant notes receivable	2,866,040
Total additions	<u>599,682,877</u>

Deductions

Benefits paid to participants	282,342,178
Deemed distributed loans	6,359,131
Administrative expenses	1,705,190
Total deductions	<u>290,406,499</u>

Net realized and unrealized appreciation in fair value of investments	<u>408,457,895</u>
Net increase in net assets available for benefits	717,734,273

Net assets available for benefits, beginning of year	<u>4,112,126,567</u>
Net assets available for benefits, end of year	<u><u>\$ 4,829,860,840</u></u>

See accompanying notes.

The Retirement Savings Plan

Notes to Financial Statements

December 31, 2024

1. Background and Significant Accounting Policies

The Retirement Savings Plan (the Plan) is a tax deferred annuity plan covering eligible employees of The New York and Presbyterian Hospital (NYPH), NewYork-Presbyterian/Queens (NYP/Queens), Hudson Valley Hospital Center d/b/a NewYork-Presbyterian/Hudson Valley Hospital (NYP/HV), entities doing business as NYP Medical Group/Brooklyn, and certain affiliated entities. The Plan's sponsor is NYPH.

On April 1, 2022, Empower Annuity Insurance Company of America (EAICA), formerly known as Great-West Life & Annuity Insurance Company, the parent company of Empower Retirement, LLC (Empower), acquired the full-service retirement business of Prudential Financial, Inc. (Prudential), including Prudential Retirement Insurance and Annuity Company (PRIAC) and Prudential Bank & Trust, FSB (PB&T). Empower became the recordkeeper of the Plan. Additionally, on October 3, 2022, PRIAC was renamed Empower Annuity Insurance Company (EAIC). Lastly, on March 31, 2023, PB&T was merged into Empower Trust Company, LLC (ETC).

Effective October 21, 2023, the Plan's recordkeeping and plan level reporting system with Prudential moved to Empower. Custody of the assets remains with EAIC for certain investments previously issued by Prudential. All other investments related to EAICA are held by Empower Trust Company, LLC.

ETC and EAIC are the current trustees and custodians of the Plan.

The following is a summary of the Plan's significant accounting policies:

Basis of Accounting: The Plan maintains its financial records on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States (GAAP).

Investment Valuation and Income Recognition: Investments consist of cash equivalents and money market funds, mutual funds, self-directed brokerage accounts, pooled separate/variable annuity accounts, and guaranteed investment contracts. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the trustees and custodians of the Plan. Investments held by the Plan (except for certain guaranteed investment contracts) are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 7 for further disclosures related to fair value measurements.

The Retirement Savings Plan

Notes to Financial Statements (continued)

1. Background and Significant Accounting Policies (continued)

The Plan's variable annuity accounts are held by Teachers Insurance and Annuity Association and College Retirement Equities Fund (collectively, TIAA-CREF), EAIC, Transamerica Financial Life Insurance Company (TFLIC), and The Lincoln National Life Insurance Company. Variable annuity accounts are investment portfolios that offer periodic payment options for participants. The value of future payments is based on performance of the investment portfolio. Investment portfolios for variable annuity accounts typically consist of equity securities, fixed income, and short-term investments, depending upon the objective of each variable annuity account. The aforementioned entities determine the net asset value of variable annuity accounts daily, and they are audited on an annual basis.

The Plan invests in the following fully benefit-responsive guaranteed investment contracts: Empower Guaranteed Long Term Fund Investment (GLT) (formerly Prudential Guaranteed Long Term Fund Investment), TIAA Traditional Group Supplemental Retirement Annuity (the GSRA), and Lincoln Guaranteed Fixed Interest Account (LGFIA) (the Plan also held investments in the Lincoln Stable Value M16 at December 31, 2023). These investment contracts are recorded at contract value (see Note 4). Contract value is the relevant measurement attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions plus earnings, less participant withdrawals and administrative expenses.

The Plan also invests in the TIAA Traditional Non-Benefit Responsive Retirement Annuity (the Retirement Annuity), a guaranteed investment contract. The Retirement Annuity guarantees principal and a specified interest rate, with the opportunity for additional amounts determined annually by TIAA-CREF's Board of Trustees. Certain restrictions limit participant access to funds. Participants are unable to receive lump-sum cash withdrawals from the Retirement Annuity and transfers must be spread over a ten-year period. Given the limitations on participant access to the fund, management does not consider the Retirement Annuity to be fully benefit-responsive. The Retirement Annuity is reported at fair value on the statements of net assets available for benefits (see Note 7). The Plan also invests in certain other guaranteed investment contracts that are not considered to be fully benefit-responsive and, accordingly, are reported at fair value on the statements of net assets available for benefits.

The Retirement Savings Plan

Notes to Financial Statements (continued)

1. Background and Significant Accounting Policies (continued)

All investment transactions are recorded on the dates such trades take place. The realized gain or loss resulting from these transactions is the difference between the proceeds received and the average historical cost of the assets sold. The change in the difference between the fair value and the cost of investments held, plus net realized gains or losses, is reported on the accompanying statement of changes in net assets available for benefits as net realized and unrealized appreciation in fair value of investments. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date.

Participant Notes Receivable: Participant notes receivable represent participant loans that are recorded at their unpaid principal balance, plus any accrued but unpaid interest. Interest income on participant loans receivable is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded at December 31, 2024 or 2023. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

Participant loans from TIAA-CREF are funded directly by TIAA-CREF (rather than funded by the participant's account in the Plan). The balance of a participant's loan from TIAA-CREF is guaranteed by the participant's plan assets. If a participant defaults on the loan, the amount of plan assets that guarantee the participant loan will become payable to TIAA-CREF. All participant loans in the Plan from TIAA-CREF as of December 31, 2024 and 2023 are in default (see Note 8).

Contributions: Employee and employer contributions are recognized when withheld.

Payment of Benefits: Benefits are recorded when paid.

Use of Estimates: The preparation of the financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates.

The Retirement Savings Plan

Notes to Financial Statements (continued)

2. Description of the Plan

The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan's amended plan document for more complete information, copies of which may be obtained from the Plan Sponsor.

General

The Plan covers eligible employees of NYPH; NYP/Queens; NYP/HV; entities doing business as NYP Medical Group/Brooklyn; NewYork-Presbyterian Medical Group/Westchester; Westchester Medical Practice, P.C. (d/b/a NewYork-Presbyterian Medical Group/Hudson Valley); and other participating employers. A participant of the Plan, as amended, will be deemed eligible upon hiring. Effective January 1, 2012, the Plan adopted an automatic enrollment provision whereby an eligible employee becomes a participant at the time of hire. Upon enrollment, an eligible participant's deferral is set at 6% of eligible compensation until changed by the participant. Certain employees are excluded from the automatic enrollment provision.

The Plan, which was established and became effective May 1, 1989, was amended and restated effective January 1, 2009. The amended Plan prohibits employee contributions to any vendor that existed prior to January 1, 2008. The Plan was further amended and restated effective January 2022 and 2023. Further, the Plan was amended and restated effective January 2025. Based on the various amendments and other changes, employee and employer contributions may only be made to EAICA and Lincoln Life and Annuity Company of New York, the record-keepers. Participants may elect to transfer assets to EAICA or allow assets to remain with certain prior vendors. Assets of the Plan in existence prior to January 1, 2008 are maintained and the transactions therein are executed by other vendors.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Contributions

Each year, participants may contribute up to 75% of pretax annual compensation, as defined by the Plan. Participants may also make Roth 403(b) deferrals and Roth rollover contributions and contribute amounts representing distributions from other qualified plans. All contributions are subject to certain limitations by the Internal Revenue Code (the Code). Participants are immediately vested in their contributions plus actual earnings thereon. Participants direct their elective contributions into various investment options offered by the Plan and can change their investment options on a daily basis.

The Retirement Savings Plan

Notes to Financial Statements (continued)

2. Description of the Plan (continued)

Certain participating employers provide matching and nonelective contributions. Participants are immediately vested in the matching contributions received and 100% vested after five years of vesting service in the nonelective contributions received. Certain employees are excluded.

Participant Accounts

Each participant's account is credited with the employer matching and nonelective contributions, participant's contributions and related investment income/loss and is charged with an allocation of administrative expenses. Plan earnings are allocated based on the participant's share of net earnings or losses of the participant's respective elected investment options. Allocations of administrative expenses are based on the participant's account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Forfeitures

Upon termination of employment, participants forfeit their non-vested balances. If a participant is rehired, the forfeited contributions are reinstated only if any employer contributions distributed at prior termination are repaid by the participant. Forfeited balances of terminated participants' non-vested accounts are used to reduce future employer contributions and plan expenses at the plan administrator's discretion. Unallocated forfeitures balances as of December 31, 2024 and 2023, were approximately \$3.8 million and \$4.8 million respectively. Forfeitures of approximately \$1.7 million were used to reduce employer contributions for 2024.

Participant Notes Receivable

Active participants in the Plan may borrow from their accounts a minimum of \$1,000 and up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. Loan terms range from 1 to 5 years or up to 15 years for the purchase of a primary residence. The \$50,000 limit is reduced by the participant's highest outstanding loan balance during the preceding 12-month period. A participant may only have one outstanding loan at any point in time. The loans bear interest at a rate equal to the prime rate at the time of issuance. The loans are secured by the balance in the participant's account. If a participant terminates employment with NYPH or other participating employers, the participant may continue to make loan payments through a preauthorized agreement. If a loan is not repaid, it will automatically be treated as a deemed distribution to the participant after the end of the calendar quarter following the quarter in which the repayment was due.

The Retirement Savings Plan

Notes to Financial Statements (continued)

2. Description of the Plan (continued)

Payment of Benefits

In-service withdrawals are available in certain limited circumstances, as defined by the Plan. Hardship withdrawals are allowed for participants incurring an immediate and heavy financial need, as defined by the Plan. Hardship withdrawals are strictly regulated by the Internal Revenue Service (the IRS) and a participant must exhaust all available loan options and available distributions prior to requesting a hardship withdrawal.

Normal retirement is upon attainment of 65 years of age. A participant may remain employed past the normal retirement date and continue to contribute to the Plan. Upon retirement and having attained the normal retirement age, a participant will be entitled to 100% of the participant's account balance, beginning at a reasonable time after retirement. Upon separation from service with NYPH or other participating employers due to death, disability, retirement or termination, a participant may elect to receive an annuity, installment payments, or a lump-sum payment. Benefit provisions for certain subplans are as described in the amended plan document. Participants should refer to the amended plan document for more information.

Administrative Expenses

Custodial fees to the Plan's custodians, legal fees, and certain consulting fees are paid directly from the Plan's assets. Expenses relating to purchases, sales, or transfers of the Plan's investments are charged to the particular investment fund to which such expenses relate. Accounting fees and fees for other services rendered are paid by the plan sponsor; such expenses are excluded from the accompanying financial statements.

Plan Termination

NYPH is the plan administrator. Although it has not expressed any intent to do so, NYPH has the right to amend or terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants' accounts will be distributed in accordance with the plan agreement.

The Retirement Savings Plan

Notes to Financial Statements (continued)

3. Investments

All investments held in the Plan are participant-directed. See Note 7 for the composition of investments held in the Plan.

Certain investment and participant notes receivable information disclosed in the accompanying financial statements and supplemental schedule, including investments at fair value, guaranteed investment contracts at contract value, and participant notes receivable at December 31, 2024 and 2023, and net realized and unrealized appreciation in fair value of investments, interest and dividends, and interest on participant notes receivable for the year ended December 31, 2024, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by Fidelity Management Trust Company, ETC, EAICA, Lincoln National Life Insurance Company, and TFLIC, the custodians of the Plan, and TIAA-CREF, as an insurance company, and as record-keeper for TIAA-CREF Trust Company.

4. Fully Benefit-Responsive Investment Contracts

As described in Note 1, the Plan invests in the GLT, GSRA, and LGFIA, which are fully benefit-responsive investment contracts. The Plan also invested in the Lincoln Stable Value M16 at December 31, 2023 which was a fully benefit-responsive investment contract. The issuers maintain the contributions for participant withdrawals and administrative expenses. The issuers are contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan as further described below.

The GLT and GSRA do not have a maturity date or penalties for early withdrawals. Certain events limit the ability of the Plan to transact at contract value with the insurance company and the financial institution issuer. Such events include, but are not limited to, a merger, layoffs, bankruptcy, full or partial plan termination, and early retirement incentive programs. For GLT specifically, a plan-sponsor-initiated termination of the contract is an event that could limit the ability of the Plan to transact at contract value paid within 90 days. In this instance, contract value would be paid over time or, at the plan sponsor's discretion, paid immediately after applying a market value adjustment. The plan administrator does not believe that the occurrence of any such events that would limit the Plan's ability to transact at contract value with participants is probable. The crediting interest rate for GLT and GSRA ranges from 1% – 3%.

The Retirement Savings Plan

Notes to Financial Statements (continued)

4. Fully Benefit-Responsive Investment Contracts (continued)

The contract issuer for the LGFIA is, and Lincoln Stable Value M16 at December 31, 2023 was, contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate for the LGFIA is based on a formula established by the contract issuer but may not be less than 4.5%; the crediting rate is reviewed on an annual basis for resetting. The crediting rate for the Lincoln Stable Value M16 was based on a formula established by the contract issuer but was not less than 1.0%, depending on the date at which a participant's contribution was invested in the fund; the crediting rate was reviewed on an annual basis for resetting. The LGFIA contract cannot be, and Lincoln Stable Value M16 at December 31, 2023 could not be, terminated before the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuers' ability to meet their financial obligations. The issuers' ability to meet their contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuers. Examples of such events include the following:

- The Plan's failure to qualify under Section 401(a) of the Code or the failure of the trust to be tax-exempt under Section 501(a) of the Code
- Premature termination of a contract
- Plan termination or merger
- Changes to the Plan's prohibition on competing investment options
- Bankruptcy of the plan sponsor or other plan sponsor events (e.g., divestitures or spin-offs of a subsidiary) that significantly affect the Plan's normal operations

The Retirement Savings Plan

Notes to Financial Statements (continued)

4. Fully Benefit-Responsive Investment Contracts (continued)

In addition, certain events allow an issuer to terminate its contract with the Plan and settle at an amount different from contract value. Examples of such events include the following:

- An uncured violation of the Plan's investment guidelines
- A breach of material obligation under the contract
- A material misrepresentation
- A material amendment to the agreements without the consent of the issuer

The plan administrator does not believe that the occurrence of any such events that would limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants is probable.

5. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported on the statements of net assets available for benefits.

Effective January 1, 2009, the IRS issued final regulations for purposes of determining common control for qualified retirement plans sponsored by tax-exempt organizations. In general, tax-exempt entities that are under common control are treated as one entity for certain of the requirements of qualified plans. The regulations determine control based on facts and circumstances; for this purpose, common control would exist if, among other situations, at least 80% of the directors or trustees of one organization were either representatives of, or directly or indirectly controlled by, another organization. These regulations could have an effect on the operations of NYPH and its related entities' retirement plans and the responsibilities of those entities for associated liabilities, although such effects are uncertain at this time.

The Retirement Savings Plan

Notes to Financial Statements (continued)

6. Income Tax Status

The underlying pre-approved plan has received an opinion letter from the Internal Revenue Service (IRS) dated September 21, 2022, stating that the written form of the underlying pre-approved document is qualified under Section 403(b) of the Internal Revenue Code (the Code). Any employer adopting this form of the plan will be considered to have a plan qualified under the Code, and, therefore, the related custodial accounts are tax-exempt. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan is qualified and the related custodial accounts are tax-exempt.

GAAP requires the plan administrator to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024, there are no uncertain tax positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress.

The Retirement Savings Plan

Notes to Financial Statements (continued)

7. Fair Value Measurements

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., an exit price). The fair value framework establishes a fair value hierarchy that prioritizes observable and unobservable inputs used to measure fair value. The 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:

- 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 – Observable inputs that are based on inputs not quoted in active markets, but corroborated by market data.
- Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumptions about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy within which the fair value measurement is classified is determined based upon the lowest level of input that is significant to the fair value measurement in its entirety.

The Retirement Savings Plan

Notes to Financial Statements (continued)

7. Fair Value Measurements (continued)

Financial assets carried at fair value are classified in the table below in one of the three categories described above as of December 31:

	2024			
	Level 1	Level 2	Level 3	Total
Cash equivalents and money market funds	\$ 23,261,475	\$ —	\$ —	\$ 23,261,475
Mutual funds	4,044,120,546	—	—	4,044,120,546
Self-directed brokerage accounts	22,474,599	—	—	22,474,599
Pooled separate/variable annuity accounts ^(a)	302,142,332	—	—	302,142,332
Guaranteed investment contracts	—	—	92,697,149	92,697,149
	<u>\$4,391,998,952</u>	<u>\$ —</u>	<u>\$ 92,697,149</u>	<u>4,484,696,101</u>

Assets measured at net asset value:

Pooled separate/variable annuity accounts^(a)

20,951,395
\$4,505,647,496

	2023			
	Level 1	Level 2	Level 3	Total
Cash equivalents and money market funds	\$ 21,483,662	\$ —	\$ —	\$ 21,483,662
Mutual funds	3,357,826,064	—	—	3,357,826,064
Self-directed brokerage accounts	18,766,686	—	—	18,766,686
Pooled separate/variable annuity accounts ^(a)	270,107,757	—	—	270,107,757
Guaranteed investment contracts	—	—	95,897,548	95,897,548
	<u>\$3,668,184,169</u>	<u>\$ —</u>	<u>\$ 95,897,548</u>	<u>3,764,081,717</u>

Assets measured at net asset value:

Pooled separate/variable annuity accounts^(a)

17,652,396
\$3,781,734,113

- ^(a) This category includes highly diversified investments in equity securities, fixed-income instruments, short-term investments, real estate properties, and real-estate-related investments in accordance with each portfolio's objectives. These investments share the common goal of favorable long-term return. There are currently no liquidity or redemption restrictions or unfunded commitments on these investments.

The Retirement Savings Plan

Notes to Financial Statements (continued)

7. Fair Value Measurements (continued)

At December 31, 2024 and 2023, the application of valuation techniques applied to similar assets and liabilities has been consistent. The following is a description of the valuation methodologies used for assets measured at fair value:

- Cash equivalents and money market funds: Fair value is based upon quoted market prices in active markets for identical assets.
- Mutual funds: Fair value is based upon quoted market prices in active markets for identical assets.
- Self-directed brokerage accounts: Such accounts include mutual funds and exchange-traded funds, all of which are quoted at the closing price reported in an active market.
- Pooled separate/variable annuity accounts: Certain pooled separate/variable annuity accounts are valued based upon the unit price as determined on a daily basis. Other pooled separate/variable annuity accounts are reported at fair value using the net asset value as a practical expedient. Each pooled separate/variable annuity account's valuation is based on quoted market prices of underlying assets and other valuation considerations.
- Guaranteed investment contracts: Fair value is determined using techniques consistent with the income approach by using a discounted cash flow analysis with consideration of the creditworthiness of the issuers. The fair value for these guaranteed investment contracts approximates the contract value. Contract value for these guaranteed investment contracts represents accumulated cash contributions and interest credited to the Plan's contracts, less any withdrawals.

The methods described above may produce a fair value that is not indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

The Retirement Savings Plan
Notes to Financial Statements (continued)

7. Fair Value Measurements (continued)

The following is a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2024:

Balance, beginning of year	\$ 95,897,548
Interest income	2,730,729
Purchases	4,654,281
Sales	<u>(10,585,409)</u>
Balance, end of year	<u>\$ 92,697,149</u>

8. Related-Parties and Parties-in-Interest Transactions

The Plan holds certain investments managed by the custodians of the Plan and TIAA-CREF. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

Participants who are active employees may borrow from their accounts and such loans qualify as exempt party-in-interest transactions under ERISA. These loans are reported as participant notes receivable in the accompanying statements of net assets available for benefits.

The Plan has approximately \$2.2 million and \$2.4 million due to TIAA-CREF at December 31, 2024 and 2023, respectively, related to defaulted participant loans that are payable to TIAA-CREF from certain plan assets used to guarantee the participant loans (see Note 1). Such amounts are distributed to TIAA-CREF upon the related participant's separation from service with NYPH due to death, disability, retirement, or termination.

9. Subsequent Events

Subsequent events have been evaluated through October 14, 2025, which is the date the accompanying financial statements were available to be issued. The plan document was amended and restated effective January 1, 2025 and executed on March 7, 2025. No other subsequent events have occurred that require disclosure in or adjustment to the financial statements.

Supplemental Schedule

The Retirement Savings Plan

EIN 13-3957095 Plan #004

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

December 31, 2024

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual funds			
Lincoln National Life*	ABS VPS Global Thematic Growth	** \$	368,338
Lincoln National Life*	ABS VPS Growth	**	796,820
Lincoln National Life*	AF EuroPacific Growth Fund R4	**	2,246,688
Lincoln National Life*	AF EuroPacific Growth Fund R6	**	37,102,838
Lincoln National Life*	American Century VP Balanced	**	525,424
Lincoln National Life*	American Funds Global Growth	**	952,681
Lincoln National Life*	American Funds Growth Fund	**	5,117,749
Lincoln National Life*	American Funds Growth Income	**	980,283
Lincoln National Life*	American Funds International	**	626,982
Lincoln National Life*	BlackRock Global Allocation Fund, Inc.	**	142,241
College Retirement Equities Fund*	Columbia Small Cap Value IZ	**	452,826
DFA Securities, LLC	DFA Emerging Markets Core Equity I	**	11,080,470
Fidelity Investments*	Fidelity 500 Index Premium Class	**	17,382,929
Lincoln National Life*	Fidelity Asset Manager	**	752,236
Lincoln National Life*	Fidelity Asset Manager 20%	**	602,991
Lincoln National Life*	Fidelity Asset Manager 30%	**	112,613
Lincoln National Life*	Fidelity Asset Manager 40%	**	420,720
Lincoln National Life*	Fidelity Asset Manager 50%	**	1,732,509
Lincoln National Life*	Fidelity Asset Manager 60%	**	162,680
Lincoln National Life*	Fidelity Asset Manager 70%	**	2,761,978
Lincoln National Life*	Fidelity Asset Manager 85%	**	580,867
Fidelity Investments*	Fidelity Balanced Fund	**	3,325,620
Fidelity Investments*	Fidelity Blue Chip Growth Fund	**	35,517,633
Fidelity Investments*	Fidelity Blue Chip Value Fund	**	140,434
Fidelity Investments*	Fidelity Canada Fund	**	131,147
Fidelity Investments*	Fidelity Capital & Income Fund	**	1,242,207
Fidelity Investments*	Fidelity Capital Appreciation Fund	**	2,603,194
Fidelity Investments*	Fidelity China Region Fund	**	93,552
Fidelity Investments*	Fidelity Conservative Income Bond Fund	**	9,460
Fidelity Investments*	Fidelity Contrafund Fund	**	41,844,664
Fidelity Investments*	Fidelity Convertible Securities Fund	**	293,329
Fidelity Investments*	Fidelity Corporate Bond Fund	**	191,494
Fidelity Investments*	Fidelity Disciplined Equity Fund	**	1,442,205
Fidelity Investments*	Fidelity Diversified International Fund	**	1,197,120
Fidelity Investments*	Fidelity Dividend Growth	**	1,722,479
Fidelity Investments*	Fidelity Emerging Asia Fund	**	114,983
Fidelity Investments*	Fidelity Emerging Market Discovery Fund*	**	3,649
Fidelity Investments*	Fidelity Emerging Markets Fund	**	355,184
Fidelity Investments*	Fidelity Emerging Market Index Fund	**	122,436
Fidelity Investments*	Fidelity Environmental and Alternative Energy Fund	**	103,140
Fidelity Investments*	Fidelity Equity Dividend Income Fund	**	1,379,713
Fidelity Investments*	Fidelity Equity Income Fund	**	2,861,616
Fidelity Investments*	Fidelity Europe Fund	**	518,015

The Retirement Savings Plan

EIN 13-3957095 Plan #004

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

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual funds (continued)			
Fidelity Investments*	Fidelity Extended Market Index Fund – Premium Class	** \$	373,465
Fidelity Investments*	Fidelity Fund	**	2,007,311
Fidelity Investments*	Fidelity Float Retirement High Income Fund	**	48,447
Fidelity Investments*	Fidelity Focused High Income Fund	**	6,334
Fidelity Investments*	Fidelity Focused Stock Fund	**	679,253
Fidelity Investments*	Fidelity Freedom 2010 Fund	**	563,569
Fidelity Investments*	Fidelity Freedom 2015 Fund	**	941,590
Fidelity Investments*	Fidelity Freedom 2020 Fund	**	3,888,675
Fidelity Investments*	Fidelity Freedom 2025 Fund	**	3,918,928
Fidelity Investments*	Fidelity Freedom 2030 Fund	**	7,822,325
Fidelity Investments*	Fidelity Freedom 2035 Fund	**	5,728,534
Fidelity Investments*	Fidelity Freedom 2040 Fund	**	3,256,410
Fidelity Investments*	Fidelity Freedom 2045 Fund	**	348,288
Fidelity Investments*	Fidelity Freedom 2050 Fund	**	173,941
Fidelity Investments*	Fidelity Freedom 2055 Fund	**	70,470
Fidelity Investments*	Fidelity Freedom 2060 Fund	**	25,258
Fidelity Investments*	Fidelity Freedom 2065 Fund	**	109,390
Fidelity Investments*	Fidelity Freedom Income Fund	**	1,143,086
Fidelity Investments*	Fidelity Global Commodity Stock Fund	**	38,023
Fidelity Investments*	Fidelity Global Credit Fund	**	6,833
Fidelity Investments*	Fidelity Global Ex U.S. Index Fund – Premium Class	**	5,647
Fidelity Investments*	Fidelity GNMA Fund	**	293,159
Fidelity Investments*	Fidelity Government Income Fund	**	249,888
Fidelity Investments*	Fidelity Growth Portfolio	**	3,932,335
Fidelity Investments*	Fidelity Growth & Income Fund	**	8,093,065
Fidelity Investments*	Fidelity Growth Company Fund	**	25,976,252
Fidelity Investments*	Fidelity Growth Discovery Fund	**	784,057
Fidelity Investments*	Fidelity Growth Strategies Fund	**	3,849,316
Fidelity Investments*	Fidelity High Income Fund	**	253,054
Fidelity Investments*	Fidelity Inflation-Protected Bond Index Fund – Premium Class	**	79,670
Fidelity Investments*	Fidelity Intermediate Bond Fund	**	617,180
Fidelity Investments*	Fidelity Intermediate Government Income Fund	**	75,986
Fidelity Investments*	Fidelity Intermediate Trust Bond Index Fund – Premium Class	**	78,553
Fidelity Investments*	Fidelity International Capital Appreciation Fund	**	334,721
Fidelity Investments*	Fidelity International Discovery Fund	**	384,282
Fidelity Investments*	Fidelity International Growth Fund	**	40,687
Fidelity Investments*	Fidelity International Index Fund – Premium Class	**	347,544
Fidelity Investments*	Fidelity International Real Estate Fund	**	60,617
Fidelity Investments*	Fidelity International Small Cap Fund	**	34,982
Fidelity Investments*	Fidelity International Small Cap Opportunity Fund	**	68,667

The Retirement Savings Plan

EIN 13-3957095 Plan #004

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

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual funds (continued)			
Fidelity Investments*	Fidelity International Value Fund	** \$	8,789
Fidelity Investments*	Fidelity Investment Grade Bond Fund	**	1,432,766
Fidelity Investments*	Fidelity Japan Fund	**	66,760
Fidelity Investment*	Fidelity Japan Smaller Companies Fund	**	46,731
Fidelity Investments*	Fidelity Large Cap Stock Fund	**	481,143
Fidelity Investments*	Fidelity Leveraged Company Stock Fund	**	1,063,709
Fidelity Investments*	Fidelity Limited Term Government Fund	**	9,297
Fidelity Investments*	Fidelity Long-Term Treasury Bond Index Fund – Premium Class	**	72,577
Fidelity Investments*	Fidelity Low Priced Stock Fund	**	3,125,325
Fidelity Investments*	Fidelity Magellan Fund	**	22,114,192
Fidelity Investments*	Fidelity Mega Cap Stock Fund	**	489,401
Fidelity Investments*	Fidelity Mid Cap Index Fund	**	248,439
Fidelity Investments*	Fidelity Mid Cap Stock Fund	**	1,945,586
Fidelity Investments*	Fidelity Mid Cap Value Fund	**	339,658
Fidelity Investments*	Fidelity Mortgage Securities Fund	**	35,585
Fidelity Investments*	Fidelity Multi Asset Index Fund	**	149,923
Fidelity Investments*	Fidelity Nasdaq Composite Index Fund	**	1,791,948
Fidelity Investments*	Fidelity Natural Resources Fund	**	75,813
Fidelity Investments*	Fidelity New Markets Income Fund	**	238,070
Fidelity Investments*	Fidelity New Millennium Fund	**	5,515,533
Fidelity Investments*	Fidelity Nordic Fund	**	81,101
Fidelity Investments*	Fidelity OTC Portfolio	**	9,831,833
Fidelity Investments*	Fidelity Overseas Fund	**	1,770,750
Fidelity Investments*	Fidelity Pacific Basin Fund	**	807,118
Fidelity Investments*	Fidelity Puritan Fund	**	5,944,996
Fidelity Investments*	Fidelity Real Estate Income Fund	**	122,383
Fidelity Investments*	Fidelity Real Estate Index Fund	**	80,319
Fidelity Investments*	Fidelity Real Estate Investment Fund	**	555,944
Fidelity Investments*	Fidelity Select Automotive Portfolio	**	48,203
Fidelity Investments*	Fidelity Select Banking Fund	**	111,882
Fidelity Investments*	Fidelity Select Biotechnology Portfolio	**	2,061,202
Fidelity Investments*	Fidelity Select Brokerage & Investment Management Portfolio	**	371,828
Fidelity Investments*	Fidelity Select Chemicals Fund	**	115,340
Fidelity Investments*	Fidelity Select Communications Services Fund	**	116,099
Fidelity Investments*	Fidelity Select Construction and Housing Portfolio*		516,801
Fidelity Investments*	Fidelity Select Consumer Discretionary Portfolio*	**	42,011
Fidelity Investments*	Fidelity Consumer Staples Portfolio*		130,943
Fidelity Investments*	Fidelity Select Defense and Aerospace Fund	**	691,669
Fidelity Investments*	Fidelity Select Energy Portfolio	**	798,115
Fidelity Investments*	Fidelity Select Financial Services Portfolio	**	213,446
Fidelity Investments*	Fidelity Select FinTech Portfolio	**	134,805

The Retirement Savings Plan

EIN 13-3957095 Plan #004

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

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual funds (continued)			
Fidelity Investments*	Fidelity Select Gold Portfolio	** \$	517,115
Fidelity Investments*	Fidelity Select Health Care Fund	**	2,750,028
Fidelity Investments*	Fidelity Select Health Care Service Fund	**	308,029
Fidelity Investments*	Fidelity Select Industrials Fund	**	129,366
Fidelity Investments*	Fidelity Select Insurance Fund	**	57,707
Fidelity Investments*	Fidelity Select IT Services Portfolio	**	133,418
Fidelity Investments*	Fidelity Select Leisure Fund	**	94,398
Fidelity Investments*	Fidelity Select Materials Portfolio	**	106,169
Fidelity Investments*	Fidelity Select Med Technology & Devices Portfolio	**	1,085,914
Fidelity Investments*	Fidelity Select Pharmaceutical Portfolio	**	196,383
Fidelity Investments*	Fidelity Select Retailing Fund	**	283,861
Fidelity Investments*	Fidelity Select Semiconductors Portfolio	**	5,005,888
Fidelity Investments*	Fidelity Select Software and Computer Fund	**	1,070,827
Fidelity Investments*	Fidelity Select Tech Hardware Portfolio	**	1,356,219
Fidelity Investments*	Fidelity Select Technology Portfolio Fund	**	9,145,790
Fidelity Investments*	Fidelity Select Telecomm Fund	**	80,875
Fidelity Investments*	Fidelity Select Transport Portfolio	**	150,652
Fidelity Investments*	Fidelity Select Utilities Portfolio	**	163,943
Fidelity Investments*	Fidelity Select Wireless Portfolio	**	94,006
Fidelity Investments*	Fidelity Short-Term Treasury Bond Index Fund – Premium Class	**	40,511
Fidelity Investments*	Fidelity Small Cap Discovery Fund	**	528,278
Fidelity Investments*	Fidelity Small Cap Growth Fund	**	703,655
Fidelity Investments*	Fidelity Small Cap Index Fund – Premium Class	**	88,210
Fidelity Investments*	Fidelity Small Cap Stock Fund	**	675,481
Fidelity Investments*	Fidelity Small Cap Value Fund	**	400,046
Fidelity Investments*	Fidelity Stock Selector All Cap Value Fund	**	278,866
Fidelity Investments*	Fidelity Stock Selector Large Cap Value Fund	**	132,892
Fidelity Investments*	Fidelity Stock Selector Mid Cap	**	64,154
Fidelity Investments*	Fidelity Stock Selector Small Cap Fund	**	279,398
Fidelity Investments*	Fidelity Strategic Dividend & Income Fund	**	11,190
Fidelity Investments*	Fidelity Strategic Income Fund	**	531,409
Fidelity Investments*	Fidelity Strategic Real Return Fund	**	10,093
Fidelity Investments*	Fidelity Telecom and Utilities Fund	**	86,432
Fidelity Investments*	Fidelity Total Emerging Markets	**	588,024
Fidelity Investments*	Fidelity Total International Equity Fund	**	14,071
Fidelity Investments*	Fidelity Total Market Index Fund – Premium Class	**	1,181,893
Fidelity Investments*	Fidelity Trend Fund	**	253,191
Fidelity Investments*	Fidelity US Bond Index Fund	**	624,294
Fidelity Investments*	Fidelity Value Fund	**	2,166,293
Fidelity Investments*	Fidelity Value Discovery Fund	**	66,770
Fidelity Investments*	Fidelity Value Strategies Fund	**	44,778
Fidelity Investments*	Fidelity Worldwide Fund	**	223,048

The Retirement Savings Plan

EIN 13-3957095 Plan #004

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

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual funds (continued)			
Harbor Capital	Harbor Capital Appreciation Fund	** \$	215,678,661
Janus Henderson	Janus Henderson Global Research Fund	**	655,648
JP Morgan	JPMorgan Equity Income A	**	2,097,977
Lazard Asset Management	Lazard Emerging Markets Open	**	94,487
Lincoln National Life*	Lincoln VIP Baron Inflation Protected	**	42,372
Lincoln National Life*	Lincoln VIP Black Rock Global Real Estate	**	8,876
Lincoln National Life*	Lincoln VIP Blended Large Cap Growth Managed Volatility	**	348,857
Lincoln National Life*	Lincoln VIP Blended Mid Cap Growth Managed Volatility	**	7,715
Lincoln National Life*	Lincoln VIP Bond Fund	**	686,502
Lincoln National Life*	Lincoln VIP Delaware Wealth Builder	**	19,083
Lincoln National Life*	Lincoln VIP Delaware Divers Floating Rate	**	199
Lincoln National Life*	Lincoln VIP Dimensional US Core Equity 1	**	495,991
Lincoln National Life*	Lincoln VIP Global Conservative Allocation Manager	**	324,245
Lincoln National Life*	Lincoln VIP Global Growth Allocation Manager	**	587,792
Lincoln National Life*	Lincoln VIP Global Moderate Allocation Manager	**	171,462
Lincoln National Life*	Lincoln VIP Global Income	**	33,238
Lincoln National Life*	Lincoln VIP JPMorgan Retirement Income	**	88,708
Lincoln National Life*	Lincoln VIP JPMorgan Select Mid Cap Value MV	**	11,537
Lincoln National Life*	Lincoln VIP SSGA International Index	**	149,985
Lincoln National Life*	Lincoln VIP SSGA International Managed Volatility	**	13,513
Lincoln National Life*	Lincoln VIP SSGA Emerging Market 100	**	119,962
Lincoln National Life*	Lincoln VIP SSGA Global Tac Allocation Managed Volatility Fund	**	117,166
Lincoln National Life*	Lincoln VIP T. Rowe Price Structured	**	235,398
Lincoln National Life*	Lincoln VIP T. Rowe Price 2020	**	378,894
Lincoln National Life*	Lincoln VIP T. Rowe Price 2030	**	233,710
Lincoln National Life*	Lincoln VIP T. Rowe Price 2040	**	55,730
Lincoln National Life*	Lincoln VIP T. Rowe Price 2050	**	27,751
Lincoln National Life*	Lincoln VIP T. Rowe Price Structured Mid-Cap Growth Fund	**	703,681
Lincoln National Life*	Lincoln VIP Smid Cap Core Fund	**	463,024
Lincoln National Life*	Lincoln VIP FT Global Equity Managed Volatility Fund	**	12,008
Lincoln National Life*	Macquarie VIP Small Cap Value Fund		384,443
Neuberger Berman	Neuberger Berman Genesis R6 Fund	**	39,982,308
Neuberger Berman	Neuberger Berman Sustainable Equity Fund	**	648,442
PIMCO	PIMCO Real Return Institutional Fund	**	22,494,775
BlackRock*	BlackRock Total Return Fund Class K	**	2,577,058
Dodge & Cox*	Dodge & Cox Stock Fund Class I	**	70,156,835

The Retirement Savings Plan

EIN 13-3957095 Plan #004

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

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual funds (continued)			
Empower Annuity Insurance Company*	PGIM Jennison Mid Cap Growth Z	** \$	1,578,393
Empower Annuity Insurance Company*	PGIM Jennison Small Company Z	**	1,436,907
College Retirement Equities Fund*	T. Rowe Price Cap Appreciation Adv	**	3,428,293
College Retirement Equities Fund*	T. Rowe Price International Stock	**	655,416
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2010	**	1,005,004
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2015	**	945,735
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2020	**	2,168,449
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2025	**	3,052,616
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2030	**	1,532,024
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2035	**	2,416,534
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2040	**	1,475,546
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2045	**	890,754
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2050	**	292,252
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2055	**	9,585
TIAA-CREF*	TIAA-CREF Lifecycle Retirement Inc.	**	24,242
TIAA-CREF*	TIAA-CREF Mid-Cap Value	**	832,367
Vanguard	Vanguard Extended Market Index	**	110,874,665
Vanguard	Vanguard FTSE All World ex-US Index I	**	47,744,441
Vanguard	Vanguard Institutional Index Fund	**	358,277,294
Vanguard	Vanguard Index I	**	47,479,388
Vanguard	Vanguard Target Retirement 2020 Inv	**	52,257,044
Vanguard	Vanguard Target Retirement 2025 Inv	**	363,476,034
Vanguard	Vanguard Target Retirement 2030 Inv	**	177,785,615
Vanguard	Vanguard Target Retirement 2035 Inv	**	477,088,465
Vanguard	Vanguard Target Retirement 2040 Inv	**	189,051,416
Vanguard	Vanguard Target Retirement 2045 Inv	**	504,037,511
Vanguard	Vanguard Target Retirement 2050 Inv	**	258,247,368
Vanguard	Vanguard Target Retirement 2055 Inv	**	392,697,965
Vanguard	Vanguard Target Retirement 2060 Inv	**	200,801,911
Vanguard	Vanguard Target Retirement 2065 Inv	**	45,836,475
Vanguard	Vanguard Target Retirement 2070 Inv	**	2,861,988
Vanguard	Vanguard Target Retirement Income Fund	**	81,403,289
Total mutual funds			4,044,120,546
Self-directed brokerage			
Self Directed Brokerage	Empower Self-Directed Brokerage	**	22,035,957
Personal Choice	Transamerica Personal Choice	**	438,642
Total self-directed brokerage			22,474,599

The Retirement Savings Plan

EIN 13-3957095 Plan #004

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

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Pooled separate/variable annuity accounts			
College Retirement Equities Fund*	CREF Bond Market	** \$	9,084,113
College Retirement Equities Fund*	CREF Equity Index	**	41,498,555
College Retirement Equities Fund*	CREF Global Equities	**	27,285,355
College Retirement Equities Fund*	CREF Growth	**	77,149,975
College Retirement Equities Fund*	CREF Inflation-Linked Bond	**	6,343,621
College Retirement Equities Fund*	CREF Stock	**	111,266,233
College Retirement Equities Fund*	CREF Social Choice	**	9,469,399
Lincoln National Life*	Delaware VIP Dvrs Income	**	270,389
Lincoln National Life*	Delaware VIP High Yield Series	**	399,916
Lincoln National Life*	Delaware VIP REIT Series	**	619,844
Lincoln National Life*	Lincoln VIP Baron Growth Opportunity	**	1,679,177
Lincoln National Life*	Lincoln VIP Clarion Global Real Estate	**	7,447
Lincoln National Life*	Lincoln VIP Mondrian International Value Fund	**	254,002
Lincoln National Life*	Lincoln VIP Social Awareness Fund	**	349,836
Lincoln National Life*	Lincoln VIP SSGA Bond Index Fund	**	8,193
Lincoln National Life*	Lincoln VIP SSGA Small Cap Index Fund	**	1,358,272
Lincoln National Life*	Lincoln VIP SSGA S&P 500 Fund	**	10,949,669
Empower Annuity Insurance Company*	Medley PSF Diversified Bond Portfolio	**	292,476
Empower Annuity Insurance Company*	Medley PSF Government Income Portfolio	**	245,409
Empower Annuity Insurance Company *	Medley Capital Growth Account	**	791,474
Empower Annuity Insurance Company *	Medley PSF PGIM 50/50 Balanced Portfolio	**	351,755
Empower Annuity Insurance Company *	Medley PSF PGIM Jennison Blend Portfolio	**	873,914
Empower Annuity Insurance Company *	Medley PSF Flexible Managed Portfolio	**	45,982
Empower Annuity Insurance Company *	Medley PSF Global Portfolio	**	425,085
Empower Annuity Insurance Company *	Medley PSF Stock Index Portfolio	**	2,268,142
College Retirement Equities Fund*	TIAA Real Estate	**	14,750,844
College Retirement Equities Fund*	TFLIC Balanced II Variable	**	470,205
Transamerica Financial Life Ins. Co.*	TFLIC Intermediate Bond Variable	**	131,960
Transamerica Financial Life Ins. Co.*	TFLIC Large Value Opportunities Variable	**	698,928
Transamerica Financial Life Ins. Co.*	Transamerica Partners Funds Group Calvert Fund	**	10,366
Transamerica Financial Life Ins. Co.*	Transamerica Partners Funds Group Inflation Protected Securities Fund	**	94,025
Transamerica Financial Life Ins. Co.*	Transamerica Partners Funds Group International Equity Fund	**	179,476

The Retirement Savings Plan

EIN 13-3957095 Plan #004

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

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Pooled separate/variable annuity accounts (continued)			
Transamerica Financial Life Ins. Co.*	Transamerica Partners Funds Group Large Core Fund	** \$	1,217,072
Transamerica Financial Life Ins. Co.*	Transamerica Partners Funds Group Large Growth Fund	**	2,161,094
Transamerica Financial Life Ins. Co.*	Transamerica Short-Term Bond	**	53,036
Transamerica Financial Life Ins. Co.*	Transamerica Small Cap Growth	**	12,536
Transamerica Financial Life Ins. Co.*	Transamerica Small Cap Value	**	12,086
Transamerica Financial Life Ins. Co.*	Transamerica Partners High Yield	**	13,866
Total pooled separate/variable annuity accounts			323,093,727
Guaranteed investment contracts			
Empower Annuity Insurance Company*	Empower Guaranteed Long Term Fund Investment	**	135,905,342
Lincoln National Life*	Lincoln Fixed Annuity Contract	**	46,998,098
Lincoln National Life*	Lincoln Guaranteed Fixed Interest Account	**	22,857,099
Empower Annuity Insurance Company *	Guaranteed Interest Account	**	1,177,465
Transamerica Financial Life Ins. Co.*	TFLIC Fixed Fund	**	2,260,406
Transamerica Financial Life Ins. Co.*	TFLIC Government Fixed Fund	**	84,902
Transamerica Financial Life Ins. Co.*	TFLIC Stable Fund	**	408,425
College Retirement Equities Fund*	TIAA Traditional Non-Benefit Responsive	**	41,767,853
College Retirement Equities Fund*	TIAA Traditional Group Supplemental Retirement Annuity	**	107,097,962
Total guaranteed investment contracts			358,557,552
Cash equivalents and money market funds			
College Retirement Equities Fund*	CREF Money Market	**	7,826,864
Fidelity Investments*	Fidelity Government Cash Reserves	**	6,097,140
Fidelity Investments*	Fidelity Government Money Market Fund	**	3,184,475
Fidelity Investments*	Fidelity Government Money Market PRM Fund	**	5,143,444
Fidelity Investments*	Fidelity Short-Term Bond Fund	**	185,807
Fidelity Investments*	Fidelity Treasury Only Money Market	**	468,940
Lincoln Employer account*	Cash	**	30,857
Empower Annuity Insurance Company*	Medley PSF Government Money Market Portfolio	**	107,172
Transamerica Partners Funds Group*	Transamerica Partners Government Money Market Fund	**	216,776
Total cash equivalents and money market funds			23,261,475
Total investments			4,771,507,899

The Retirement Savings Plan

EIN 13-3957095 Plan #004

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

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Participant notes receivable*	Varying maturity dates, with interest rates ranging from 3.25% to 9.5%		<u>\$ 46,930,251</u> <u>\$ 4,818,438,150</u>

* Party in interest to the Plan.

** All participant-directed investments – cost not required.

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The Retirement Savings Plan

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

December 31, 2024

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual funds			
Lincoln National Life*	ABS VPS Global Thematic Growth	** \$	368,338
Lincoln National Life*	ABS VPS Growth	**	796,820
Lincoln National Life*	AF EuroPacific Growth Fund R4	**	2,246,688
Lincoln National Life*	AF EuroPacific Growth Fund R6	**	37,102,838
Lincoln National Life*	American Century VP Balanced	**	525,424
Lincoln National Life*	American Funds Global Growth	**	952,681
Lincoln National Life*	American Funds Growth Fund	**	5,117,749
Lincoln National Life*	American Funds Growth Income	**	980,283
Lincoln National Life*	American Funds International	**	626,982
Lincoln National Life*	BlackRock Global Allocation Fund, Inc.	**	142,241
College Retirement Equities Fund*	Columbia Small Cap Value IZ	**	452,826
DFA Securities, LLC	DFA Emerging Markets Core Equity I	**	11,080,470
Fidelity Investments*	Fidelity 500 Index Premium Class	**	17,382,929
Lincoln National Life*	Fidelity Asset Manager	**	752,236
Lincoln National Life*	Fidelity Asset Manager 20%	**	602,991
Lincoln National Life*	Fidelity Asset Manager 30%	**	112,613
Lincoln National Life*	Fidelity Asset Manager 40%	**	420,720
Lincoln National Life*	Fidelity Asset Manager 50%	**	1,732,509
Lincoln National Life*	Fidelity Asset Manager 60%	**	162,680
Lincoln National Life*	Fidelity Asset Manager 70%	**	2,761,978
Lincoln National Life*	Fidelity Asset Manager 85%	**	580,867
Fidelity Investments*	Fidelity Balanced Fund	**	3,325,620
Fidelity Investments*	Fidelity Blue Chip Growth Fund	**	35,517,633
Fidelity Investments*	Fidelity Blue Chip Value Fund	**	140,434
Fidelity Investments*	Fidelity Canada Fund	**	131,147
Fidelity Investments*	Fidelity Capital & Income Fund	**	1,242,207
Fidelity Investments*	Fidelity Capital Appreciation Fund	**	2,603,194
Fidelity Investments*	Fidelity China Region Fund	**	93,552
Fidelity Investments*	Fidelity Conservative Income Bond Fund	**	9,460
Fidelity Investments*	Fidelity Contrafund Fund	**	41,844,664
Fidelity Investments*	Fidelity Convertible Securities Fund	**	293,329
Fidelity Investments*	Fidelity Corporate Bond Fund	**	191,494
Fidelity Investments*	Fidelity Disciplined Equity Fund	**	1,442,205
Fidelity Investments*	Fidelity Diversified International Fund	**	1,197,120
Fidelity Investments*	Fidelity Dividend Growth	**	1,722,479
Fidelity Investments*	Fidelity Emerging Asia Fund	**	114,983
Fidelity Investments*	Fidelity Emerging Market Discovery Fund*	**	3,649
Fidelity Investments*	Fidelity Emerging Markets Fund	**	355,184
Fidelity Investments*	Fidelity Emerging Market Index Fund	**	122,436
Fidelity Investments*	Fidelity Environmental and Alternative Energy Fund	**	103,140
Fidelity Investments*	Fidelity Equity Dividend Income Fund	**	1,379,713
Fidelity Investments*	Fidelity Equity Income Fund	**	2,861,616
Fidelity Investments*	Fidelity Europe Fund	**	518,015

The Retirement Savings Plan

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

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual funds (continued)			
Fidelity Investments*	Fidelity Extended Market Index Fund – Premium Class	** \$	373,465
Fidelity Investments*	Fidelity Fund	**	2,007,311
Fidelity Investments*	Fidelity Float Retirement High Income Fund	**	48,447
Fidelity Investments*	Fidelity Focused High Income Fund	**	6,334
Fidelity Investments*	Fidelity Focused Stock Fund	**	679,253
Fidelity Investments*	Fidelity Freedom 2010 Fund	**	563,569
Fidelity Investments*	Fidelity Freedom 2015 Fund	**	941,590
Fidelity Investments*	Fidelity Freedom 2020 Fund	**	3,888,675
Fidelity Investments*	Fidelity Freedom 2025 Fund	**	3,918,928
Fidelity Investments*	Fidelity Freedom 2030 Fund	**	7,822,325
Fidelity Investments*	Fidelity Freedom 2035 Fund	**	5,728,534
Fidelity Investments*	Fidelity Freedom 2040 Fund	**	3,256,410
Fidelity Investments*	Fidelity Freedom 2045 Fund	**	348,288
Fidelity Investments*	Fidelity Freedom 2050 Fund	**	173,941
Fidelity Investments*	Fidelity Freedom 2055 Fund	**	70,470
Fidelity Investments*	Fidelity Freedom 2060 Fund	**	25,258
Fidelity Investments*	Fidelity Freedom 2065 Fund	**	109,390
Fidelity Investments*	Fidelity Freedom Income Fund	**	1,143,086
Fidelity Investments*	Fidelity Global Commodity Stock Fund	**	38,023
Fidelity Investments*	Fidelity Global Credit Fund	**	6,833
Fidelity Investments*	Fidelity Global Ex U.S. Index Fund – Premium Class	**	5,647
Fidelity Investments*	Fidelity GNMA Fund	**	293,159
Fidelity Investments*	Fidelity Government Income Fund	**	249,888
Fidelity Investments*	Fidelity Growth Portfolio	**	3,932,335
Fidelity Investments*	Fidelity Growth & Income Fund	**	8,093,065
Fidelity Investments*	Fidelity Growth Company Fund	**	25,976,252
Fidelity Investments*	Fidelity Growth Discovery Fund	**	784,057
Fidelity Investments*	Fidelity Growth Strategies Fund	**	3,849,316
Fidelity Investments*	Fidelity High Income Fund	**	253,054
Fidelity Investments*	Fidelity Inflation-Protected Bond Index Fund – Premium Class	**	79,670
Fidelity Investments*	Fidelity Intermediate Bond Fund	**	617,180
Fidelity Investments*	Fidelity Intermediate Government Income Fund	**	75,986
Fidelity Investments*	Fidelity Intermediate Trust Bond Index Fund – Premium Class	**	78,553
Fidelity Investments*	Fidelity International Capital Appreciation Fund	**	334,721
Fidelity Investments*	Fidelity International Discovery Fund	**	384,282
Fidelity Investments*	Fidelity International Growth Fund	**	40,687
Fidelity Investments*	Fidelity International Index Fund – Premium Class	**	347,544
Fidelity Investments*	Fidelity International Real Estate Fund	**	60,617
Fidelity Investments*	Fidelity International Small Cap Fund	**	34,982
Fidelity Investments*	Fidelity International Small Cap Opportunity Fund	**	68,667

The Retirement Savings Plan

EIN 13-3957095 Plan #004

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

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual funds (continued)			
Fidelity Investments*	Fidelity International Value Fund	** \$	8,789
Fidelity Investments*	Fidelity Investment Grade Bond Fund	**	1,432,766
Fidelity Investments*	Fidelity Japan Fund	**	66,760
Fidelity Investment*	Fidelity Japan Smaller Companies Fund	**	46,731
Fidelity Investments*	Fidelity Large Cap Stock Fund	**	481,143
Fidelity Investments*	Fidelity Leveraged Company Stock Fund	**	1,063,709
Fidelity Investments*	Fidelity Limited Term Government Fund	**	9,297
Fidelity Investments*	Fidelity Long-Term Treasury Bond Index Fund – Premium Class	**	72,577
Fidelity Investments*	Fidelity Low Priced Stock Fund	**	3,125,325
Fidelity Investments*	Fidelity Magellan Fund	**	22,114,192
Fidelity Investments*	Fidelity Mega Cap Stock Fund	**	489,401
Fidelity Investments*	Fidelity Mid Cap Index Fund	**	248,439
Fidelity Investments*	Fidelity Mid Cap Stock Fund	**	1,945,586
Fidelity Investments*	Fidelity Mid Cap Value Fund	**	339,658
Fidelity Investments*	Fidelity Mortgage Securities Fund	**	35,585
Fidelity Investments*	Fidelity Multi Asset Index Fund	**	149,923
Fidelity Investments*	Fidelity Nasdaq Composite Index Fund	**	1,791,948
Fidelity Investments*	Fidelity Natural Resources Fund	**	75,813
Fidelity Investments*	Fidelity New Markets Income Fund	**	238,070
Fidelity Investments*	Fidelity New Millennium Fund	**	5,515,533
Fidelity Investments*	Fidelity Nordic Fund	**	81,101
Fidelity Investments*	Fidelity OTC Portfolio	**	9,831,833
Fidelity Investments*	Fidelity Overseas Fund	**	1,770,750
Fidelity Investments*	Fidelity Pacific Basin Fund	**	807,118
Fidelity Investments*	Fidelity Puritan Fund	**	5,944,996
Fidelity Investments*	Fidelity Real Estate Income Fund	**	122,383
Fidelity Investments*	Fidelity Real Estate Index Fund	**	80,319
Fidelity Investments*	Fidelity Real Estate Investment Fund	**	555,944
Fidelity Investments*	Fidelity Select Automotive Portfolio	**	48,203
Fidelity Investments*	Fidelity Select Banking Fund	**	111,882
Fidelity Investments*	Fidelity Select Biotechnology Portfolio	**	2,061,202
Fidelity Investments*	Fidelity Select Brokerage & Investment Management Portfolio	**	371,828
Fidelity Investments*	Fidelity Select Chemicals Fund	**	115,340
Fidelity Investments*	Fidelity Select Communications Services Fund	**	116,099
Fidelity Investments*	Fidelity Select Construction and Housing Portfolio*		516,801
Fidelity Investments*	Fidelity Select Consumer Discretionary Portfolio*	**	42,011
Fidelity Investments*	Fidelity Consumer Staples Portfolio*		130,943
Fidelity Investments*	Fidelity Select Defense and Aerospace Fund	**	691,669
Fidelity Investments*	Fidelity Select Energy Portfolio	**	798,115
Fidelity Investments*	Fidelity Select Financial Services Portfolio	**	213,446
Fidelity Investments*	Fidelity Select FinTech Portfolio	**	134,805

The Retirement Savings Plan

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

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual funds (continued)			
Fidelity Investments*	Fidelity Select Gold Portfolio	** \$	517,115
Fidelity Investments*	Fidelity Select Health Care Fund	**	2,750,028
Fidelity Investments*	Fidelity Select Health Care Service Fund	**	308,029
Fidelity Investments*	Fidelity Select Industrials Fund	**	129,366
Fidelity Investments*	Fidelity Select Insurance Fund	**	57,707
Fidelity Investments*	Fidelity Select IT Services Portfolio	**	133,418
Fidelity Investments*	Fidelity Select Leisure Fund	**	94,398
Fidelity Investments*	Fidelity Select Materials Portfolio	**	106,169
Fidelity Investments*	Fidelity Select Med Technology & Devices Portfolio	**	1,085,914
Fidelity Investments*	Fidelity Select Pharmaceutical Portfolio	**	196,383
Fidelity Investments*	Fidelity Select Retailing Fund	**	283,861
Fidelity Investments*	Fidelity Select Semiconductors Portfolio	**	5,005,888
Fidelity Investments*	Fidelity Select Software and Computer Fund	**	1,070,827
Fidelity Investments*	Fidelity Select Tech Hardware Portfolio	**	1,356,219
Fidelity Investments*	Fidelity Select Technology Portfolio Fund	**	9,145,790
Fidelity Investments*	Fidelity Select Telecomm Fund	**	80,875
Fidelity Investments*	Fidelity Select Transport Portfolio	**	150,652
Fidelity Investments*	Fidelity Select Utilities Portfolio	**	163,943
Fidelity Investments*	Fidelity Select Wireless Portfolio	**	94,006
Fidelity Investments*	Fidelity Short-Term Treasury Bond Index Fund – Premium Class	**	40,511
Fidelity Investments*	Fidelity Small Cap Discovery Fund	**	528,278
Fidelity Investments*	Fidelity Small Cap Growth Fund	**	703,655
Fidelity Investments*	Fidelity Small Cap Index Fund – Premium Class	**	88,210
Fidelity Investments*	Fidelity Small Cap Stock Fund	**	675,481
Fidelity Investments*	Fidelity Small Cap Value Fund	**	400,046
Fidelity Investments*	Fidelity Stock Selector All Cap Value Fund	**	278,866
Fidelity Investments*	Fidelity Stock Selector Large Cap Value Fund	**	132,892
Fidelity Investments*	Fidelity Stock Selector Mid Cap	**	64,154
Fidelity Investments*	Fidelity Stock Selector Small Cap Fund	**	279,398
Fidelity Investments*	Fidelity Strategic Dividend & Income Fund	**	11,190
Fidelity Investments*	Fidelity Strategic Income Fund	**	531,409
Fidelity Investments*	Fidelity Strategic Real Return Fund	**	10,093
Fidelity Investments*	Fidelity Telecom and Utilities Fund	**	86,432
Fidelity Investments*	Fidelity Total Emerging Markets	**	588,024
Fidelity Investments*	Fidelity Total International Equity Fund	**	14,071
Fidelity Investments*	Fidelity Total Market Index Fund – Premium Class	**	1,181,893
Fidelity Investments*	Fidelity Trend Fund	**	253,191
Fidelity Investments*	Fidelity US Bond Index Fund	**	624,294
Fidelity Investments*	Fidelity Value Fund	**	2,166,293
Fidelity Investments*	Fidelity Value Discovery Fund	**	66,770
Fidelity Investments*	Fidelity Value Strategies Fund	**	44,778
Fidelity Investments*	Fidelity Worldwide Fund	**	223,048

The Retirement Savings Plan

EIN 13-3957095 Plan #004

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

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual funds (continued)			
Harbor Capital	Harbor Capital Appreciation Fund	** \$	215,678,661
Janus Henderson	Janus Henderson Global Research Fund	**	655,648
JP Morgan	JPMorgan Equity Income A	**	2,097,977
Lazard Asset Management	Lazard Emerging Markets Open	**	94,487
Lincoln National Life*	Lincoln VIP Baron Inflation Protected	**	42,372
Lincoln National Life*	Lincoln VIP Black Rock Global Real Estate	**	8,876
Lincoln National Life*	Lincoln VIP Blended Large Cap Growth Managed Volatility	**	348,857
Lincoln National Life*	Lincoln VIP Blended Mid Cap Growth Managed Volatility	**	7,715
Lincoln National Life*	Lincoln VIP Bond Fund	**	686,502
Lincoln National Life*	Lincoln VIP Delaware Wealth Builder	**	19,083
Lincoln National Life*	Lincoln VIP Delaware Divers Floating Rate	**	199
Lincoln National Life*	Lincoln VIP Dimensional US Core Equity 1	**	495,991
Lincoln National Life*	Lincoln VIP Global Conservative Allocation Manager	**	324,245
Lincoln National Life*	Lincoln VIP Global Growth Allocation Manager	**	587,792
Lincoln National Life*	Lincoln VIP Global Moderate Allocation Manager	**	171,462
Lincoln National Life*	Lincoln VIP Global Income	**	33,238
Lincoln National Life*	Lincoln VIP JPMorgan Retirement Income	**	88,708
Lincoln National Life*	Lincoln VIP JPMorgan Select Mid Cap Value MV	**	11,537
Lincoln National Life*	Lincoln VIP SSGA International Index	**	149,985
Lincoln National Life*	Lincoln VIP SSGA International Managed Volatility	**	13,513
Lincoln National Life*	Lincoln VIP SSGA Emerging Market 100	**	119,962
Lincoln National Life*	Lincoln VIP SSGA Global Tac Allocation Managed Volatility Fund	**	117,166
Lincoln National Life*	Lincoln VIP T. Rowe Price Structured	**	235,398
Lincoln National Life*	Lincoln VIP T. Rowe Price 2020	**	378,894
Lincoln National Life*	Lincoln VIP T. Rowe Price 2030	**	233,710
Lincoln National Life*	Lincoln VIP T. Rowe Price 2040	**	55,730
Lincoln National Life*	Lincoln VIP T. Rowe Price 2050	**	27,751
Lincoln National Life*	Lincoln VIP T. Rowe Price Structured Mid-Cap Growth Fund	**	703,681
Lincoln National Life*	Lincoln VIP Smid Cap Core Fund	**	463,024
Lincoln National Life*	Lincoln VIP FT Global Equity Managed Volatility Fund	**	12,008
Lincoln National Life*	Macquarie VIP Small Cap Value Fund		384,443
Neuberger Berman	Neuberger Berman Genesis R6 Fund	**	39,982,308
Neuberger Berman	Neuberger Berman Sustainable Equity Fund	**	648,442
PIMCO	PIMCO Real Return Institutional Fund	**	22,494,775
BlackRock*	BlackRock Total Return Fund Class K	**	2,577,058
Dodge & Cox*	Dodge & Cox Stock Fund Class I	**	70,156,835

The Retirement Savings Plan

EIN 13-3957095 Plan #004

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

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual funds (continued)			
Empower Annuity Insurance Company*	PGIM Jennison Mid Cap Growth Z	** \$	1,578,393
Empower Annuity Insurance Company*	PGIM Jennison Small Company Z	**	1,436,907
College Retirement Equities Fund*	T. Rowe Price Cap Appreciation Adv	**	3,428,293
College Retirement Equities Fund*	T. Rowe Price International Stock	**	655,416
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2010	**	1,005,004
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2015	**	945,735
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2020	**	2,168,449
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2025	**	3,052,616
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2030	**	1,532,024
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2035	**	2,416,534
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2040	**	1,475,546
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2045	**	890,754
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2050	**	292,252
College Retirement Equities Fund*	TIAA-CREF Lifecycle 2055	**	9,585
TIAA-CREF*	TIAA-CREF Lifecycle Retirement Inc.	**	24,242
TIAA-CREF*	TIAA-CREF Mid-Cap Value	**	832,367
Vanguard	Vanguard Extended Market Index	**	110,874,665
Vanguard	Vanguard FTSE All World ex-US Index I	**	47,744,441
Vanguard	Vanguard Institutional Index Fund	**	358,277,294
Vanguard	Vanguard Index I	**	47,479,388
Vanguard	Vanguard Target Retirement 2020 Inv	**	52,257,044
Vanguard	Vanguard Target Retirement 2025 Inv	**	363,476,034
Vanguard	Vanguard Target Retirement 2030 Inv	**	177,785,615
Vanguard	Vanguard Target Retirement 2035 Inv	**	477,088,465
Vanguard	Vanguard Target Retirement 2040 Inv	**	189,051,416
Vanguard	Vanguard Target Retirement 2045 Inv	**	504,037,511
Vanguard	Vanguard Target Retirement 2050 Inv	**	258,247,368
Vanguard	Vanguard Target Retirement 2055 Inv	**	392,697,965
Vanguard	Vanguard Target Retirement 2060 Inv	**	200,801,911
Vanguard	Vanguard Target Retirement 2065 Inv	**	45,836,475
Vanguard	Vanguard Target Retirement 2070 Inv	**	2,861,988
Vanguard	Vanguard Target Retirement Income Fund	**	81,403,289
Total mutual funds			4,044,120,546
Self-directed brokerage			
Self Directed Brokerage	Empower Self-Directed Brokerage	**	22,035,957
Personal Choice	Transamerica Personal Choice	**	438,642
Total self-directed brokerage			22,474,599

The Retirement Savings Plan

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

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Pooled separate/variable annuity accounts			
College Retirement Equities Fund*	CREF Bond Market	** \$	9,084,113
College Retirement Equities Fund*	CREF Equity Index	**	41,498,555
College Retirement Equities Fund*	CREF Global Equities	**	27,285,355
College Retirement Equities Fund*	CREF Growth	**	77,149,975
College Retirement Equities Fund*	CREF Inflation-Linked Bond	**	6,343,621
College Retirement Equities Fund*	CREF Stock	**	111,266,233
College Retirement Equities Fund*	CREF Social Choice	**	9,469,399
Lincoln National Life*	Delaware VIP Dvrs Income	**	270,389
Lincoln National Life*	Delaware VIP High Yield Series	**	399,916
Lincoln National Life*	Delaware VIP REIT Series	**	619,844
Lincoln National Life*	Lincoln VIP Baron Growth Opportunity	**	1,679,177
Lincoln National Life*	Lincoln VIP Clarion Global Real Estate	**	7,447
Lincoln National Life*	Lincoln VIP Mondrian International Value Fund	**	254,002
Lincoln National Life*	Lincoln VIP Social Awareness Fund	**	349,836
Lincoln National Life*	Lincoln VIP SSGA Bond Index Fund	**	8,193
Lincoln National Life*	Lincoln VIP SSGA Small Cap Index Fund	**	1,358,272
Lincoln National Life*	Lincoln VIP SSGA S&P 500 Fund	**	10,949,669
Empower Annuity Insurance Company*	Medley PSF Diversified Bond Portfolio	**	292,476
Empower Annuity Insurance Company*	Medley PSF Government Income Portfolio	**	245,409
Empower Annuity Insurance Company *	Medley Capital Growth Account	**	791,474
Empower Annuity Insurance Company *	Medley PSF PGIM 50/50 Balanced Portfolio	**	351,755
Empower Annuity Insurance Company *	Medley PSF PGIM Jennison Blend Portfolio	**	873,914
Empower Annuity Insurance Company *	Medley PSF Flexible Managed Portfolio	**	45,982
Empower Annuity Insurance Company *	Medley PSF Global Portfolio	**	425,085
Empower Annuity Insurance Company *	Medley PSF Stock Index Portfolio	**	2,268,142
College Retirement Equities Fund*	TIAA Real Estate	**	14,750,844
College Retirement Equities Fund*	TFLIC Balanced II Variable	**	470,205
Transamerica Financial Life Ins. Co.*	TFLIC Intermediate Bond Variable	**	131,960
Transamerica Financial Life Ins. Co.*	TFLIC Large Value Opportunities Variable	**	698,928
Transamerica Financial Life Ins. Co.*	Transamerica Partners Funds Group Calvert Fund	**	10,366
Transamerica Financial Life Ins. Co.*	Transamerica Partners Funds Group Inflation Protected Securities Fund	**	94,025
Transamerica Financial Life Ins. Co.*	Transamerica Partners Funds Group International Equity Fund	**	179,476

The Retirement Savings Plan

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

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Pooled separate/variable annuity accounts (continued)			
Transamerica Financial Life Ins. Co.*	Transamerica Partners Funds Group Large Core Fund	** \$	1,217,072
Transamerica Financial Life Ins. Co.*	Transamerica Partners Funds Group Large Growth Fund	**	2,161,094
Transamerica Financial Life Ins. Co.*	Transamerica Short-Term Bond	**	53,036
Transamerica Financial Life Ins. Co.*	Transamerica Small Cap Growth	**	12,536
Transamerica Financial Life Ins. Co.*	Transamerica Small Cap Value	**	12,086
Transamerica Financial Life Ins. Co.*	Transamerica Partners High Yield	**	13,866
Total pooled separate/variable annuity accounts			323,093,727
Guaranteed investment contracts			
Empower Annuity Insurance Company*	Empower Guaranteed Long Term Fund Investment	**	135,905,342
Lincoln National Life*	Lincoln Fixed Annuity Contract	**	46,998,098
Lincoln National Life*	Lincoln Guaranteed Fixed Interest Account	**	22,857,099
Empower Annuity Insurance Company *	Guaranteed Interest Account	**	1,177,465
Transamerica Financial Life Ins. Co.*	TFLIC Fixed Fund	**	2,260,406
Transamerica Financial Life Ins. Co.*	TFLIC Government Fixed Fund	**	84,902
Transamerica Financial Life Ins. Co.*	TFLIC Stable Fund	**	408,425
College Retirement Equities Fund*	TIAA Traditional Non-Benefit Responsive	**	41,767,853
College Retirement Equities Fund*	TIAA Traditional Group Supplemental Retirement Annuity	**	107,097,962
Total guaranteed investment contracts			358,557,552
Cash equivalents and money market funds			
College Retirement Equities Fund*	CREF Money Market	**	7,826,864
Fidelity Investments*	Fidelity Government Cash Reserves	**	6,097,140
Fidelity Investments*	Fidelity Government Money Market Fund	**	3,184,475
Fidelity Investments*	Fidelity Government Money Market PRM Fund	**	5,143,444
Fidelity Investments*	Fidelity Short-Term Bond Fund	**	185,807
Fidelity Investments*	Fidelity Treasury Only Money Market	**	468,940
Lincoln Employer account*	Cash	**	30,857
Empower Annuity Insurance Company*	Medley PSF Government Money Market Portfolio	**	107,172
Transamerica Partners Funds Group*	Transamerica Partners Government Money Market Fund	**	216,776
Total cash equivalents and money market funds			23,261,475
Total investments			4,771,507,899

The Retirement Savings Plan

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

Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Participant notes receivable*	Varying maturity dates, with interest rates ranging from 3.25% to 9.5%		<u>\$ 46,930,251</u> <u>\$ 4,818,438,150</u>

* Party in interest to the Plan.

** All participant-directed investments – cost not required.