

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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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) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	MICHELE CUSACK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	43737
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)	26950
	6a(2)	26078
	6b	5881
	6c	9738
	6d	41697
	6e	399
	6f	42096
	6g(1)	
6g(2)		
6h		210
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1C 3H

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

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

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

a Pension Schedules		b General Schedules	
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)		(1) <input checked="" type="checkbox"/> H (Financial Information)	
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) <input type="checkbox"/> I (Financial Information – Small Plan)	
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>	
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____		(4) <input checked="" type="checkbox"/> C (Service Provider Information)	
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)		(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)	
		(6) <input type="checkbox"/> 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 SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 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

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

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

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

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	<u>2703993339</u>	
b Actuarial value	2b	<u>2746067582</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>5719</u>	<u>980025226</u>	<u>980025226</u>
b For terminated vested participants	<u>11038</u>	<u>345903623</u>	<u>345903623</u>
c For active participants	<u>27087</u>	<u>1246333400</u>	<u>1268214110</u>
d Total	<u>43844</u>	<u>2572262249</u>	<u>2594142959</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.20 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>93871852</u>	
b Expected plan-related expenses	6b	<u>7430000</u>	
c Target normal cost	6c	<u>101301852</u>	

Statement by Enrolled Actuary

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

SIGN HERE		
	Signature of actuary	<u>08/28/2025</u> Date
	<u>DAVID B GOLD</u> Type or print name of actuary	<u>23-04944</u> Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u> Firm name	<u>312-525-2475</u> Telephone number (including area code)
	<u>WILLIS TOWER 233 SOUTH WACKER DRIVE SUITE 1800 CHICAGO, IL 60606</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	233180523
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	233180523
10	Interest on line 9 using prior year's actual return of <u>14.00</u> %	0	32645273
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.32</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	265825796

Part III Funding Percentages			
14	Funding target attainment percentage	14	95.60 %
15	Adjusted funding target attainment percentage	15	105.85 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	103.78 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 101301852
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	113901173		10362763	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 111664615
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	111664615	111664615	
36 Additional cash requirement (line 34 minus line 35)				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 NORTHWELL HEALTH PENSION PLAN	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHWELL HEALTH, INC.	D Employer Identification Number (EIN) 11-3418133	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

BLACKSTONE

345 PARK AVENUE
NEW YORK, NY 10154

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	1805502	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TOWERS WATSON

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	1005244	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	751400	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

EAGLE CAPITAL MANAGEMENT, LLC

22-3361201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	696414	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EDGEWOOD MANAGEMENT LLC

20-4044179

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	596442	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BUCK GLOBAL LLC

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	509248	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MORGAN STANLEY INVESTMENT MGMT. INC

13-3040307

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	509039	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MORGAN LEWIS & BOCKIUS

23-0891050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	390233	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MFS INSTITUTIONAL ADVISORS

04-3247425

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	371090	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NISA INVESTMENT ADVISORS

48-1140940

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	313457	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MERCER INVESTMENT MANAGEMENT

30-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	310605	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LOOMIS SAYLES TRUST COMPANY LLC

27-6848787

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	285774	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BURGUNDY ASSET MANAGEMENT

98-0407588

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	223150	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MACKAY SHIELDS

13-4080466

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	222533	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CONDUENT HR SERVICES LLC

16-0468020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	219306	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

RIVERBRIDGE PARTNERS

41-1930193

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	209678	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WELLINGTON TRUST COMPANY

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	199996	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JENNISON ASSOCIATES LLC

52-2069785

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	194494	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DIAMOND HILL CAPITAL MGMT, INC.

31-1019984

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	186784	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DODGE & COX

94-1441976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	177006	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PINE BROOK CAPITAL PARTNERS

60 EAST 42ND STREET
NEW YORK, NY 10165

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	147950	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

RAITH CAPITAL PARTNERS, LLC

666 3RD AVENUE
NEW YORK, NY 10017

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	93804	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HIG CAPITAL PARTNERS

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	91418	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GOLDMAN SACHS ASSEI MGMT. LLC

13-3959315

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	82764	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

APOLLO NRP II

38-3953831

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	74321	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ERNST & YOUNG US LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	68950	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COHEN & STEERS

13-3635236

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	48302	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MEKETA INVESTMENT GROUP

04-2659023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	39891	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

USI CONSULTING GROUP, INC.

06-1053228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	37285	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RCP ADVISORS

86-1091586

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	24982	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

AKSIA LLC

20-5385739

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	12180	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RIALTO CAPITAL; MANAGEMENT

26-4136837

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	7225	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
J.P. MORGAN SECURITIES LLC	71	15721
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
J.P. MORGAN SECURITIES LLC 1585 BROADWAY NEW YORK, NY 10036	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY & CO. LLC	71	10634
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY & CO. LLC 1585 BROADWAY NEW YORK, NY 10036	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PIPER JAFFRAY & CO.	71	9426
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIPER JAFFRAY & CO. 30-0168701	SECURITIES BROKERAGE	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WILLIAM BLAIR & COMPANY, L.L.C.	71	7384
(d) Enter name and EIN (address) of source of indirect compensation WILLIAM BLAIR & COMPANY, L.L.C. 36-2214610	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2 PERSHING LLC	(b) Service Codes (see instructions) 71	(c) Enter amount of indirect compensation 6340
(d) Enter name and EIN (address) of source of indirect compensation PERSHING LLC ONE PERSHING PLAZA JERSEY CITY, NJ 07399	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2 WELLS FARGO BANK MINNESOTA NA	(b) Service Codes (see instructions) 71	(c) Enter amount of indirect compensation 4501
(d) Enter name and EIN (address) of source of indirect compensation WELLS FARGO BANK MINNESOTA NA 41-1592157	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. SECURITIES BROKERAGE	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BTIG LLC	71	4240
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BTIG LLC 04-3695739	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ROBERT W. BAIRD & CO. INCORPORATED	71	3658
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ROBERT W. BAIRD & CO. INCORPORATED 39-6037917	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BOFA SECURITIES, INC.	71	3495
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BOFA SECURITIES, INC. 47-4921463	SECURITIES BROKERAGE	

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
GOLDMAN, SACHS & CO.	71	2994

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GOLDMAN, SACHS & CO. 200 WEST STREET NEW YORK, NY 10282	SECURITIES BROKERAGE	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
UBS SECURITIES LLC	71	2859

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
UBS SECURITIES LLC 13-3873456	SECURITIES BROKERAGE	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JEFFERIES LLC	71	2858

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JEFFERIES LLC 95-4719745	SECURITIES BROKERAGE	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BAY CREST PARTNERS LLC	71	2046
(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.	
BAY CREST PARTNERS LLC 40 WALL STREET NEW YORK, NY 10005	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JEFFRIES INTERNATIONAL LTD	71	1659
(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.	
JEFFRIES INTERNATIONAL LTD 93-0236990	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JONESTRADING INSTITUTIONAL SERVICES	71	1567
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JONESTRADING INSTITUTIONAL SERVICES 51-0484896	SECURITIES BROKERAGE	

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
SG AMERICAS SECURITIES, LLC	71	1422
(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.	
SG AMERICAS SECURITIES, LLC 245 PARK AVENUE NEW YORK, NY 10167	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
COWEN AND COMPANY LLC	71	1361
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COWEN AND COMPANY LLC 38-3698933	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CITIGROUP GLOBAL MARKETS INC	71	1344
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CITIGROUP GLOBAL MARKETS INC 11-2418191	SECURITIES BROKERAGE	

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
INSTINET, LLC	71	1324
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INSTINET, LLC 13-2625132	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MERRILL LYNCH INTERNATIONAL LTD	71	1245
(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.	
MERRILL LYNCH INTERNATIONAL LTD 13-3779485	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BARCLAYS CAPITAL	71	1156
(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.	
BARCLAYS CAPITAL 06-1031656	SECURITIES BROKERAGE	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NEEDHAM AND COMPANY LLC	71	1143
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NEEDHAM AND COMPANY LLC 13-3255839	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SOCIETE GENERALE	71	1002
(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.	
SOCIETE GENERALE 52-1128875	SECURITIES BROKERAGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRINCIPAL 711 HIGH STREET DES MOINES, IA 50309	REVENUE SHARING	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 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 <u>NORTHWELL HEALTH PENSION PLAN</u>	B Three-digit plan number (PN)	<u>006</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NORTHWELL HEALTH, INC.</u>	D Employer Identification Number (EIN) <u>11-3418133</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>JENNISON GROWTH EQUITY FUND</u>	
b Name of sponsor of entity listed in (a):	<u>JENNISON ASSOCIATES</u>	
c EIN-PN <u>13-2631108-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>62574657</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	12724875	71323991
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	102199660	71006681
(2) U.S. Government securities	1c(2)	438027466	408511765
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	171890867	152811938
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	341251501	327623951
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	62481621	62574567
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	616196392	619907290
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	994845563	1124266379

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	2739617945	2838026562
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	23420316	93903611
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	23420316	93903611
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2716197629	2744122951

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	20537	
(B) U.S. Government securities.....	2b(1)(B)	847410	
(C) Corporate debt instruments.....	2b(1)(C)	10121776	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	4002804	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14992527
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	4240540	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	5131779	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		9372319
(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)	119676625	
(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)		41678697
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		-12309074
(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)		21982332
c Other income	2c		20342091
d Total income. Add all income amounts in column (b) and enter total	2d		215735517

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	173490924	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		173490924
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	751400	
(4) IQPA audit fees	2i(4)	68950	
(5) Investment advisory and investment management fees	2i(5)	6928043	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	1771083	
(8) Legal fees	2i(8)	390233	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	4409562	
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		14319271
j Total expenses. Add all expense amounts in column (b) and enter total	2j		187810195

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		27925322
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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 551614.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 <u>NORTHWELL HEALTH PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NORTHWELL HEALTH, INC.</u>	D Employer Identification Number (EIN) <u>11-3418133</u>	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 1 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 42-0127290 13-3689044

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 3 596

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

11 a Does the ESOP hold any preferred stock?..... Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 22.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 20.0 %
 High-Yield Debt: 1.0 % Real Assets: 2.0 % Cash or Cash Equivalents: 3.0 % Other: 52.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

Northwell Health Pension Plan
Years Ended December 31, 2024 and 2023
With Report of Independent Auditors



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



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Northwell Health Pension Plan
Financial Statements and Supplemental Schedules
Years Ended December 31, 2024 and 2023

Contents

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Report of Independent Auditors

Participants and the Pension Committee
Northwell Health Pension Plan

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

We have performed audits of the financial statements of Northwell Health Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes (collectively referred to as the “financial statements”).

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

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and for the years ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).



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Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.



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In performing an audit in accordance with GAAS, we:

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

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

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

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



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Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2024, and reportable transactions for the year then ended (referred to as the “supplemental schedules”), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

Ernst + Young LLP

October 15, 2025

Northwell Health Pension Plan

Statements of Net Assets Available for Benefits

	December 31	
	2024	2023
Assets		
Investments, at fair value:		
Non-participant directed:		
Cash and short-term investments	\$ 71,006,681	\$ 102,199,660
Marketable securities and other investments	2,694,159,640	2,623,183,481
Participant directed investments	1,536,250	1,509,929
Total investments, at fair value	2,766,702,571	2,726,893,070
Receivables:		
Due from broker	64,562,356	6,518,103
Accrued investment income	6,761,635	6,206,772
Total receivables	71,323,991	12,724,875
Total assets	2,838,026,562	2,739,617,945
Liabilities		
Accrued expenses	1,013,142	995,515
Due to broker	92,890,469	22,424,801
Total liabilities	93,903,611	23,420,316
Net assets available for benefits	\$ 2,744,122,951	\$ 2,716,197,629

See accompanying notes.

Northwell Health Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2024	2023
Additions		
Investment income	\$ 58,924,256	\$ 61,089,518
Total additions	58,924,256	61,089,518
Deductions		
Benefit payments	173,490,924	131,317,347
Administrative expenses	14,319,271	14,073,131
Total deductions	187,810,195	145,390,478
Net realized and unrealized appreciation in fair value of investments	156,811,261	296,612,907
Net increase	27,925,322	212,311,947
Net assets available for benefits, beginning of year	2,716,197,629	2,503,885,682
Net assets available for benefits, end of year	\$ 2,744,122,951	\$ 2,716,197,629

See accompanying notes.

Northwell Health Pension Plan

Notes to Financial Statements

December 31, 2024

1. Plan Description

Northwell Health Pension Plan (the Plan) is the ongoing plan subsequent to plan mergers, most recently in December 31, 2022. Participants in the Plan will continue to be governed by the provisions (including benefit calculations) of the plan from which they were previously a participant. Northwell Health, Inc. is the Plan Sponsor.

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

The Plan is a noncontributory defined benefit plan. A legacy cash balance sub-plan of the Plan covers a substantial portion of the participants in the Plan. Effective July 1, 2018, new participants were not allowed into this cash balance sub-plan, other than certain collectively bargained employees of the Plan Sponsor hired on or after July 1, 2018. Eligible employees enter the Plan following completion of one year of eligible service (975 hours of service in the 12 months following the employee hire date or in any Plan year). The Plan also holds frozen balances for employees of certain affiliates of the Plan Sponsor who no longer actively contribute to the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Effective July 1, 2025, the Plan was amended and restated in its entirety to reflect all prior plan amendments and offer new employees (non-union staff-level and advanced clinical providers) the opportunity, as it relates to employer contributions, to choose between the amended and restated plan or the Northwell Health 401k plan. Further, for existing employees (non-union staff-level and advanced clinical providers) it offers the opportunity to either continue to receive their current benefits, or elect to receive the new benefits provided under the amended and restated plan.

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

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

Northwell Health Pension Plan

Notes to Financial Statements (continued)

1. Plan Description (continued)

The Plan includes the assets and transactions of certain frozen supplemental plans established by South Shore University Hospital (formerly Southside Hospital). These supplemental plans allow for participants to invest his or her account in one or more investment management accounts. Total assets of these supplemental plans were \$1,536,250 and \$1,509,929 at December 31, 2024 and 2023, respectively.

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

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

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

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

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

Northwell Health Pension Plan

Notes to Financial Statements (continued)

1. Plan Description (continued)

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

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

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

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

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

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

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

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

Northwell Health Pension Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Valuation of Investments

All investments of the Plan are held with Aetna Life Insurance Company (through February 8, 2023), Northern Trust Company, State Street Bank and Trust Company on behalf of Transamerica Retirement Solutions, LLC and Principal Life Insurance Company (through January 10, 2023) (collectively, the Trustees).

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

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

Individual investment holdings of the funds of hedge funds, hedge funds, private equity funds, private credit funds and private real estate funds may include investments in both nonmarketable and market-traded securities. Valuations of these investments and, therefore, the Plan's holdings, may be determined by the investment managers or general partners. Values may be based on estimates that require varying degrees of judgment. Recorded estimates may change by a material amount in the near term. The investments may indirectly expose the Plan to securities lending, short sales of securities and trading in futures and forwards contracts, options and other derivative

Northwell Health Pension Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

products. However, the Plan's risk is limited to its amounts invested. The financial statements of the funds of hedge funds, hedge funds, private equity funds, private credit funds and private real estate funds are audited annually by independent auditors. At December 31, 2024 the Plan has future commitments of approximately \$364,074,000 to invest in private equity, private credit and private real estate funds. At December 31, 2023 the Plan has future commitments of approximately \$330,421,000 to invest in private equity, private credit and private real estate funds.

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

Employer Contributions

The present intention of the Plan Sponsor is to make the minimum required contribution each year and determine from time to time whether to make additional contributions. The Plan Sponsor has agreed to voluntarily contribute such additional amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. The Plan has met the ERISA minimum funding requirements in both 2024 and 2023.

Investment Transactions and Investment Income

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

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

Payment of Benefits

Benefits are recorded when paid.

Northwell Health Pension Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Use of Estimates

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

3. Accumulated Plan Benefits

As it relates to the Plan, exclusive of the supplemental plans described in Note 1, the Plan's actuary estimates the actuarial present value of accumulated plan benefits using the unit credit cost method, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

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

The accumulated plan benefit information for the Plan as of December 31, 2023 is as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving benefits

\$ 873,557,305

Other participants

1,343,439,717

Total vested benefits

2,216,997,022

Nonvested benefits

19,692,292

Total actuarial present value of accumulated plan benefits

\$ 2,236,689,314

Northwell Health Pension Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

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

	Year Ended December 31, 2023
Actuarial present value of accumulated plan benefits, beginning of year:	\$ 2,149,910,579
Increase (decrease) during the year attributed to:	
Benefits accumulated	73,886,633
Actuarial losses	12,999,551
Interest due to the change in discount period	140,348,621
Benefits paid	(131,241,376)
Changes in actuarial assumptions	(9,214,694)
Net increase	86,778,735
Actuarial present value of accumulated plan benefits, end of year	\$ 2,236,689,314

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

Interest rate	6.75% (6.50% in prior year)
Mortality basis	Pri-2012 Mortality Tables, with separate rates for contingent survivors after the death of retiree, projected generationally from 2012 with the MP-2021 mortality improvement scale
Normal retirement age	65
Early retirement age	55

Changes in actuarial assumptions predominantly resulted from the change in the interest crediting rate from 3.66% to 4.60% and discount rate from 6.50% to 6.75%.

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The actuary estimated the accumulated plan benefits as of January 1, 2024. There were no significant changes to the Plan that would have changed the valuations had they been performed as of December 31, 2023.

Northwell Health Pension Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements

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

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

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

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

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

Northwell Health Pension Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

Financial assets carried at fair value as of December 31, 2024 are classified in the following table:

	Level 1	Level 2	Level 3	Total
Cash and short-term investments	\$ 71,006,681	\$ –	\$ –	\$ 71,006,681
U.S. Government obligations	345,644,547	62,867,218	–	408,511,765
Corporate and other bonds	–	152,811,938	–	152,811,938
Fixed income mutual funds	1,089,816	–	–	1,089,816
Commingled fixed income funds	–	64,767,955	–	64,767,955
Equity securities	327,623,951	–	–	327,623,951
Equity mutual funds	115,457,873	–	–	115,457,873
Commingled equity funds	–	95,465,595	–	95,465,595
Common collective trusts	–	62,574,567	–	62,574,567
Participant directed investments	1,536,250	–	–	1,536,250
	<u>\$ 862,359,118</u>	<u>\$ 438,487,273</u>	<u>\$ –</u>	<u>1,300,846,391</u>

Assets measured at net asset value:

Commingled fixed income funds	300,530,863
Commingled equity funds	42,595,188
Funds of hedge funds	433,003,390
Hedge funds	21,028
Private equity funds	483,977,408
Private credit funds	91,504,017
Private real estate funds	114,224,286
Total assets at fair value	<u>\$ 2,766,702,571</u>

Northwell Health Pension Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

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

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

Assets measured at net asset value:

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

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

Northwell Health Pension Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

The following is a summary of assets in the Plan at December 31, 2024 (by asset category) with redemption restrictions:

	Fair Value	Redemption Period (Including Notice Period)
Commingled fixed income funds	\$ 365,298,818	1 day to 60 days
Commingled equity funds	138,060,783	1 days to 45 days
Common collective trusts	62,574,567	1 day to 2 days
Funds of hedge funds	433,003,390	61 days to 29 months

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

5. Investments

Other than the fair value of the investments classified as alternative investments, certain investment information for the Plan disclosed in the accompanying financial statements and supplemental schedules including investments held at December 31, 2024 and 2023, investment income, and net realized and unrealized appreciation in fair value of investments, excluding alternative investments, for the years then ended, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by the Trustees of the Plan. Investment information as of December 31, 2024, and 2023 is summarized as follows:

	Year Ended December 31	
	2024	2023
Investments (certified by the Trustees):		
Cash and cash equivalents	\$ 71,006,681	\$ 102,199,660
Fixed income	562,413,519	641,883,024
Convertible securities	–	5,243,171
Equities securities and mutual funds	443,081,824	502,025,649
Commingled funds	503,359,601	418,214,382
Common collective funds	62,574,567	62,481,621
Participant directed investments	1,536,250	1,509,929
	1,643,972,442	1,733,557,436
Alternative investments	1,122,730,129	993,335,634
Total investments	\$ 2,766,702,571	\$ 2,726,893,070

Northwell Health Pension Plan

Notes to Financial Statements (continued)

5. Investments (continued)

During 2024 and 2023, the fair value of the Plan's investments (including investments bought, sold, as well as held during the year) appreciated in fair value as follows:

	Year Ended December 31	
	2024	2023
Net realized and unrealized appreciation in fair value of investments (certified by the Trustees)	\$ 57,413,265	\$ 243,806,935
Net realized and unrealized appreciation in fair value of alternative investments	99,397,996	52,805,972
	<u>\$ 156,811,261</u>	<u>\$ 296,612,907</u>

6. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated February 27, 2025, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. 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 trusts are tax-exempt.

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

7. Risks and Uncertainties

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

Northwell Health Pension Plan

Notes to Financial Statements (continued)

7. Risks and Uncertainties (continued)

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

8. Party-in-Interest Transactions

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

9. Subsequent Events

Management has evaluated the impact of subsequent events for the Plan through October 15, 2025, the date at which the accompanying financial statements were available to be issued.

Except as disclosed in Note 1, no events have occurred that require disclosure in or adjustment to the accompanying financial statements.

Supplemental Schedules

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

December 31, 2024

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Cash and Short-term Investments			
Cash equivalents*		\$ 71,006,685	\$ 71,006,681
Total Cash and Short-term Investments		71,006,685	71,006,681
United States Government Treasury Securities			
United States Of Amer Treas Bonds 4.125% 08-15-2044	1,825,000	1,757,708	1,653,336
United States Of Amer Treas Bonds 3.625% 05-15-2053	550,000	480,906	447,863
United States Of Amer Treas Bonds 4.25% 02-15-2054	1,045,000	966,092	954,950
United States Of Amer Treas Bonds 4.375% 08-15-2043	1,410,000	1,258,645	1,328,099
United States Of Amer Treas Bonds 4.5% 02-15-2044	5,538,000	5,301,747	5,291,386
United States Of Amer Treas Bonds 4.5% 11-15-2054	735,000	709,103	702,040
United States Of Amer Treas Bonds Dtd 4.125% 08-15-2053	2,453,000	2,174,072	2,188,440
United States Of Amer Treas Strip 02-15-2045	7,765,000	3,047,543	2,930,759
United States Of Amer Treas Strip 0% 02-15-2047	5,705,000	2,044,248	1,938,970
United States Of Amer Treas Strip 0% 02-15-2054	36,405,000	10,471,331	9,501,159
United States Of Amer Treas Strip 0% Due 11-15-2051 Reg	32,240,000	9,667,942	8,892,251
United States Of Amer Treas Strip 0%02-15-2053	38,840,000	11,583,686	10,351,145
United States Of Amer Treas Strip Tbond 0.0% 05-15-2053	46,910,000	13,698,346	12,403,414
United States Treas Bd Stripped 08-15-2052	31,755,000	9,215,868	8,565,696
United States Treas Bd Stripped Due 08-15-2045	1,460,000	579,036	537,971
United States Treas Bd Stripped Prin 0.0% 08-15-2047	22,940,000	8,203,462	7,615,058
United States Treas Bd Stripped Prin Pmt 0% Due 05-15-2049	29,570,000	9,683,896	9,031,391
United States Treas Bd Stripped Prin Pmt00104 Zcpn Due 11-15-2044 Reg	3,835,000	1,554,049	1,464,044
United States Treas Bd Stripped Prin Pmt00110 02-15-2046 (Unddate) Reg	4,630,000	1,751,792	1,660,759
United States Treas Bd Stripped Prin Pmt00112 05-15-2046 (Unddate) Reg	19,690,000	7,342,910	6,965,729
United States Treas Bd Stripped Prin Pmt00113 08-15-2046 (Unddate) Reg	5,555,000	2,074,462	1,940,694
United States Treas Bd Stripped Prin Pmt00114 11-15-2046 (Unddate) Reg	11,955,000	4,384,419	4,126,495
United States Treas Bd Stripped Prin Pmt00117 05-15-2047	10,285,000	3,759,638	3,458,095
United States Treas Bd Stripped Prin Pmt00122 05-15-2048 (Unddate) Reg	12,670,000	4,350,885	4,040,789
United States Treas Bd Stripped Prin Pmt00123 08-15-2048 (Unddate) Reg	26,580,000	8,784,286	8,379,063
United States Treas Bd Stripped Prin Pmt15/02/2052 02-15-2052 (Unddate) Beo	51,755,000	15,190,794	14,163,955
United States Treas Bds 4.625% 05-15-2044	3,066,000	3,178,610	2,975,457
United States Treas Bds Dtd 00300 4.75% 11-15-2053	1,100,000	1,236,383	1,090,031
United States Treas Bds Dtd 11/15/2023 4.75% 11-15-2043	800,000	826,943	790,719
United States Treas Sec Strip 02-15-2046	7,510,000	2,526,020	2,595,047
United States Treas Sec Strip 0% Strip 02-15-2048	5,955,000	1,846,710	1,869,729
United States Treas Sec Strip 0% Strip 11-15-2047	6,760,000	2,188,395	2,149,820
United States Treas Sec Strip Disc Nt 02-15-2049	5,265,000	1,518,914	1,570,157

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

December 31, 2024

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
United States Government Treasury Securities (continued)			
United States Treas Sec Stripped 11-15-2048	4,820,000	\$ 1,522,394	\$ 1,460,253
United States Treas Sec Stripped Int Pmt 00124 05-15-2046	9,595,000	3,225,019	3,274,767
United States Treas Sec Stripped Int Pmt 00130 08-15-2046	6,115,000	2,021,067	2,061,821
United States Treas Sec Stripped Int Pmt 11-15-2045	8,625,000	2,761,839	3,018,403
United States Treas Sec Stripped Int Pmt 08-15-2045 (Unddate) Reg	5,965,000	2,025,092	2,112,514
United States Treas Sec Stripped Int Pmt 0.0% 05-15-2049	7,295,000	2,117,854	2,157,183
United States Treas Sec Stripped Int Pmt0% Due 08-15-2051 Reg	1,510,000	452,098	406,690
United States Treas Sec Stripped Int Pmt0% Strip 15/05/2048 Usd 05-15-2048	6,950,000	2,059,290	2,154,444
United States Treas Sec Stripped Int Pmt0% Strip 15/08/2049 Usd 08-15-2049	5,020,000	1,466,997	1,467,310
United States Treas Sec Stripped Int Pmt0.0% 11-15-2049	1,625,000	518,622	468,959
United States Treas Sec Stripped Int Pmtint Pmt 02-15-2045 (Unddate) Reg	8,895,000	2,924,509	3,231,759
United States Treas Sec Stripped Int Pmtint Pmt On 11-15-2046 (Unddate) Reg	7,650,000	2,454,671	2,552,473
United States Treas Sec Stripped Int Pmtnt 218 05-15-2045 (Unddate) Reg	7,690,000	2,673,671	2,762,072
United States Treas Sec Stripped Zero Coupon 08-15-2048	4,370,000	1,360,751	1,336,829
US Treasury N/B 4.25% 08-15-2054	2,652,000	2,696,376	2,426,166
Utd States Treas Bd Stripped Prin Dtd 05/16/2022 0% 05-15-2052	58,865,000	17,379,362	16,018,318
Utd States Treas Bd Stripped Prin Dtd 08/15/2024 0% 08-15-2054	35,825,000	10,321,202	9,195,337
Utd States Treas Sec Stripped Int Generic Tint Pmt 0% 02-15-2050	8,715,000	2,584,084	2,489,368
Utd States Treas Sec Stripped Int Zero Cpn 0.0% 05-15-2052	1,960,000	610,889	518,291
Utd States Treas Zero Cpn 0% Due 02-15-2047	10,215,000	3,149,774	3,362,046
Utd States Treas Zero Cpn 0% Due 02-15-2048	16,605,000	5,736,672	5,361,936
Utd States Treas Zero Cpn 0% Due 02-15-2049	30,935,000	10,056,990	9,553,480
Utd States Treas Zero Cpn 0% Due 02-15-2050	49,040,000	15,863,927	14,520,832
Utd States Treas Zero Cpn 0% Due 02-15-2051	41,800,000	13,026,308	11,860,060
Utd States Treas Zero Cpn 0% Due 02-15-2052	3,635,000	1,132,823	968,162
Utd States Treas Zero Cpn 0% Due 05-15-2047	6,380,000	1,992,506	2,078,851
Utd States Treas Zero Cpn 0% Due 05-15-2051	36,735,000	11,027,020	10,362,520
Utd States Treas Zero Cpn 0% Due 05-15-2054	57,380,000	15,979,422	14,903,840
Utd States Treas Zero Cpn 0% Due 08-15-2044	2,650,000	1,106,064	1,033,286
Utd States Treas Zero Cpn 0% Due 08-15-2047	4,035,000	1,199,470	1,298,386
Utd States Treas Zero Cpn 0% Due 08-15-2049	18,870,000	6,230,783	5,683,677
Utd States Treas Zero Cpn 0% Due 08-15-2050	21,225,000	6,529,775	6,078,534
Utd States Treas Zero Cpn 0% Due 08-15-2051	62,895,000	18,372,811	17,525,214
Utd States Treas Zero Cpn 0% Due 11-15-2047	17,815,000	6,295,589	5,848,023
Utd States Treas Zero Cpn 0% Due 11-15-2048	23,100,000	7,514,452	7,211,910
Utd States Treas Zero Cpn 0% Due 11-15-2049	20,490,000	6,752,169	6,123,200

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

December 31, 2024

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
United States Government Treasury Securities (continued)			
Utd States Treas Zero Cpn 0% Due 11-15-2050	66,880,000	\$ 20,650,959	\$ 19,183,122
Total United States Government Treasury Securities		<u>367,152,142</u>	<u>345,644,547</u>
United States Government Agencies			
Advanced Technology Academy Pub Sch Academy Mich Rev 5% 11-01-2044 Beo	330,000	352,876	323,069
Ar St Dev Fin Auth Indl Dev Rev Big River Steel Proj 4.5% 09-01-2049	450,000	396,138	433,882
Arizona Indl Dev Auth Ed Rev 3.65% 10-01-2029 Beo Taxable	295,000	292,050	273,948
Arizona Indl Dev Auth Ed Rev 4.0% 07-01-2052	160,000	181,530	133,504
Arkansas St Dev Fin Auth Environmental Impt Rev 5.7% 05-01-2053 Beo Amt	700,000	700,000	732,530
Benton Wash Regl Pub Wtr Auth Ark Ref & Impt-Taxable-Ser B 3.125% 10-01-2039	500,000	496,685	387,265
Brookhaven N Y Loc Dev Corp Rev 6% 10-01-2030 Beo Taxable	550,000	663,982	573,057
Buckeye Ohio Tob Settlement Fing Auth 5%06-01-2055 Beo	400,000	404,464	354,502
Build Nyc Resource Corp N Y Rev 4% 06-15-2030 Beo	215,000	249,492	214,211
Ca Cmnty Choice Fing Auth Clean 5% 02-01-2055	500,000	533,740	532,917
California Cmnty Choice Fing Auth Clean Energy Proj Rev 5.25% 01-01-2054 Beo	1,000,000	1,045,710	1,062,287
California Cmnty Hsg Agy Essential Hsg Rev 4% 02-01-2056 Beo	500,000	391,160	406,680
California Mun Fin Auth Ed Rev Taxable-Literacy 1St 4.75% 12-01-2030	490,000	490,000	468,301
California Mun Fin Auth Rev 4% 12-01-2025 Beo	100,000	105,146	99,241
California Mun Fin Auth Rev 5% 12-01-2027 Beo	100,000	111,277	102,495
California Mun Fin Auth Sr Living Rev 4%11-15-2042 Beo	110,000	120,897	98,564
California St 7.3% 10-01-2039 Beo Taxable	3,575,000	4,287,652	4,070,516
California St 7.5% 04-01-2034 Beo Taxable	750,000	949,515	855,644
Cambria Cnty Pa Gen Fing Auth Rev 4% 04-01-2046 Beo	200,000	214,540	160,240
Cape Girardeau Cnty Mo Indl Dev Auth Health Care Facs Rev 4% 03-01-2041 Beo	115,000	109,161	109,343
Cape Girardeau Cnty Mo Indl Dev Auth Health Care Facs Rev 4% 03-01-2046 Beo	390,000	359,030	365,655
Capital Projs Fin Auth Fla Student Hsg Rev 5% 11-01-2058 Beo	100,000	97,408	96,497
Chicago Ill 4.0% Due 01-01-2038 Reg	1,000,000	1,109,680	949,937
Chicago Ill Brd Ed 4% 12-01-2041 Beo	500,000	548,990	440,330
Chicago Ill Brd Ed 6.138% 12-01-2039 Beotaxable	250,000	220,000	231,481
Chicago Ill Tran Auth Sales & Transfer T 6.899% 12-01-2022	1,487,613	1,588,654	1,638,712
Chicago Ill Tran Auth Sales Tax Rcpts Rev 6.2% 12-01-2040 Beo Taxable	125,000	135,006	128,376
Coast Cmnty College Dist Calif Ref-Taxable 2.588% 08-01-2029	1,000,000	1,000,000	917,951
Colorado Edl & Cultural Facs Auth Rev 4%05-01-2041 Beo	150,000	167,412	138,379
Cooper Green Mercy Health Svcs Auth Ala Rev 5.25% 09-01-2042 Beo	500,000	534,390	540,197
Cuyahoga Cnty Ohio Hosp Rev 5% 02-15-2057 Beo	1,000,000	953,010	1,001,097
Detroit Mich 3.644% 04-01-2034 Beo Taxable	425,000	425,000	363,873
Erie Pa Higher Ed Bldg Auth Rev 4% 05-01-2036 Beo	300,000	341,109	281,394

Northwell Health Pension Plan

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

December 31, 2024

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
United States Government Agencies (continued)			
Escambia Cnty Fla Health Facs Auth Health Fac Rev 4% 08-15-2050 Beo	1,000,000	\$ 912,590	\$ 879,353
Fhlmc Multiclass Preassign 00327 6.5 10-25-2043	244,575	274,001	245,085
Fhlmc Multiclass Ser T-51 Cl 2A 7.5 08-25-2042	36,600	40,260	37,450
Fhlmc Pool# Wa3266 3.04% 10-01-2038	922,847	775,192	752,629
Fhlmc Pool# Ws4008 3.28% 08-01-2040	1,773,364	1,333,764	1,425,522
Florida Dev Fin Corp Edl Facs Rev 5% 06-15-2056 Beo	300,000	299,523	293,222
Florida Dev Fin Corp Healthcare Facs Rev4% 02-01-2041 Beo	830,000	952,384	805,117
Fnma Pool #Bs1551 2.31% 05-01-2037	884,342	649,957	686,021
Fnma Pool #Bs4287 2.195% 01-01-2037	1,067,000	814,171	801,651
Fnma Remic Ser 2004-W15 Cl 1A2 6.5 08-25-2044	8,359	8,598	8,613
Fnma Ser 2003-W6 Cl 3A 6.5 09-25-2042	25,912	26,483	26,197
Freddie Mac Ws8000 4.02% 08-01-2038	741,000	685,338	658,505
Geo L Smith Ii Ga World Congress Ctr Autfirst Tier-Ser A 4.0% Due 01-01-2054	1,000,000	882,350	893,832
Grand Parkway Transn Corp Tex Sys Toll Rev 4% 10-01-2049 Beo	750,000	655,388	712,884
Guam Intl Arpt Auth Rev 3.839% 10-01-2036	430,000	430,000	362,609
Houston Tex Arpt Sys Rev 5.25% 07-01-2053 Beo Amt	300,000	320,361	316,298
Illinois St Bam-Trcs 4.0% Due 06-01-2041 Oid 4.113 @98.25	100,000	88,358	97,102
Illinois St Ser C 4% 10-01-2041	1,100,000	1,048,872	1,063,972
Indiana St Fin Auth Rev Ref-Taxable-Edl Facs-Marian 3.828% 09-15-2041	500,000	500,000	372,820
Iowa Higher Ed Ln Auth Rev 4% 10-01-2041 Beo	200,000	233,208	181,640
Jefferson Cnty Ala Swr Rev 5.25% 10-01-2044 Beo	500,000	542,155	542,034
Jobsohio Beverage Sys 4.433% Due 01-01-2033	915,000	915,000	899,375
King Cnty Wash 2.31% 12-01-2034 Beo Taxable	600,000	493,680	478,209
Lancaster Pa Indl Dev Auth Health Ctr Rev 4% 07-01-2051 Beo	350,000	379,904	301,770
Louisiana Loc Govt Envrnmntl Facs & Tax-La Utils Restrtn Corp 5.198% 12-01-2039	1,000,000	1,000,000	989,613
Louisiana Pub Facs Auth Rev 5% 09-01-2066 Beo Amt	650,000	655,090	653,421
Louisiana Pub Facs Auth Rev 5.5% 09-01-2059 Beo Amt	1,000,000	1,053,230	1,053,211
Ma St Dev Fin Agy Rev Taxable-Lesley Univ-Ser B 3.215 07-01-2033	220,000	220,000	164,398
Maryland St Health & Higher Edl Facs Aut4.0% 7-1-42 Oid 4.05@99.1904	250,000	225,918	226,724
Md St Hlth & Higher Edl Facs Auth Stevenson Univ-Ser A 5% 06-01-2032	400,000	506,040	419,359
Metropolitan Transn Auth N Y Rev 4% 11-15-2049 Beo	730,000	706,326	685,640
Miami Beach Fla Health Facs Auth Hosp Rev 4% 11-15-2051 Beo	1,065,000	1,008,491	956,789
Michigan Fin Auth Rev 2.326% 06-01-2030 Beo Taxable	48,413	48,101	47,100
Michigan Mathematics & Science Initiative 4% 01-01-2051 Beo	400,000	432,248	326,098
Mobile Cnty Ala Indl Dev Auth Solid Waste Disp Rev 5% 06-01-2054 Beo Amt	500,000	500,000	507,041
National Fin Auth N H Mun CtfS Ser 24-1 4.25% 07-20-2041 Oid 4.51 @97.849	495,921	485,254	481,664
National Fin Auth N H Rev 5% 07-01-2041 Beo	395,000	436,467	362,595

Northwell Health Pension Plan

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

December 31, 2024

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
United States Government Agencies (continued)			
New Hampshire St Business Fin Auth Wtr Fac Rev 5.375% 04-01-2049 Beo Amt	400,000	\$ 397,536	\$ 410,130
New Hope Cultural Ed Facs Fin Corp Tex Cap Impt Rev 5% 07-01-2058 Beo	1,200,000	1,254,792	1,215,402
New Jersey St Tpk Auth Tpk Rev 7.102% 01-01-2041 Beo Taxable	150,000	168,830	167,517
New Jersey St Tpk Auth Tpk Rev 7.414% 01-01-2040 Beo Taxable	1,525,000	1,876,040	1,747,036
New York Liberty Dev Corp Liberty Rev 3%11-15-2051 Beo	500,000	477,000	377,850
New York N Y City Transitional Fin Auth Rev 5.572% 11-01-2038 Beo Taxable	900,000	901,404	893,891
New York Transn Dev Corp Spl Fac 5.25%06-30-2060	700,000	734,293	729,636
New York Transn Dev Corp Spl Fac Rev 5.5% 12-31-2054 Beo Amt	250,000	265,983	263,946
North Ar-1 Pasco Cmnty Dev Dist Fla Cap Impt Rev 3.125% 05-01-2031 Beo	70,000	69,850	64,850
Northern Tob Securitization Corp Alaska Tob Settlement Rev 4% 06-01-2040 Beo	755,000	901,440	726,308
Oh Cnty W Va Cnty Commn Spl Dist Ref-Taxable-Ft Henry Econ 4% 03-01-2040	1,400,000	1,359,946	1,073,382
Osceola Cnty Fla 4% Due 10-01-2054	500,000	431,070	459,970
Panoche Calif Fing Auth Rev 4% 09-01-2043 Beo	220,000	260,836	206,378
Pennsylvania St 5.45% 02-15-2030 Beo Taxable	1,000,000	1,044,030	1,009,712
Port Auth N Y & N J 4.458% 10-01-2062 Beo Taxable	1,555,000	1,275,416	1,306,187
Public Fin Auth Wis Rev 5% 01-01-2055 Beo	1,100,000	1,110,659	1,051,493
Public Fin Auth Wis Student Hsg Rev 5.5%07-01-2043 Beo	200,000	198,788	213,365
Rutgers St Univ N J 5.545% 05-01-2029 Beo Taxable	795,000	807,156	800,509
Salt Lake City Utah Arpt Rev 5% 07-01-2042 Beo Amt	1,000,000	1,012,860	1,012,872
Salt Lake Cnty Utah Convention Hotel Rev5.25% 10-01-2034 Beo Taxable	1,000,000	974,870	927,653
Skagit Cnty Wash Pub Hosp Dist No 001 Rev 5.5% 12-01-2054 Beo	360,000	370,426	379,413
Small Business Admin Gtd Dev Partn Ctf 2006-20H Partn Ctf 5.7 08-01-2026 Reg	3,066	3,067	3,065
Southeast Energy Auth Commodity Supply Rev Ala 4% 12-01-2051 Beo	1,000,000	967,110	994,749
Springdale Ark Sales & Use Tax Rev 5.325% 08-01-2046 Beo Taxable	900,000	894,087	885,400
State Pub Sch Bldg Auth Pa Lease Rev 3.096% 04-01-2032 Beo Taxable	500,000	500,000	435,691
Tarrant Cnty Tex Cultural Ed Facs Fin Corp Retirement Fac Rev 5 11-15-2046 Beo	410,000	478,683	396,910
Texas Wtr Dev Brd Rev 5% 10-15-2058 Beo	400,000	405,660	425,341
Tobacco Settlement Fing Corp Va 6.706% 06-01-2046 Beo Taxable	460,000	481,275	385,063
Tx Nat Gas Securitization Fin Corp 5.169% 04-01-2041	300,000	300,000	295,436
Univ Calif Regts Med Ctr Pooled Rev 3.006% 05-15-2050 Beo Taxable	700,000	432,068	457,566
Univ Calif Regts Med Ctr Pooled Rev 4.563% Due 05-15-2053 Reg	1,875,000	1,618,151	1,615,066
Upper Mohawk Vy N Y Mem Aud Auth Rev 3.5% 12-01-2051 Beo Taxable	400,000	400,000	285,677
UT Infrastructure Agy Telecommunications& Franchise Tx Rev 410-15-2035 Beo	345,000	411,726	346,839
Utah Infrastructure Agy Telecommunication Rev 4% 10-15-2036 Beo	250,000	229,395	241,765
Utah Infrastructure Agy Telecommunication Rev 4% 10-15-2041 Beo	150,000	173,136	138,562
Virginia Small Business Fing Auth Rev 4%07-01-2041 Beo Amt	1,200,000	1,311,696	1,125,541
Washington St Hsg Fin Commn Nonprofit Rev 5% 07-01-2054 Beo	700,000	700,000	719,730

Northwell Health Pension Plan

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

December 31, 2024

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
United States Government Agencies (continued)			
West Virginia St Econ Dev Auth Fltg Rt 4/1/2036 4.7% 04-01-2036	350,000	\$ 351,005	\$ 352,707
Westchester Cnty N Y Loc Dev Corp Rev 5%11-01-2051 Beo	500,000	486,770	522,972
Total United States Government Agencies		66,151,460	62,867,218
Total United States Government Obligations		433,303,602	408,511,765
Corporate and Other Bonds			
1St Eagle Bsl Clo 2019-1 Ltd / 1St Sr Secd Deferrable Nt Cl C 4.604 01-20-2033	600,000	596,625	603,459
6Th Str Clo Xv Ltd / 6Th Str Clo Xv 0% 10-24-2037	425,000	425,000	431,822
Abbvie Inc 4.25% Due 11-21-2049 Reg	1,175,000	955,321	956,754
Alabama Pwr Co 4.3% 07-15-2048	1,675,000	1,280,720	1,376,216
Altria Group Inc 3.7% Due 02-04-2051/02-04-2021 Reg	1,175,000	757,417	799,444
Altria Group Inc 4.45% Due 05-06-2050/05-06-2020 Reg	175,000	133,089	135,895
Anchorage Cap Clo 17 Ltd / Mezzanine Secd Deferrable 7.96359% 07-15-2034	1,250,000	1,253,625	1,256,860
Anchorage Cap Clo 24 Ltd 11.71755% 07-15-2037	2,300,000	2,300,000	2,382,020
Anthem Inc 4.55% 05-15-2052	2,100,000	1,729,226	1,697,188
Ares Xxvii Clo Ltd 11.06381% 10-28-2034	625,000	625,000	638,422
AT&T Inc 3.55% Due 09-15-2055	256,000	211,677	172,725
AT&T Inc 3.65% Due 09-15-2059	1,388,000	1,089,519	921,793
AT&T Inc 3.8% 12-01-2057	725,000	485,796	501,222
B A T Cap Corp 4.54% 08-15-2047	84,000	86,035	66,791
B A T Cap Corp 4.758% Due 09-06-2049	1,000,000	738,960	810,667
B A T Capital Corporation 7.081% Due 08-02-2053	125,000	123,714	137,176
Bank Amer Corp 2.496% 02-13-2031	525,000	506,085	461,566
Bank Amer Corp 3.846% 03-08-2037	775,000	735,769	686,620
Bank Of America Corporation 2.676% Due 06-19-2041/06-19-2020 Reg	700,000	434,812	486,731
Bank Of America Corporation 5.288% 04-25-2034	150,000	149,300	148,988
Barclays Plc 4.836% 05-09-2028	225,000	225,648	221,010
Barclays Plc 5.501% Due 08-09-2028	300,000	300,000	303,188
Barclays Plc 7.119% 06-27-2034	800,000	786,544	849,197
Battalion Clo Ltd 17/01/2033 3.47338008881% 01-17-2033	2,000,000	1,996,200	2,011,141
Bayer Us Fin Li 4.875% Due 06-25-2048	2,075,000	1,686,943	1,618,881
Becton Dickinson & 4.669% Due 06-06-2047	750,000	642,761	642,750
Berkshire Hathaway Energy Co Sr Nt 4.6% 05-01-2053	1,625,000	1,306,873	1,350,421
Bk New York Mellon Var Rt 5.225% Due 11-20-2035	500,000	500,000	497,380
Bstn Pptys Ltd 3.25% Due 01-30-2031	500,000	494,585	439,800
Burlington Northn Santa Fe Llc 3.3% 09-15-2051	2,875,000	1,991,006	1,974,398
Canadian Pac Ry Co New 3.1% 12-02-2051	1,600,000	1,057,712	1,041,982

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

December 31, 2024

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Corporate and Other Bonds (continued)			
Capital One Financial Corp 5.817% Due 02-01-2034	150,000	\$ 133,068	\$ 150,742
Capital One Financial Corp 6.377% 06-08-2034	550,000	547,364	571,299
Capital One Finl Corp 6.051% 02-01-2035	125,000	125,000	127,038
Capital One Finl Corp Sr Nt Fixed / Fltg 5.268% 05-10-2033	200,000	195,708	194,798
Carrier Global Corp 3.577% Due 04-05-2050	564,000	389,888	405,192
Carrier Global Corp 5.9% 03-15-2034	150,000	159,384	155,355
Charter 6.484% Due 10-23-2045	925,000	1,051,402	874,822
Charter Fixed 5.75% Due 04-01-2048	2,375,000	1,920,115	2,032,117
Chubb Corp 6.5% Due 05-15-2038	575,000	609,374	634,464
Cigna Corp New Corp 4.9% 12-15-2048	725,000	624,464	618,663
Citigroup Inc 4.75% Due 05-18-2046	150,000	119,471	131,931
Citigroup Inc 6.174% Due 05-25-2034	975,000	965,207	994,069
Citigroup Inc 6.625 Due 06-15-2032 Beo	100,000	136,188	106,885
Colombia Rep 5% Due 06-15-2045 Reg	200,000	120,976	134,800
Colombia Rep 8.75% 11-14-2053	200,000	199,600	201,978
Comcast Corp New 2.887% 11-01-2051 Beo	2,350,000	1,436,111	1,416,116
Comcast Corp New 4.049% Due 11-01-2052	175,000	131,556	131,792
Comcast Corp New Fixed 3.969% Due 11-01-2047	175,000	133,809	132,710
Commonwealth Edison Co 1St Mtg Bd Ser 130 3.125% 03-15-2051	1,200,000	745,470	778,590
Commonwealth Edison Co 5.65% 06-01-2054	300,000	298,056	296,410
Conocophillips Co 3.99% 03-15-2052	325,000	246,074	237,648
Csx Corp 4.5% 11-15-2052	2,300,000	1,924,509	1,942,735
CVS Health Corp 4.125% Due 04-01-2040 Reg	43,000	42,275	33,728
CVS Health Corp 5.625% 02-21-2053	1,500,000	1,366,915	1,332,364
Dillard's Inc 7% Due 12-01-2028	50,000	44,625	51,966
Disney Walt Co 4.7% Due 03-23-2050	200,000	174,277	177,696
Disney Walt Co Sr Nt 6.65% 11-15-2037	125,000	187,953	139,414
Dominion Energy 4.85% Due 08-15-2052	450,000	348,620	386,977
Dominion Res Inc 4.7% Due 12-01-2044	200,000	167,036	169,881
Dow Chem Co Nt 9.4 Due 05-15-2039	29,000	49,371	38,455
Dow Chemical Co 6.9% Due 05-15-2053 Beo	850,000	918,493	936,966
Dryden 87 Clo Ltd / Dryden 87 Clo 0% 05-20-2034	2,300,000	2,296,550	2,316,413
Erp Oper Ltd 4.5% Due 07-01-2044	500,000	407,126	432,042
Erp Oper Ltd Partnership 4.65% 09-15-2034	150,000	149,489	142,346
Exelon Corp 4.1% Due 03-15-2052	2,075,000	1,515,822	1,579,857
Exelon Corp 5.3% Due 03-15-2033	175,000	177,046	174,638
Exelon Corp 5.6% Due 03-15-2053	125,000	122,208	120,492

Northwell Health Pension Plan

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

December 31, 2024

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Corporate and Other Bonds (continued)			
Fedex Corp 4.05% Due 02-15-2048	1,190,000	\$ 901,728	\$ 911,809
Fedex Corp 4.4% Due 01-15-2047	500,000	389,130	405,043
Florida Power & Light Company 5.6% 06-15-2054	275,000	274,398	274,952
Ford Motor Credit Co Llc 6.8% Due 05-12-2028	250,000	250,048	258,352
Ge Healthcare Hldg Llc Gtd Sr Nt 6.377% 11-22-2052	500,000	521,485	538,044
Georgia Pwr Co 3.7% 01-30-2050	600,000	434,845	441,214
Grupo Televisa S A Fixaed 5.25% 05-24-2049	400,000	340,663	294,883
Hca Inc 5.25% Due 06-15-2049	1,975,000	1,658,906	1,712,633
Home Depot Inc 5.3% 06-25-2054	350,000	344,523	335,718
Home Depot Inc 5.4% 06-25-2064	100,000	98,294	96,007
Howard Univ 4.09% Due 10-01-2035	400,000	400,000	341,727
HSBC Hldgs Plc 2.848% 06-04-2031	250,000	257,683	219,471
HSBC Hldgs Plc 6.5% Due 05-02-2036	585,000	663,491	608,074
HSBC Hldgs Plc 6.5% Due 09-15-2037	100,000	145,402	102,770
HSBC Hldgs Plc 6.547% 06-20-2034	950,000	907,625	979,848
HSBC Hldgs Plc Fltg Rt 8.113% Due 11-03-2033	675,000	680,485	759,607
JPMorgan Chase & Co 2.522% 04-22-2031	625,000	629,413	550,323
JPMorgan Chase & Co 3.109% Due 04-22-2041/10-22-2020 Reg	1,450,000	1,031,066	1,075,911
JPMorgan Chase & Co. 2.956% 05-13-2031	750,000	740,664	670,915
JPMorgan Chase & Co. 5.35% 06-01-2034	150,000	150,186	150,066
Kinder Morgan 6.5% Due 09-01-2039	225,000	246,001	235,355
Kinder Morgan 6.95% Due 01-15-2038	200,000	207,908	216,894
Kinder Morgan Inc 5.2% 03-01-2048	550,000	485,586	486,340
Kinder Morgan Inc 5.45% Due 08-01-2052	1,500,000	1,296,935	1,370,979
Kkr Clo 40 Ltd Fltg Rt 0% Due 10-20-2034	2,300,000	2,300,000	2,309,196
Koninklijke 6.875% Due 03-11-2038	350,000	366,184	377,139
Kraft Heinz Foods Co Gtd Sr Nt 5.5% 06-01-2050	1,425,000	1,336,530	1,338,742
Lafarge S A 7.125% Due 07-15-2036	1,250,000	1,317,703	1,382,996
Lloyds Bkg Group Fixed 7.953% Due 11-15-2033	575,000	581,086	641,997
Meta Platforms Inc 5.4% 08-15-2054	675,000	662,234	654,097
Metlife Inc 5.25% Due 01-15-2054	200,000	188,422	187,531
Metlife Inc Sr Nt 5.3% 12-15-2034	150,000	149,376	149,520
Midamerican Energy Co 5.3% 02-01-2055	175,000	174,258	165,580
Molson Coors 4.2% Due 07-15-2046	1,250,000	956,985	999,066
Mtn View Clo Xiv Ltd / Mtn View Clo Mezzsecd	1,025,000	1,023,155	1,030,611
Neuberger Berman Clo Ltd Sr 20-38A C1 Dr7.80771017075% 10-20-2035	325,000	305,906	326,882

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

December 31, 2024

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Corporate and Other Bonds (continued)			
Nextera Energy Cap 5.38% 02-28-2053	1,550,000	\$ 1,348,446	\$ 1,424,796
Nextera Energy Cap Hldgs Inc 5.05% 02-28-2033	150,000	148,431	147,087
Nextera Energy Cap Hldgs Inc 5.55% 03-15-2054	800,000	787,585	767,362
Nordstrom Inc 5% Due 01-15-2044	875,000	527,188	654,160
Norfolk Southern Corp 4.55% 06-01-2053	1,950,000	1,635,805	1,636,049
Northwood Cap 25 Fltg Rt 8.3371% Due 07-20-2034	1,700,000	1,703,400	1,709,804
Nyack Pk Clo Ltd / Nyack Pk Clo Llc 7.3871% 10-20-2034	1,275,000	1,181,925	1,282,650
Occidental Pete Corp Sr Nt 6.6% 03-15-2046	950,000	960,403	959,757
Oracle Corp 3.95% Due 03-25-2051	1,825,000	1,295,867	1,352,895
Petroleos Mexicanos 6.375% 01-23-2045	550,000	321,063	368,005
Petroleos Mexicanos 6.75% Due 09-21-2047	1,400,000	872,730	962,462
Petroleos Mexicanos Gtd Nt 7.69% Due 01-23-2050 Reg	1,775,000	1,372,465	1,339,237
Pfizer Investment Enter 5.3% 05-19-2053	1,000,000	959,408	937,799
Philip Morris Intl 4.25% Due 11-10-2044	1,625,000	1,270,708	1,331,607
Point Au Roche Park Clo, Ltd Ser 21-1A Cl D Fltg 07-20-2034	750,000	730,352	754,339
Prosus N V 4.987% 01-19-2052	525,000	476,476	409,521
PVTPL Agl Clo Ltd Sr 24-30A Cl E Fltg Rt 04-21-2037	2,000,000	2,000,000	2,062,015
PVTPL Ares Xlvii Clo Ltd Ser 2018-47A Cl D Fltg 04-15-2030	2,300,000	2,237,831	2,306,897
PVTPL Barings Clo Ltd Sr 22-4A Cl DIR Fltg Rt 10-20-2037	1,000,000	1,000,000	1,015,547
PVTPL Battalion Clo Xix Ltdser 21-19A Cl D Flt Rt Due 04-15-2034 Beo	2,300,000	2,268,950	2,291,480
PVTPL Betony Clo 2 Ltd/Betony Clo 2 Llc Sr 18-1A Cl C Var Rt 04-30-2031	750,000	702,450	754,619
PVTPL Bnp Paribas 4.625% 03-13-2027	375,000	403,814	369,016
PVTPL Bnp Paribas Sub Med Term Nt Program 2.588% Due 08-12-2035	400,000	316,031	334,991
PVTPL Bridge Str Clo Iii Ltd Ser 22-1A Cl D1A Fltg 10-20-2037	1,500,000	1,500,000	1,525,126
PVTPL Capital Four Us Clo I Ltd Ser 21-1A Cl D Fltg Rt 01-18-2035	2,250,000	2,175,795	2,262,589
PVTPL Cific Fdg 2022-Ii Ltd Ser 22-2A Cl E Var 04-19-2035 Beo	2,300,000	2,300,000	2,317,455
PVTPL Corporacion Nacional Del Cobre De Chile Nt 144A 5.625% Due 10-18-2043 Beo	350,000	301,000	318,954
PVTPL Cox Communications Inc New Coxent 3.6 2051-06-15	1,975,000	1,287,051	1,300,412
PVTPL Elmwood Clo 14 Ltd Sr 22-1A Cl E Var Rt 04-20-2035	2,300,000	2,300,000	2,310,214
PVTPL Enel Fin Intl S A Gtd Nt 144A 6.8%Due 09-15-2037/09-20-2007 Beo	225,000	252,294	241,857
PVTPL Enel Finance Intl Nv 7.75% Due 10-14-2052 Beo	650,000	714,688	766,678
PVTPL Fibercop Spa 7.721% 06-04-2038	321,000	299,442	337,442
PVTPL Greywolf Clo Ltd Ser 19-1Ra Cl Cr Fltg 04-17-2034	2,300,000	2,306,440	2,312,808
PVTPL Invesco Clo 2022-1 Ltd Cl D Fltg 04-20-2035	1,750,000	1,706,250	1,760,111
PVTPL Jamestown Clo Ltd/Jamestown Clo Ser 16-9A Cl Crr Flt Rt Due 07-25-2034	1,100,000	1,089,000	1,106,551
PVTPL Jamestown Clo Xii Ltd Ser 19-1A Cl C Fltg Rt 04-20-2032	1,025,000	991,114	1,030,946

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

December 31, 2024

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Corporate and Other Bonds (continued)			
PVTPL Lcm 28 Ltd/Lcm Ser-28A Cl-D Fltg 10-20-2030 Beo	900,000	\$ 884,007	\$ 900,031
PVTPL Morgan Stanley Eaton Vance Clo Sr 22-17A Cl D1R Fltg Rt 10-20-2037	1,175,000	1,175,000	1,198,817
PVTPL Northwoods Cap 20 Ltd/ Cap 2 Mezzanine Secd Deferrable 01-25-2032	800,000	798,000	804,707
PVTPL Prosus N V 3.832% Due 02-08-2051/12-08-2020 Beo	2,375,000	1,341,875	1,535,379
PVTPL Prosus N V 4.027% Due 08-03-2050/08-03-2020 Beo	525,000	304,500	353,118
PVTPL Rad Clo Ltd Sr 20-9A Cl Er Fltg 01-15-2038	2,200,000	2,200,000	2,200,000
PVTPL Regatta Xxiii Fdg Ltd Cl D Fltg 01-20-2035	800,000	753,350	804,627
PVTPL Rio Oil Fin Tr 8.2% Due 04-06-2028	374,880	403,663	383,559
PVTPL Rockford Tower Clo 2017-1A Ltd Cl Dr Fltg Due 04-20-2034 Beo	1,125,000	1,110,319	1,131,470
PVTPL Saranac Clo Ltd Ser 20-8A Cl D 02-20-2033 Beo	950,000	885,520	945,990
PVTPL Sculptor Clo Ltd Ser 26A Cl D1A Fltg 01-20-2038	1,400,000	1,400,000	1,400,000
PVTPL Steele Creek Clo 2022-1 Ltd Cl D Fltg 04-15-2035	2,300,000	2,231,000	2,312,609
PVTPL Ubs Group Ag 5.959% 01-12-2034	425,000	436,112	434,651
PVTPL Ubs Group Ag 6.301% 09-22-2034	300,000	288,303	313,851
PVTPL Ubs Group Ag 6.537% 08-12-2033	250,000	258,583	265,215
PVTPL Unicredit Spa 5.459% Due 06-30-2035/06-30-2030 Beo	400,000	427,830	386,373
PVTPL Venture 28A Clo Ltd/Venture 28A Clo Ll Sr 17-28Aa Cl Dr Var Rt 10-20-2034	2,000,000	1,970,000	1,993,932
PVTPL Wellfleet Clo Ltd Ser 18-2A Cl Cr Fltg Rt 10-20-2031	650,000	650,000	653,147
PVTPL1 Enel Finance Intl Nv 6.0% 10-07-2039/10-07-2009 Beo	300,000	362,053	300,347
Republic Of Colombia 5.2% Due 05-15-2049	1,350,000	930,098	905,175
Republic Of Colombia 5.625 02-26-2044 Reg	200,000	146,200	147,000
Rio Oil Fin Tr 9.75% 01-06-2027	496,543	509,300	513,510
Rtx Corporation 5.375% 02-27-2053	375,000	355,545	356,638
Rtx Corporation 6.4% 03-15-2054	500,000	508,598	544,692
S&P Global Inc 3.7% 03-01-2052	325,000	247,627	242,981
Sherwin-Williams Fixed 3.3% Due 05-15-2050	950,000	624,135	631,015
Small Business Admin Gtd Dev Partn Ctf 2006-20C Cl 1 5.57 Due 03-01-2026	1,549	1,549	1,547
Small Business Admin Gtd Dev Partn Ctf Ser 2006-20B 0 Due 02-01-2026 Reg	3,818	3,757	3,803
Southern Co 4.4% Due 07-01-2046	775,000	601,261	641,459
Southern Co 4.85% 03-15-2035	150,000	149,778	143,149
Telecom Italia Cap 7.721% Due 06-04-2038	100,000	93,527	103,296
Time Warner Cable 6.55% Due 05-01-2037	125,000	126,804	120,815
T-Mobile Usa Inc 3.4% 10-15-2052	1,550,000	1,033,611	1,036,240
T-Mobile Usa Inc 4.5% Due 04-15-2050	250,000	228,534	205,269
T-Mobile Usa Inc Fixed 4.375% Due 04-15-2040	350,000	319,199	303,613
T-Mobile Usa Inc Fixed 5.65% Due 01-15-2053	150,000	145,461	145,506

Northwell Health Pension Plan

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

December 31, 2024

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Corporate and Other Bonds (continued)			
Transcanada Tr Fltg Rt 5.3% Due 03-15-2077	525,000	\$ 526,354	\$ 503,865
Transcanada Tr Fltg Rt 5.5% Due 09-15-2079	250,000	227,813	240,243
Transcanada Tr Fltg Rt 5.875% Due 08-15-2076	1,075,000	954,156	1,060,674
Transcanada Tr Sub Tr Nt Ser 2015-A Due 05-20-2075/11-20-2025 Reg	625,000	615,025	619,985
Transcanada Trust 5.6% Due 03-07-2082	125,000	125,000	118,531
Transcontinental Gas Pipe Line Co Llc 3.95% Due 05-15-2050	350,000	241,395	259,118
Travelers Cos Inc 5.45% Due 05-25-2053	550,000	537,402	535,943
Ultrapar Intl S A 5.25% Due 10-06-2026	325,000	307,313	320,398
Un Pac Rr Co 5.866 Due 07-02-2030	20,593	20,593	20,710
Unicredit Spa 7.296% Due 04-02-2034	600,000	628,294	626,721
Union Pac Corp 3.5% 02-14-2053	1,950,000	1,387,014	1,376,202
United Parcel Svc Inc 5.5% 05-22-2054	150,000	150,227	146,451
Unitedhealth Group Inc 4.75% 05-15-2052	425,000	347,918	364,771
Unitedhealth Group Inc 5.05% 04-15-2053	1,200,000	1,122,324	1,082,316
Unitedhealth Group Inc 5.375% 04-15-2054	300,000	290,615	281,709
Unitedhealth Group Inc 5.625% 07-15-2054	650,000	648,707	632,141
Va Elec & Pwr Co 2.45% Due 12-15-2050	950,000	533,159	535,240
Verizon 4.272% Due 01-15-2036	100,000	119,234	89,963
Verizon Communications 3.55% Due 03-22-2051 Beo	1,325,000	916,314	937,848
Verizon Communications Inc 2.987% 10-30-2056 Usd	454,000	304,288	269,816
Virginia Elec & Pwr Co 4.625% 05-15-2052	625,000	524,469	526,771
Virginia Elec & Pwr Co 5.0% 04-01-2033	700,000	704,326	685,226
Vodafone Group Plc 7% Due 04-04-2079	450,000	469,355	460,832
Vodafone Group Plc Var Rt 5.125% Due 06-04-2081	675,000	465,980	512,890
Wellfleet Clo Fltg Rt 3.7539999485% Due 04-20-2034	1,275,000	1,234,468	1,282,336
Wells Fargo & Co Medium Term Sr Nts Bookentry 3.35% 03-02-2033	350,000	302,603	306,896
Wells Fargo & Co New Medium Term Sr 4.65% 11-04-2044	1,575,000	1,277,467	1,323,652
Wells Fargo & Company 5.389% 04-24-2034	775,000	720,524	766,562
Williams Cos Inc 5.3% Due 08-15-2052	125,000	110,716	114,448
Zoetis Inc 4.7 02-01-2043	1,300,000	1,124,540	1,156,723
Total Corporate and Other Bonds		150,791,960	152,811,938
Equity Securities			
Abbott Lab Com	28,667	2,564,097	3,242,525
Accenture Plc Cls A	11,923	2,877,609	4,194,392
Acv Auctions Inc Cl A Cl A	20,202	281,087	436,363

Northwell Health Pension Plan

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

December 31, 2024

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Equity Securities (continued)			
Adobe Inc Com	7,104	\$ 2,990,976	\$ 3,159,007
Adr Asml Hldg Nv Ny Reg 2012 (Post Rev Split)	5,585	3,718,661	3,870,852
Adr Bayer A G Sponsored Adr	222,555	2,204,848	1,086,068
Adr London Stk Exchange Group Adr	55,722	1,860,619	1,988,718
Adr Prosus N.V. Adr Naspers Newco-Adr	267,670	1,791,670	2,125,300
Adr Safran Adr	21,696	692,190	1,182,432
Adr Taiwan Semiconductor Manufacturing Ads Rep 5 Twd10	10,788	1,038,529	2,130,522
Adr Wns Holdings Ltd Ord	6,336	317,535	300,263
Aena Sme S.A. 144A Eur10	2,844	454,784	581,336
Aercap Holdings N.V. Eur0.01	23,392	1,356,018	2,238,614
Air Liquide(L) Eur5.50	3,549	380,899	576,679
Air Prod & Chem Inc Com	3,416	786,786	990,777
Airbnb Inc Cl A Com Usd0.0001 Cl A	21,913	2,539,008	2,879,587
Akzo Nobel Nv Eur0.50(Post Rev Split)	5,740	420,098	344,501
Alarm Com Hldgs Inc Com	9,525	678,964	579,120
Alaska Air Group Inc Com	4,236	201,094	274,281
Alkami Technology Inc Com	11,398	347,724	418,079
Allegiant Travel Co Com	1,523	167,314	143,345
Allison Transmission Holding	3,785	182,676	409,007
Alphabet Inc Cap Stk Usd0.001 Cl C	18,204	1,329,541	3,466,770
Alphabet Inc Capital Stock Usd0.001 Cl A	21,285	2,999,463	4,029,250
Amadeus It Group Eur0.01	12,490	791,776	882,058
Amazon Com Inc Com	24,750	2,583,217	5,429,903
American Express Co	3,877	404,537	1,150,655
American Homes 4 Rent Common Stock	15,133	376,346	566,277
Amphenol Corp New Cl A	6,424	133,040	446,147
Aon Plc	19,653	5,141,653	7,058,571
Aptiv Plc New Ord Usd0.01	6,683	456,905	404,188
Armstrong World Inds Inc New Com Stk	5,539	454,036	782,827
Ashland Inc Com Usd0.01	7,989	664,169	570,894
Automatic Data Processing Inc Com	7,776	1,930,971	2,276,268
Autozone Inc Com	453	1,406,696	1,450,506
Bank Ozk Com	5,323	197,502	237,033
Bath & Body Works Inc Com Usd0.5 Wi	4,364	162,879	169,192
Becton Dickinson & Co Com	16,505	4,285,714	3,744,489
Blackline Inc Com	7,884	692,258	479,032
Blackstone Inc Com Usd0.00001	18,094	1,752,609	3,119,767

Northwell Health Pension Plan

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

December 31, 2024

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Equity Securities (continued)			
Booking Hldgs Inc Com	329	\$ 1,216,773	\$ 1,634,610
Boston Scientific Corp Com	9,210	368,181	822,637
Brenntag Se Npv	3,491	192,731	209,232
Bright Horizons Fa Com Usd0.001	1,499	171,450	166,164
Broadridge Finl Solutions Inc Com Stk	5,968	1,078,755	1,349,305
Brown & Brown Inc Com	1,227	43,222	125,179
Bullion Riv Gold Corp Com Stk	94,800	-	199
Burberry Group Ord Gbp0.0005	22,467	455,159	275,749
Cable One Inc Com	1,427	899,108	516,745
Canadian Natl Ry Co Com	8,172	645,246	829,540
Canadian Pac Kans City Ltd	14,095	833,490	1,020,055
Capgemini Eur8	6,354	1,407,417	1,040,559
Capital One Finl Corp Com	9,939	928,080	1,772,322
Carlsberg Ser'B'Dkk20	4,814	556,679	461,239
Carmax Inc Com	2,873	179,635	234,896
Carrier Global Corporation Com Usd0.01 Wi	3,392	91,287	231,538
Cbiz Inc Com	3,330	182,338	272,494
CCC Intelligent Solutions Hldgs Inc Com	41,448	407,283	486,185
Cdw Corp Com	6,148	1,272,573	1,069,998
Cellnex Telecom Sa Eur0.25	19,892	713,114	628,450
Certara Inc Com	12,735	357,965	135,628
Champion Homes Inc	3,356	185,337	295,664
Charter Communications Inc New Cl A Cl A	2,196	657,486	752,723
Check Pt Software Technologies Ordils.01	4,743	508,415	885,518
Chemed Corp New Com	829	421,197	439,204
Chipotle Mexican Grill Inc Com Stk	34,032	983,451	2,052,130
Ciena Corp Com New	4,294	187,914	364,174
Civitas Res Inc Com	9,323	535,773	427,646
Cme Group Inc Com Stk	9,889	1,984,285	2,296,522
Coca Cola Co Com	38,946	2,355,587	2,424,778
Cognex Corp Com	8,230	373,834	295,128
Cognizant Tech Solutions Corp Cl A	4,623	315,070	355,509
Com Alcoa Corporation Com Usd0.01	32,693	1,205,761	1,235,142
Comcast Corp New-Cl A	92,569	3,662,500	3,474,115
Comp.Fin.Richemont Chfl (Regd)	7,501	703,066	1,141,394
Compass Group Ord Gbp0.1105	13,079	230,681	436,039
Conocophillips Com	36,025	3,825,036	3,572,599

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

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Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Equity Securities (continued)			
Constellation Brands Inc Cl A Cl A	9,143	\$ 2,385,814	\$ 2,020,603
Copart Inc Com	59,346	2,683,589	3,405,867
Coterra Energy Inc Com	13,459	309,789	343,743
Csw Industrials Inc Com	766	299,696	270,245
Cubsmart	15,433	506,898	661,304
Danaher Corp Com	10,319	2,203,398	2,368,726
Descartes Sys Group Inc Com	6,099	441,747	692,846
Deutsche Boerse Ag Npv(Regd)	1,843	253,220	424,434
Diageo Plc Ord Gbp0.28 101/108	34,331	1,179,005	1,091,027
Doubleverify Hldgs Inc Com	34,321	759,712	659,306
Doximity Inc Com Usd0.001 Cl A	12,600	330,812	672,714
Ebay Inc Com Usd0.001	7,101	243,069	439,907
Elevance Health Inc	3,026	1,214,864	1,116,291
Eli Lilly & Co Com Npv	4,432	2,115,512	3,421,504
Emcor Group Inc Com	2,214	320,037	1,004,935
Energy Recovery Inc Com	15,123	275,263	222,308
Enovis Corporation Com Usd0.001	9,150	519,175	401,502
Ensign Group Inc Com Stk	5,289	487,743	702,697
Envista Hldgs Corp Com	7,275	179,414	140,335
Equifax Inc Com	5,117	934,458	1,304,068
Erste Group Bank Ag Npv	7,770	248,731	480,015
Esab Corporation Com Usd0.001 Wi	1,755	90,254	210,495
Essilorluxottica Eur 0.18	1,290	183,057	314,713
Estee Lauder Companies Inc Cl A Usd0.01	9,306	685,812	697,764
Euronet Worldwide Inc Com	4,571	442,074	470,082
Experian Ord Usd0.10	41,281	1,499,870	1,781,076
Exponent Inc Com Stk	3,760	342,085	335,016
Factset Resh Sys Inc Com Stk	1,744	756,998	837,608
Fidelity Natl Information Svcs Inc Com Stk	7,862	888,009	635,014
First Advantage Corp New Com	20,435	282,428	382,748
First Amern Finl Corp Com Stk	4,026	239,159	251,383
First Horizon Corporation Com	8,826	97,461	177,756
Fiserv Inc Com	4,124	486,984	847,152
Five Below Inc Com Usd0.01	5,919	949,956	621,258
Floor & Decor Hldgs Inc Cl A Cl A	4,065	387,572	405,281
Fortune Brands Innovations Inc Usd0.01	2,429	150,702	165,974
Freshpet Inc Com	6,754	771,243	1,000,335

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

December 31, 2024

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Equity Securities (continued)			
Gallagher Arthur J & Co Com	9,319	\$ 1,860,401	\$ 2,645,198
Gates Indl Corp Pl Com Usd0.01	34,794	525,307	715,713
Ge Vernova Llc Com	3,924	463,805	1,290,721
Generac Hldgs Inc Com Stk	2,042	183,650	316,612
Gentex Corp Com	25,409	617,101	730,001
Glaukos Corp Com	3,327	254,444	498,850
Globant Sa Usd1.20	4,287	867,592	919,219
Globus Med Inc Cl A New Com Stk	12,163	649,862	1,006,002
Godaddy Inc Cl A Cl A	1,398	110,255	275,923
Goldman Sachs Group Inc Com	1,823	455,172	1,043,886
Goosehead Ins Inc Com Cl A Com Cl A	3,233	289,159	346,642
Graco Inc Com	2,953	136,348	248,908
Grand Canyon Ed Inc Com Stk	10,019	1,039,306	1,641,112
Grid Dynamics Holdings Inc Com Usd0.0001Cl A	15,993	247,360	355,684
Grupo Financiero Banorte S A B De C V	20,679	136,180	133,237
Guidewire Software Inc Com Usd0.0001	2,931	234,406	494,108
Haleon Plc Ord Gbp0.01	339,700	1,396,905	1,605,612
Heineken Nv Eur1.60	11,977	1,038,328	852,030
Helios Technologies Inc	2,563	108,916	114,412
Hermes Intl Npv	130	107,290	312,576
Hillman Solutions Corp Com Usd0.0001 Cl A	73,544	731,873	716,319
Hilton Worldwide Hldgs Inc Com New Com New	4,935	496,625	1,219,735
Hologic Inc Com	15,770	1,198,041	1,136,859
Honeywell Intl Inc Com Stk	6,128	754,444	1,384,254
Houlihan Lokey Inc Cl A Cl A	5,303	377,057	920,919
Hoya Corp Npv	2,500	151,765	315,204
Humana Inc Com	6,385	2,102,142	1,619,938
Huntington Ingalls Inds Inc Com	2,422	563,995	457,685
Icon Plc Com	1,742	380,691	365,315
Informatica Inc Cl A Cl A	10,040	263,138	260,337
Insperty Inc Com	2,920	311,406	226,329
Inspire Med Sys Inc Com	1,559	323,998	289,007
Intercontinental Exchange Inc Com	15,813	1,845,892	2,356,295
Intertek Group Ord Gbp0.01	7,391	410,611	437,647
Intl Flavors & Fragrances Inc Com	9,383	1,040,752	793,333
Intuit Com	4,087	1,424,473	2,568,680
Intuitive Surgical Inc Com New Stk	4,855	952,578	2,534,116

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

December 31, 2024

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Equity Securities (continued)			
Jack Henry & Assoc Inc Com	4,710	\$ 788,722	\$ 825,663
Jamf Hldg Corp Com	16,124	292,165	226,542
Julius Baer Gruppe Chf0.02 (Regd)	3,988	159,469	258,136
Kadant Inc Com	1,909	396,456	658,586
Kennametal Inc Cap	20,687	645,196	496,902
Kinsale Cap Group Inc Com	1,415	442,980	658,159
Kornit Digital Ltd Common Stock	12,577	693,728	389,258
Kubota Corp Npv	39,000	602,684	456,357
Labcorp Hldgs Inc Com	3,862	674,239	885,634
Lear Corp Com New Com New	2,429	289,455	230,026
Legrand Sa Eur4	8,421	593,779	820,024
Liberty Broadband Corp Com Ser C Com Serc	14,088	1,521,229	1,053,219
Liberty Media Corp Del Com Liberty Formula One Ser C	3,757	275,378	348,124
Light & Wonder Inc Com Usd0.001	7,013	437,735	605,783
Linde Plc	2,748	518,102	1,150,505
Live Oak Bancshares Inc Com	10,820	463,348	427,931
Loews Corp Com	2,013	77,697	170,481
London Stock Exchange Group Ord Gbp0.06918604	4,349	438,227	614,659
L'Oreal Eur0.20	9,582	3,529,063	3,391,891
Lululemon Athletica Inc Com	5,065	1,715,957	1,936,907
Lvmh Moet Hennessy Eur0.30	4,442	2,320,277	2,923,103
Magnolia Oil & Gas Corp Cl A Cl A	4,300	102,809	100,534
Marketaxess Hldgs Inc Com Stk	1,120	235,764	253,165
Marriott Intl Inc New Com Stk Cl A	1,931	281,986	538,633
Medpace Hldgs Inc Com	2,283	490,442	758,481
Medtronic Plc Common Stock Stock	17,874	1,450,684	1,427,775
Melrose Indust Plc Ord Gbp0.001	93,844	586,144	650,882
Merck Kga Npv	6,387	833,674	925,262
Meta Platforms Inc Com Usd0.000006 Cl 'A'	5,971	1,298,420	3,496,080
Microchip Technology Inc Com	4,146	169,826	237,773
Microsoft Corp Com	33,356	8,089,960	14,059,555
Mid-Amer Apt Cmnty Inc Com	3,331	416,184	514,873
Mr Cooper Group Inc Com Usd0.01	9,062	231,856	870,043
Msci Inc Com Usd0.01	3,519	1,791,764	2,111,435
Mtu Aero Engines A Npv (Regd)	1,314	226,917	438,128
National Vision Hldgs Inc Com	17,188	173,701	179,099
Neogen Corp Com	9,092	323,717	110,377

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

December 31, 2024

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Equity Securities (continued)			
Nestle Capital Markets Sa	11,531	\$ 975,840	\$ 952,763
Netflix Inc Com Stk	4,894	1,643,548	4,362,120
New York Times Co Cl A Isin #Us6501111073	5,244	250,846	272,950
Nvidia Corp Com	28,618	911,150	3,843,111
Nvr Inc Com Stk Usd0.01	55	201,081	449,840
Olympus Corp Npv	45,600	696,241	687,801
Omnicom Group Inc Com	1,913	125,719	164,595
Openlane Inc	40,285	590,397	799,254
Option Care Health Inc Com New Com New	10,202	326,164	236,686
Oracle Corp Com	5,714	290,306	952,181
Orthopediatrics Corp Com	4,352	227,475	100,879
Otis Worldwide Corp Com Usd0.01 Wi	18,184	1,369,426	1,684,020
Paylocity Hldg Corp Com	3,648	642,959	727,667
Pennant Group Inc	10,815	308,302	286,814
Penske Automotive Group Inc Com Stk	3,241	212,934	494,058
Pernod Ricard Npv Eur 1.55	20,264	3,378,134	2,287,188
Perrigo Company Limited Com Eur0.001	11,433	347,330	293,942
Philip Morris Intl Com Stk Npv	8,625	810,526	1,038,019
Phreesia Inc Com	7,385	331,706	185,807
Post Hldgs Inc Com Stk	8,718	606,298	997,862
Power Integrations Inc Com	5,502	436,947	339,473
Ppg Ind Inc Com	4,132	489,175	493,567
Primerica Inc Com	5,818	616,842	1,579,122
Privia Health Group Inc Com	27,420	631,239	536,061
Procter & Gamble Com Npv	16,126	2,532,344	2,703,524
Progress Software Corp Com	2,587	150,092	168,543
Rayonier Inc Reit	12,421	405,459	324,188
Rb Global Inc Com Npv	6,128	378,668	552,807
Reckitt Benck Grp Ord Gbp0.10	10,049	720,533	608,251
Red Rock Resorts Inc Cl A Cl A	21,560	680,315	996,934
Regal Rexnord Corporation Com Stk Usd0.01	5,081	678,599	788,216
Relx Plc	45,265	1,516,331	2,057,276
Relx Plc Ord Gbp0.1444	11,856	396,411	536,746
Renaissance Re Hldgs Ltd Com	1,625	281,584	404,316
Reorg/ Discover Finl Svcs Stock Merger Capital One Finl Corp 2108876 05-19-2025	3,419	410,474	592,273
Reorg/ Paycor Hcm Inc Cash Merger 04-14-2025	24,322	484,437	451,660

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

December 31, 2024

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Equity Securities (continued)			
Reorg/Enstar Merger 07-02-2025	776	\$ 150,158	\$ 249,911
Reorg/Equity Commonwealth Exchange Esc Equity Commth 6024762 06-13-2025	17,072	406,580	30,217
Reorg/Everi Merger 07-01-2025	4,219	35,158	56,999
Repligen Corp Com Stk Usd0.01	3,406	538,885	490,260
Rexford Indl Rlty Inc Com	4,379	183,549	169,292
Roche Hldgs Ag Genusscheine Npv	4,373	1,235,290	1,232,884
Rolls Royce Hldgs Ord Gbp0.20	83,963	209,134	597,913
Roper Technologies Inc	4,002	2,029,262	2,080,440
Royal Dutch Shell Plc Sponsored Adr Repstg Ord Sh	36,319	2,151,254	2,275,385
Ryman Hospitality Pptys Inc Com	3,637	319,405	379,485
S&P Global Inc Com	8,119	2,664,082	4,043,506
Salesforce Inc Com Usd0.001	1,926	447,847	643,920
Samsung Electronic Gdr Each Rep 25 Com(Reg'S)	483	471,529	439,530
Sap Se	23,997	3,449,198	5,871,794
Sap Se-Sponsored Adr	9,420	1,343,555	2,319,298
Schneider Electric Eur4.00	6,678	708,546	1,665,840
Schwab Charles Corp Com New	22,042	1,218,270	1,631,328
Sensata Technologies B V Holding	5,071	211,643	138,945
Servicenow Inc Com Usd0.001	1,790	954,635	1,897,615
Simpson Mfg Inc Com	5,416	716,203	898,135
Sixth Str Specialty Lending Inc Com	13,795	265,914	293,834
Solventum Corp Com Com Usd0.01	1,671	117,955	110,386
Sps Comm Inc Com	4,854	600,798	893,087
SS&C Technologies Hldgs Inc Com	23,152	1,152,320	1,754,459
Steris Plc Ord Usd0.001	7,375	1,678,740	1,516,005
Stevanato Group S.P.A. Com Npv	11,313	325,914	246,510
Stifel Finl Corp Com	1,843	112,029	195,505
Strategic Ed Inc	5,681	583,933	530,719
Synopsys Inc Com	5,398	2,802,047	2,619,973
Synovus Finl Corp Com New Com New	4,220	162,174	216,191
Td Synnex Corporation Com Usd0.001	583	51,072	68,374
Teledyne Technologies Inc Com	489	221,945	226,960
Teleflex Inc Com	1,261	223,143	224,433
The Cooper Companies, Inc.	5,984	364,621	550,109
The Marzetti Company	2,754	462,392	476,828
The Trade Desk Inc Com Cl A Com Cl A	16,028	1,546,295	1,883,771

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

December 31, 2024

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Equity Securities (continued)			
Thermo Fisher Scientific Inc Com Usd1	6,900	\$ 2,375,237	\$ 3,589,587
Transcat Inc Com	2,702	316,291	285,709
Transdigm Group Inc Com	603	765,268	764,170
Transunion Com	7,474	515,285	692,915
U S Physical Therapy Com	3,184	350,668	282,453
Ubs Group Ag Usd0.10 (Regd)	38,968	630,363	1,192,367
Udr Inc Com Stk	9,125	359,813	396,116
UGI Corp New Com	8,775	328,122	247,718
Union Pac Corp Com	3,190	604,382	727,448
United Parcel Svc Inc Cl B	3,152	357,297	397,467
Unitedhealth Group Inc Com	9,064	3,811,814	4,585,115
Vail Resorts Inc Com	589	129,512	110,408
Verisign Inc Com	1,940	338,931	401,502
Vertex Pharmaceuticals Inc Com	5,064	2,326,441	2,039,273
Visa Inc Com Cl A Stk	40,063	7,340,858	12,661,510
Walt Disney Co	6,808	605,490	758,071
Waters Corp Com	1,881	438,095	697,813
Webster Fncl Corp Waterbury Conn Com	10,068	583,837	555,955
Wells Fargo & Co New Com Stk	19,026	749,000	1,336,386
Wesco Intl Inc Com	6,119	425,149	1,107,294
Whitbread Ord Gbp0.76797385	6,453	277,769	238,088
Wiley John & Sons Inc Cl A	4,506	138,084	196,957
Willis Towers Watson Plc Com Usd0.000115	4,995	1,112,880	1,564,634
Willscot Holdings Corporation Com	10,945	381,969	366,110
Woodward Inc Com	8,613	1,068,495	1,433,375
Workday Inc Cl A Com Usd0.001	10,760	2,569,291	2,776,403
Workiva Inc Com Cl A Com Cl A	7,346	688,156	804,387
Wpp Plc Ord Gbp0.10	34,256	507,803	354,973
Wyndham Hotels & Resorts Inc Com	10,398	695,389	1,048,014
Zoetis Inc Com Usd0.01 Cl 'A'	4,102	720,642	668,339
Total Equity Securities		254,212,627	327,623,951
Fixed Income Mutual Funds			
MFC Blackrock Mun Income Tr Li Com	591	6,310	6,211
MFC Blackrock Mun Income Tr Sh Ben Int	808	8,083	7,967
MFC Blackrock Mun Qual Tr	136	1,515	1,476
MFC Blackrock MuniHldgs Nj Qlty Fd Inc Com Stk Usd0.1	4,478	62,642	49,571

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

December 31, 2024

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Fixed Income Mutual Funds (continued)			
MFC Blackrock Muniholdings Calif Qualityfd Inc Com	106	\$ 1,182	\$ 1,127
MFC Blackrock Muniholdings Fd Inc Com	15,495	195,988	180,826
MFC Blackrock Munivest Fd Inc Com	6,812	54,835	54,388
MFC Invesco Advantage Mun Income Tr li Sh Ben Int	11,546	102,220	100,912
MFC Invesco Municipal Trust	1,023	10,170	10,036
MFC Invesco Pennsylvania Value Municipalincome Trust	471	6,217	4,847
MFC Invesco Trust For Investment Grade Municipals	480	4,921	4,848
MFC Nuveen Amt-Free Quality Mun Income Fd Com	10,889	124,297	122,828
MFC Nuveen Calif Quality Mun Income Fd Com	11,680	134,582	131,867
MFC Nuveen Enhanced Amt-Free Muni Fd Com Usd0.01	11,349	139,688	139,139
MFC Nuveen Municipal Credit Income Fund Com Usd0.01	20,156	247,446	245,299
MFC Nuveen Quality Municipal Income Fd Com	2,442	28,280	28,474
Total Fixed Income Mutual Funds		1,128,376	1,089,816
Commingled Fixed Income Funds			
CF Primus High Yield Bond Fund Ltd Class B	36,096	36,100,000	38,137,175
CF Primus High Yield Bond Fund Ltd Class B Apl	47,600,000	47,600,000	47,600,000
CF WTC-CIF li Securitized Opportunities Portfolio	9,416,924	93,447,672	95,487,614
OHA Diversified Credit Strategies Fund (Parallel) Lp	93,505,000	93,505,000	119,306,074
WTC CIF2 Markets Dbt Ser 1 Fd	7,343,306	74,379,640	64,767,955
Total Commingled Fixed Income Funds		345,032,312	365,298,818
Equity Mutual Funds			
MFO Artisan Fds Inc Intl Value Fd Instl Shs	420,309	14,349,891	19,767,138
MFO Bny Mellon Strategic Fds Inc Intl Stk Fdcl I	304,183	5,233,507	6,932,335
MFO Dodge & Cox Stock Fd Open End Fd	242,031	46,258,237	62,245,440
MFO Jpmorgan Tr I Emerging Mkts Equity Fd Cl R6	876,172	35,030,986	26,512,960
Total Equity Mutual Funds		100,872,621	115,457,873
Commingled Equity Funds			
CF Baillie Gifford Intl.Growth Fund Class 2	1,019,694	13,111,958	12,791,038
Champlain Small Cap Fund	1	1	22,579,300
Global Alpha International Small Cap Fund Lp	20,600,000	20,600,000	20,015,888
JPMCB Na As Trustee Of The Commingled Pension Trust Fund	63,300,000	63,300,000	82,674,557
Total Commingled Equity Funds		97,011,959	138,060,783

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

December 31, 2024

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Common Collective Trusts			
Jennison Growth Equity Fund	3,473,540	\$ 22,527,340	\$ 62,574,567
Total Common Collective Trusts		<u>22,527,340</u>	<u>62,574,567</u>
Funds of Hedge Funds			
1788 Paumanok Fund A Llc	120,743,670	120,743,670	216,706,687
BPIF Non-Taxable L.P.	97,901,472	97,901,472	216,190,563
Cash Held At Tenaron	106,140	106,140	106,140
Total Funds of Hedge Funds		<u>218,751,282</u>	<u>433,003,390</u>
Hedge Funds			
Cash Held Else Where Cf Rohatyn Funds	94	94	94
CF Rohatyn Gl Cl A S12 D1 Fd	4	4,160	3,506
CF Rohatyn Glb S6 S2 A1 Fd	8	8,370	11,250
CF Rohatyn Glb S8 A1 Fd	4	3,629	3,979
CF Rohatyn Global Opportunity Cash Reserve April 2011 Fund	1	990	1,231
CF Rohatyn Global Opportunity Cash Reserve Nov 2012 Fund	1	356	968
Total Hedge Funds		<u>17,599</u>	<u>21,028</u>
Private Equity Funds			
Adams Street Global Opportunities Secondary Fund 5	1,534,838	1,534,838	1,826,361
Antler Global Access Fund, Scsp	5,500,000	5,500,000	4,905,055
Antler Global Fund, Scsp	5,942,905	5,942,905	6,961,898
Apollo Natural Resource Partners Ii Lp	4,822,265	4,822,265	1,895,863
Arctos Sports Partners Fund I Feeder, Lp	14,398,633	14,398,633	20,474,880
Arctos Sports Partners Fund Ii Feeder, Lp	4,300,566	4,300,566	4,726,513
Blumberg Capital V, Lp	11,544,000	11,544,000	11,773,726
Builders Vc Fund Ii, Lp	12,643,750	12,643,750	16,459,310
Centerbridge Special Credit Partners, L.P.	716,732	716,732	2,160
Checkerspot, Inc. Cag7030	4,000,000	4,000,000	4,000,000
Clarion Investors Iii, Lp	8,086,786	8,086,786	10,686,232
Consonance Private Equity Ii, L.P.	8,266,336	8,266,336	12,452,555
Consonance Private Equity Lp	2,303,572	2,303,572	12,123,166
Cressey & Company Fund Vii-A Lp	2,800,000	2,800,000	2,121,515
Crv Select Fund Ii, Lp	3,323,980	3,323,980	3,251,537
CRV XIX, Lp	7,665,000	7,665,000	7,310,131
Cure Ventures Fund I, L.P.	1,671,409	1,671,409	1,435,283
Digital Alpha Fund Ii-A Lp	13,774,756	13,774,756	16,165,097

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

December 31, 2024

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Private Equity Funds (continued)			
Enervest Energy Institutional Fund Xiv-C	3,388,643	\$ 3,388,643	\$ 2,884,819
Harbourvest Partners Ix Fund Lp	3,262,241	3,262,241	5,267,373
J2 Ventures Argonne Fund, Lp	1,888,350	1,888,350	2,167,321
JFL Equity Investors Iv, Lp	2,114,047	2,114,047	1,281,733
Jfl Equity Investors V, Lp	12,361,568	12,361,568	19,913,131
JFL Equity Investors Vi, Lp	3,539,178	3,539,178	4,133,049
Lead Edge Capital Vi, Lp	11,024,675	11,024,675	13,780,844
M13 Ventures Iii, Lp	8,421,696	8,421,696	8,216,436
M13 Ventures Iv Lp	2,200,000	2,200,000	2,174,604
Marcy Venture Partners Fund Ii, Lp	7,841,049	7,841,049	7,385,394
Medina Capital Fund Ii, Llc	15,278,163	15,278,163	1
Morpheus Ventures Ii, Lp	8,495,246	8,495,246	8,244,687
Patient Square Equity Partners-A, Lp	8,025,310	8,025,310	9,216,187
Pine Brook Capital Partners Ii, Lp	7,415,012	7,415,012	5,358,132
Psc Spark Coinvest, Lp	8,120,531	8,120,531	7,979,397
Qed Fund Vii, Lp	3,192,590	3,192,590	3,410,457
Qed Fund Viii, Lp	1,224,773	1,224,773	1,079,202
Qed Growth Fund Ii, Lp	550,427	550,427	509,940
Qed Growth Fund, Lp	5,842,261	5,842,261	5,991,209
RCP Fund Vii Feeder, Ltd	61,514	61,514	2,073
RCP Fund Viii	541,634	541,634	433,666
Reverence Capital Partners Opportunitiesfund Ii, Lp	6,569,178	6,569,178	17,998,801
Reverence Capital Partners Opportunitiesfund V-A (Pe Fund Iii), Lp	13,575,088	13,575,088	17,102,633
Rivet Digital Spv I, Lp	1,236,000	1,236,000	2,154,003
SK Capital Partners V-B, Lp	11,369,717	11,369,717	12,881,055
Sk Capital Partners Vi-B, Lp	2,758,184	2,758,184	6,131,237
Stepstone Vc Early Stage Ii	6,241,212	6,241,212	5,855,972
Sweetwater Iii A Lp	6,060,000	6,060,000	11,277,867
Sweetwater Private Equity Iii Lp	14,906,353	14,906,353	19,856,496
Sweetwater Secondaries Fund Ii Lp	6,907,494	6,907,494	9,990,127
TCG Labs Fund I Lp	1,392,033	1,392,033	1,128,504
TCV Ix Lp	5,818,612	5,818,612	5,913,620
TCV Viii (A) Lp	4,833,525	4,833,525	4,963,072
Tev Xii (A), L.P.	1,371,725	1,371,725	1,389,366
Tenaya Capital Vii Lp	5,815,004	5,815,004	17,407,483
Trident Ix, L.P	13,701,126	13,701,126	16,790,494
Trident Vii	11,903,638	11,903,638	20,047,389

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

December 31, 2024

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Private Equity Funds (continued)			
Trident Viii, L.P	16,438,336	\$ 16,438,336	\$ 24,229,763
True Ventures Viii, Lp	5,040,000	5,040,000	4,936,403
Tuatara Capital Fund Ii, Lp	13,517,485	13,517,485	3,241,386
Upfront Secondary Iii, Lp	8,989,963	8,989,963	28,438,326
Welsh, Carson, Anderson & Stowe Xii, Lp	3,689,885	3,689,885	4,242,474
Total Private Equity Funds		390,218,994	483,977,408
Private Credit Funds			
Cross Ocean Aviation Fund I Cayman Feeder Lp-Usd	2,108,889	2,108,889	5,180,246
Golub Capital Partners International 10,L.P.	7,978,931	7,978,931	8,093,750
IGCF Iv Feeder-E, Lp	10,905,610	10,905,610	11,051,660
Invictus Opportunity Feeder Iii Co-Invest, Lp	9,966,774	9,966,774	10,241,437
Invictus Opportunity Fund Ii, L.P.	29,774,675	29,774,675	25,724,757
Invictus Opportunity Fund Iii, Lp	10,513,163	10,513,163	9,912,630
Marathon Secured Private Strategies Offshore Fund Ii Lp	11,040,928	11,040,928	21,299,537
Total Private Credit Funds		82,288,970	91,504,017
Private Real Estate Funds			
1370 Fund - Usra Net Lease Iii, Llc	6,945,417	6,945,417	6,810,819
1370 Fund - Usra Net Lease Iv Llc	7,067,813	7,067,813	7,242,345
1370 Fund- Usra Net Lease Ii, Llc	7,346,564	7,346,564	6,986,555
Argosy Arep V Feeder, Lp	4,900,000	4,900,000	4,931,481
Blackstone Real Estate Partners Europe Vlp	7,987,522	7,987,522	4,485,455
Cabot Industrial Value Fund Vii, Lp	5,491,500	5,491,500	4,928,578
Cerberus Institutional Real Estate Partners Iii Lp	1	1	2,293,089
Cirep Iv Institutional Feeder, Lp	6,957,046	6,957,046	4,772,474
Crossharbor Institutional Partners 2014 Lp	400,080	400,080	185,461
Crossharbor Institutional Partners 2018,Lp	3,064,140	3,064,140	4,109,263
Crossharbor Institutional Partners 2021 Lp	7,994,848	7,994,848	8,963,422
Glp Capital Partners Iv-A Lp	11,123,886	11,123,886	10,772,794
H.I.G. Realty Partners Iv (Offshore), Lp	13,680,379	13,680,379	14,016,027
Madison International Real Estate Liquidity Fund Vi Lp	5,101,111	5,101,111	5,187,758
Oaktree Real Estate Opportunities Fund Vi Lp	408,908	408,908	791,218
Oaktree Real Estate Opportunities Fund Vlp	470,481	470,481	7,349
Raith Real Estate Fund Iii Lp	2,895,443	2,895,443	2,802,085
Rialto Real Estate Fund V - Debt, Lp	2,531,250	2,531,250	2,563,444
Sabal SSO Fund (Cayman), Lp	6,124,646	6,124,646	5,944,451

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

December 31, 2024

Identity of Issue and Description of Investment	Face Amount Or Number Of Shares	Cost	Current Value
Private Real Estate Funds (continued)			
SROA Capital Fund Ix, Lp	6,129,617	\$ 6,129,617	\$ 5,711,769
SROA Red Dot Co-Invest, Lp	2,265,632	2,265,632	2,237,558
Torchlight Debt Fund Viii, Lp	3,085,714	3,085,714	3,182,740
True North Real Estate Fund Iii, Lp	4,360,190	4,360,190	1,772,655
Wheelock Street Real Estate Fund Vii, L.P.	3,610,599	3,610,599	3,525,496
Total Private Real Estate Funds		<u>119,942,787</u>	<u>114,224,286</u>
Participant Directed Investments			
50% Artisan/50% Bny Mellon International Opt.		**	101,016
50% Champlain/50% Diamond Hill Sm Cap Opt		**	12,253
50% Diamond Hill/50%Dodge & Cox Large Value Opt.		**	162,126
50% Dodge & Cox/50% Allspring Core Bond Option		**	6,891
50% Edgewood Lg Cap Gr Opt/50% Harbor Lg Cap Gr Opt		**	734,105
State Street Instl Us Govt Money Market Premier		**	33,723
Vanguard Federal Money Market		**	169,600
Vanguard Instl Index Instl Plus		**	146,079
Vanguard Target Retrmnt 2020		**	3,923
Vanguard Target Retrmnt 2025		**	3,382
Vanguard Target Retrmnt 2035		**	4,639
Vanguard Target Retrmnt Inc		**	41,843
Vanguard Total Bd Mkt Idx Inst Plus		**	32,970
Vanguard Wellington Adm		**	83,700
Total Participant Directed Investments			<u>1,536,250</u>
Total Investments		<u>\$ 2,287,107,114</u>	<u>\$ 2,766,702,571</u>

* Indicated party in-interest to the Plan.

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

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

Year Ended December 31, 2024

Identity of Party Involved	Description of Asset	Purchase Price (a)	Selling Price (a)	Cost of Asset	Net Gain (Loss)
Category (i) – Single of transactions in excess of 5% of Plan assets					
Northern Trust Corporation*	MFB Northern INSTL FDS US Govt Select Portfolio: Purchases	\$ 139,317,397	\$ –	\$ 139,317,397	\$ –
Category (iii) – Series of transactions in excess of 5% of Plan assets					
Northern Trust Corporation*	MFB Northern INSTL FDS US Govt Select Portfolio: Purchases	699,520,391	–	699,520,391	–
	Sales		734,411,830	734,411,830	–

There were no category (ii) or (iv) reportable transactions for the year ended December 31, 2024. Lease rental and expenses incurred with transaction columns not applicable.

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

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

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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2024

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

Attained Age	Attained Years of Credited Service ¹									
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over
Under 25	70	96	4	0	0	0	0	0	0	0
	104,421	105,018	-	-	-	-	-	-	-	-
25-29	86	615	513	7	0	0	0	0	0	0
	92,389	78,783	91,342	-	-	-	-	-	-	-
30-34	77	711	1,928	368	4	0	0	0	0	0
	80,862	52,906	90,445	112,383	-	-	-	-	-	-
35-39	41	473	1,870	1,063	230	5	0	0	0	0
	66,693	40,801	105,922	112,375	119,664	-	-	-	-	-
40-44	25	310	1,363	950	562	116	1	0	0	0
	59,634	39,898	130,509	135,711	126,296	125,499	-	-	-	-
45-49	18	200	1,096	844	586	350	77	1	0	0
	-	32,753	123,411	150,708	135,488	128,528	138,747	-	-	-
50-54	25	172	883	640	553	433	190	76	2	0
	21,382	30,886	120,887	118,026	131,972	141,631	144,647	129,906	-	-
55-59	48	142	824	746	531	468	277	256	94	2
	11,085	36,199	117,439	118,870	127,548	138,744	136,736	142,135	140,258	-
60-64	33	112	728	612	509	430	302	252	229	49
	8,260	26,910	115,401	116,123	115,996	127,397	136,065	135,084	146,303	159,966
65-69	19	37	375	349	276	225	157	130	88	77
	-	71,009	135,880	142,066	131,423	125,327	151,471	134,855	142,862	152,713
70 & over	3	17	154	137	110	71	100	48	32	50
	-	-	144,632	163,327	120,846	117,683	193,129	152,176	159,568	144,656
Average:	Age	48.38								
	Service	12.29								

Census data as of January 1, 2024

Excludes 354 participants that have no liability under the plan. Average plan compensation includes active employees not currently accruing future plan benefits with zero compensation reflected.

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

Plan Name: Northwell Health Pension Plan
 EIN / PN: 11-3418133/006
 Plan Sponsor: Northwell Health, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2024 Number and average account balances distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ²									
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over
Under 25	10	55	4							
		2,557								
25-29	10	451	500	7						
		5,616	13,264							
30-34	18	566	1,872	359	4					
		6,608	15,672	26,428						
35-39	14	383	1,789	1,028	221	5				
		6,695	20,368	29,570	41,983					
40-44	11	246	1,294	900	523	107	1			
		6,695	25,736	38,852	47,596	57,149				
45-49	14	161	1,020	784	526	315	76	1		
		8,327	25,208	47,507	55,176	62,539	81,092			
50-54	21	129	807	572	470	359	175	68	2	
	19,293	9,379	24,798	39,247	56,821	72,850	85,335	85,203		
55-59	44	108	766	627	435	390	237	221	85	2
	42,045	9,714	24,513	40,579	57,678	82,168	89,961	103,093	106,186	
60-64	31	82	666	538	429	343	258	199	201	46
	55,690	8,425	24,036	39,637	54,648	76,764	95,826	109,713	131,806	147,421
65-69	19	31	352	330	242	203	137	114	78	72
		16,226	28,480	46,229	64,980	77,072	119,945	123,929	142,934	156,394
70 & over	3	14	150	124	103	64	97	43	31	50
			31,398	60,557	63,134	83,375	140,235	203,237	223,925	217,230
		Average Age	48.38		Average Service	12.26				

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

Plan Name: Northwell Health Pension Plan
 EIN / PN: 11-3418133/006
 Plan Sponsor: Northwell Health, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

Applicable month	September 2023
Yield curve basis	Segment Rates from Fourth Month Preceding Valuation Date

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
• First segment rate	4.75%	3.62%
• Second segment rate	4.87%	4.46%
• Third segment rate	5.59%	4.52%
• Effective interest rate	5.20%	4.45%

Annual rates of increase

• Compensation	5.00% in 2024, 4.00% thereafter
• Interest crediting rate	
Northwell Health formula	4.69% in 2024, 4.14% thereafter
Northern Westchester Hospital formula	5.78% in 2024, 5.46% thereafter
Peconic Formula	4.87% in 2024, 5.15% thereafter

Plan Name: Northwell Health Pension Plan
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Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Lump sum / annuity conversion basis:

- **Northwell Health and Mather formulas:**

Interest rate basis:

Applicable month	September 2023	
Yield curve basis	Segment Rates from Fourth Month Preceding Valuation Date	
Interest rates:	Reflecting Corridors	Not Reflecting Corridors
First segment rate	4.75%	3.62%
Second segment rate	4.87%	4.46%
Third segment rate	5.59%	4.52%
Effective interest rate	5.20%	4.45%

Mortality 2024 IRC §417(e)

- **Northern Westchester formula (account balance to annuity):**

Interest rate 4.22%

Mortality Mortality prescribed by IRS Revenue Ruling 2001-62

- **Northern Westchester formula (annuity to lump sum):**

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

(1)

Interest rate 4.22%

Mortality Mortality prescribed by IRS Revenue Ruling 2001-62

(2)

Applicable month September 2023

Yield curve basis Segment Rates from Fourth Month Preceding Valuation Date

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
First segment rate	4.75%	3.62%
Second segment rate	4.87%	4.46%
Third segment rate	5.59%	4.52%

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
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Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Effective interest rate 5.20% 4.45%

Mortality 2024 IRC §417(e)

- **Peconic formula:**

Interest rate basis:

Applicable month September 2023

Yield curve basis Segment Rates from Fourth Month Preceding Valuation Date

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
First segment rate	4.75%	3.62%
Second segment rate	4.87%	4.46%
Third segment rate	5.59%	4.52%
Effective interest rate	5.20%	4.45%

Mortality Mortality prescribed by IRS Revenue Ruling 2001-62

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

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and PBGC 400 FS.

Actuarial increase basis for late commencement:

Interest rate 7.00%

Mortality 2024 IRC §417(e) projected to year of decrement using Scale MP-2021

Start date:

Active Age 70.5 (age 65, if Mather and over 65 at 1/1/24)

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

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2024

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Demographic Assumptions

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

Mortality

- Healthy Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
 - Disabled Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.
- Termination Rates varying by age

Representative Termination Rates

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

Plan Name: Northwell Health Pension Plan
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SCHEDULE SB ATTACHMENTS

Disability

Rates varying by age and gender

Representative Disability Rates

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

Retirement

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

Representative Retirement Rates

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

* 100% for The Long Island Home

Benefit commencement date:

- Preretirement death benefit

Northwell Health formulas:

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

Northern Westchester formula and Peconic:

Benefits are assumed to commence immediately upon death

Long Island Home formula:

If the participant has at least ten years of service at the time of death, the later of the death of the active participant or the

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date the participant would have attained age 55. Otherwise, the later of the death of the active participant or the date the participant would have attained age 65 with five years of service.

- Deferred vested benefit

Northwell Health formulas and Peconic Formula:

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

Northern Westchester formula:

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

Long Island Home formula:

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

- Disability benefit

For those employees who are early retirement eligible at the time of becoming disabled, benefits are assumed to commence immediately upon disablement. For all others, commencement is deferred to normal retirement date. Huntington Hospital, Staten Island and Mather plan formulas do not offer disability benefits and participants that become disabled are assumed to commence consistent with deferred vested benefits as described above.

- Retirement benefit

Participants with a cash balance formula benefit who elect a lump sum are assumed to commence at the later of age 62 and termination of employment.

All others eligible for the retirement benefit are assumed to commence immediately upon termination of employment.

Form of payment

65% of eligible cash balance, Plainview NYSNA, Staten Island, Peconic, Northern Westchester and Mather participants are assumed to elect a lump sum.

For former employees in the Lenox Hill Hospital Health Services Retirement Plan, the disability benefit is assumed to be paid in the form of an annuity and other benefits are assumed to be paid 35% as an annuity and 65% as a lump sum.

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All participants that do not elect a lump sum are assumed to elect annuities according to the following percentages:

Peconic

Single:

- 100% -- life

Married:

- 65% -- life
- 35% -- 50% joint annuitant

All other

Single:

- 90% -- life
- 10% -- 10-year certain and life

Married:

- 55% -- life
- 20% -- 50% joint annuitant
- 15% -- 100% joint annuitant
- 10% -- 10-year certain and life

Percentage married

80% of participants

Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.

Spouse age

Wife three years younger than husband.

Covered pay

Assumed plan compensation for the year beginning on the valuation date was determined as the following:

- All except Huntington and Northern Westchester prior plan benefit: the greater of the prior year's pensionable earnings and the annual base pay rate, increased by the salary scale. For non-union participants, prior year's pensionable earnings was reduced by 3%.
- Huntington: The annual base pay rate increased by the salary scale.

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- Northern Westchester prior plan benefit: the annual pay rate as of May 1 of the valuation year.

Plan-related expenses	Expected administrative expenses of \$7,430,000 were added to the Target Normal Cost for 2024. Expected expenses are based on the actual non-investment expenses from the prior year, adjusted for the expected change in the PBGC premium amount.
At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the lump sum form of payment for cash balance benefit participants and a joint and survivor form of payment for all other participants.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month. If eligible for an immediate lump sum, the lump sum is paid at decrement. Otherwise, lump sums are deferred to age 62.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and the dates 12 and 24 months before the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-

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EIN / PN: 11-3418133/006
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Valuation Date: January 1, 2024

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22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

The plan pays small benefits with a present value up to \$7,000 in a single lump sum payment. In addition, those with a Northwell Health cash balance formula benefit are eligible for a lump sum if the present value is greater than \$7,000 and less than \$10,000. Such lump sums are not explicitly valued as such; rather such benefits are valued using the benefit choice assumptions described above.

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

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

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor through its third party administrator furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. Assumptions were made for missing or inconsistent data elements as documented on September 30, 2024 under separate cover. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Cash balance interest crediting rate	<p>For the Northwell cash balance formula: The plan credits interest to cash balance accounts using the average of the yields on 30-year Treasury bonds during the months of September, October, and November of the prior year. The selected assumption is set equal to the actual rate in effect for 2024. The 30-year Treasury rate for the month of December 2023 is assumed for all later years.</p> <p>For the Northern Westchester Hospital cash balance formula: The plan credits interest to cash balance accounts using the one-year U.S. Treasury Bills for the month of November of the prior year plus 0.5%, but in no event, less than 3.80%. The selected assumption is set equal to the actual rate in effect for 2024. The one-year Treasury rate for the month of December 2023 is assumed for all later years.</p> <p>For the Peconic cash balance formula: The plan credits interest to cash balance accounts using the third unadjusted 24-month average segment rate for the month prior to the valuation date. The selected assumption is set equal to the actual rate in effect for 2024. The monthly third segment rate under § 417(e)(3)(D) computed without regard to a 24-month average applicable for the month of December 2023 as provided by the IRS is assumed for all later years.</p> <p>After examining historical variability in this rate, we believe that the selected assumptions do not significantly conflict with what would be reasonable based on market conditions at the measurement date.</p>

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Cash balance annuity conversion basis	As required by IRC 430, annuity benefits are valued by converting accounts to annuities using the current IRC 430 interest rates, so that the interest rates assumed are effectively the same as described above for the discount rate, rather than IRC 417(e) rates.
Rate of increase in compensation	Assumed increases in compensation were based on an experience study conducted in 2018 for the population covered under the former Northwell Health Cash Balance Plan, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. The assumption was revised for expected increases in compensation during 2024 based on guidance provided by Northwell Health. We believe that the assumption chosen does not significantly conflict with what would be reasonable based on historical salary increase experience.

Assumptions Rationale - Significant Demographic Assumptions

Healthy mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on an experience study conducted in 2018 for the population covered under the former Northwell Health Cash Balance Plan, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Disability	Assumed disability rates differ by gender because of expected differences in disability rates by gender with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Retirement	Retirement rates were based on an experience study conducted in 2018 for the population covered under the former Northwell Health Cash Balance Plan, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Form of payment	Percentages of retiring participants assumed to take certain forms of payment were based on an experience study conducted in 2018 for the population covered under the former Northwell Health Cash Balance Plan, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

- Changes in assumptions since prior valuation**
- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
 - The mortality assumption used to calculate the funding target and target normal cost was updated to reflect the latest mortality base table and mortality improvement scale, as required by guidance issued by the IRS under IRC §430 for 2024 plan years.
 - The lump sum mortality was updated in accordance with Internal Revenue Code IRC §417(e).
 - The salary scale was changed from 5.00% in 2023 and 4.00% thereafter to 5.00% in 2024 and 4.00% thereafter.
 - The approach for determining covered pay was changed as described in the assumptions above.
 - The actuarial increase start date for active Mather participants under age 65 as of January 1, 2024 was changed from age 65 to age 70.5.
 - The cash balance interest crediting rate for Northwell benefit obligations was changed from 3.66% to 4.69% in 2024 and 4.14% thereafter. The cash balance interest crediting rate for Northern Westchester Hospital benefit obligations was changed from 5.18% to 5.78% in 2024 and 5.46% thereafter. The cash balance interest crediting rate for Peconic benefit obligations was changed from 4.85% to 4.87% in 2024 and 5.15% thereafter.

Change in methods since prior valuation None

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2024

2024 FORM 5500
(ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN)

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

REQUIRED ATTACHMENTS TO SCHEDULE H
(FINANCIAL INFORMATION)

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

In accordance with the Instructions for the 2024 Form 5500, Annual Return/Report of Employee Benefit Plan (the “Return”), the required attachment for Schedule H (Financial Information), question 4j, Schedule of Reportable Transaction (the “Schedule”), is included at the end of the audited financial statements for the Plan. Please refer to the Accountant’s Opinion, attached to the Return, for the Schedule.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

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

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

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

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

Part I		Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2	Assets:			
	a Market value	2a	2,703,993,339	
	b Actuarial value	2b	2,746,067,582	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	5,719	980,025,226	980,025,226
	b For terminated vested participants	11,038	345,903,623	345,903,623
	c For active participants	27,087	1,246,333,400	1,268,214,110
	d Total	43,844	2,572,262,249	2,594,142,959
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.20%	
6	Target normal cost			
	a Present value of current plan year accruals	6a	93,871,852	
	b Expected plan-related expenses	6b	7,430,000	
	c Target normal cost	6c	101,301,852	

Statement by Enrolled Actuary

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

SIGN HERE	David B Gold	<i>DBG</i>	8/28/2025
	Signature of actuary		Date
David B Gold		2304944	
Type or print name of actuary		Most recent enrollment number	
Willis Towers Watson US LLC		312-525-2475	
Firm name		Telephone number (including area code)	
Willis Tower 233 South Wacker Drive Suite 1800 Chicago IL 60606		Address of the firm	

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

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

**Schedule SB (Form 5500) 2024
v. 240311**

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	101,301,852	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	113,901,173	10,362,763	
	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	111,664,615	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	111,664,615	111,664,615
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

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

Plan Name: Northwell Health Pension Plan
 EIN / PN: 11-3418133/006
 Plan Sponsor: Northwell Health, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

The most recent plan document of the Northwell Health Pension Plan was amended and restated effective as of December 31, 2022. The plan provisions for each formula group are summarized separately below.

Summary of Main Plan Provisions – Northwell Health Cash Balance

Plan Provisions

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

Covered Employees	All employees of Northwell Health with the exclusion of the following: <ol style="list-style-type: none">1. an employee hired or re-hired on or after July 1, 2018, unless such employee is a collectively bargained employee whose collective bargaining agreement provides for his or her participation in this Plan pursuant to the cash balance formula2. an employee hired prior to July 1, 2018 by John T. Mather Memorial Hospital, Phelps Memorial Hospital Center, Northern Westchester Hospital Association or Peconic Bay Medical Center and is transferred to an employer on or after such date, unless such employee is a collectively bargained employee whose collective bargaining agreement provides for his or her participation in this Plan pursuant to the cash balance formula3. a nurse employed by RegionCare, Inc. to perform nurse staffing services at an employer or an affiliate4. a member of the house staff (i.e., a fellow, resident or intern), or a member of the house staff prior to July 1, 2018 who becomes a non-house staff Employee on or after that date whose terms of employment are not governed by a collective bargaining agreement5. a Plainview Nurse eligible employee6. prior to January 1, 2007, a Southside eligible employee7. a Southside Nurse eligible employee or, on or after January 1, 2009, a nurse employed by Southside Hospital on a per diem basis
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Plan Name:	Northwell Health Pension Plan
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Plan Sponsor:	Northwell Health, Inc.
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SCHEDULE SB ATTACHMENTS

8. a LIJ Valley Stream Nurse eligible employee or a nurse employed by Long Island Jewish Valley Stream, formerly Franklin Hospital, now a division of Long Island Jewish Medical Center, on a per diem basis
9. a Lenox Hill MEETH participant or a Lenox Hill NYPNU participant hired on or before December 31, 2005
10. a Nurse employed by the Huntington Hospital Association represented by the Huntington Hospital Nurses Association who was hired on or before December 31, 2011, and who has not terminated service and had been rehired by the Huntington Hospital Association on or after January 1, 2012
11. an employee of the Huntington Hospital not represented in collective bargaining who was hired before January 1, 2009 and not rehired on or after January 1, 2009 and who continues to accrue benefits under the Huntington Hospital Pension Plan
12. a collectively bargained employee hired prior to July 1, 2018 whose terms of employment were governed by a collective bargaining agreement that did not provide for his or her participation in this Plan pursuant to the cash balance formula who becomes an employee on or after July 1, 2018 whose terms of employment are not governed by a collective bargaining agreement
13. a collectively bargained employee unless the collective bargaining agreement in which such collectively bargained employee's terms of employment are governed provides for his or her participation in this Plan pursuant to the cash balance formula
14. an employee of Northwell FlexStaff, Inc., other than those with union code 351

Participation Date

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

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Definitions

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

Plan Name: Northwell Health Pension Plan
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SCHEDULE SB ATTACHMENTS

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

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

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

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

Plan Name: Northwell Health Pension Plan
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SCHEDULE SB ATTACHMENTS

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

Eligibility for Benefits

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

Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD.
Early retirement	Annuitized account balance. However, if participant defers receipt to age 62 or is at least age 62 at date of termination the account balance can be paid as a lump sum. Interest is credited until the actual date of commencement. Latest deferred commencement date is age 65.

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

Other Plan Provisions

Normal form of payment

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

Optional forms of payment

- Single life annuity The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
- Joint and survivor annuity The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66⅔%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life.

Plan Name: Northwell Health Pension Plan
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SCHEDULE SB ATTACHMENTS

A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
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Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

- **Certain and life income annuity** The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of a specified period (5, 10, 15 or 20 years). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.

 - **Lump sum** The participant may elect to receive a retirement benefit in the form of a lump sum only under one of the following circumstances:
 - (a) Termination of employment on or after age 62 with three years of service
 - (b) Terminates employment with at least three years of service and elects to defer receipt to at least age 62
 - (c) The present value of the accrued benefit is greater than \$1,000 but less than \$10,000

 - **Other** Participants with a Central General prior plan benefit are also eligible for a Social Security Level Income Optional form for the portion of their benefit accrued under the Central General Hospital plan.
- Small cashouts** Account balances under \$1,000 will be paid out automatically upon termination as a lump sum. Account balances between \$1,000 and \$7,000 will be rolled over to an IRA.
- Age 70 ½ provisions** Plan amendment effective January 14, 2016 which provides that for Cash Balance Participants whose Annuity starting date is on or after his or her Normal Retirement Date but prior to the April 1st of the calendar year following the calendar year in which he or she attains age 70 ½, except for any period during which the Cash Balance Participant's benefit payments are suspended, the Cash Balance Participant's Deferred Retirement benefit shall equal the greater of (i) the Cash Balance Participant's Deferred Retirement benefit determined as of the last day of the prior Plan Year (or Normal Retirement Date, if later), actuarially increased using the interest and mortality assumptions set forth in the definition of Actuarial Equivalent (offset by any Pay Based Credits and Interest Credits credited during the current Plan Year, as applicable), or (ii) the Cash Balance Participant's Deferred Retirement benefit determined in accordance with Article IV of the Plan.
- Plan participants' contributions** None

Plan Name: Northwell Health Pension Plan
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Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Minimum benefit	The accrued benefit as of December 31, 1998 under the prior formula will be a minimum benefit under the plan. It will be compared to the applicable cash balance formula benefit at retirement under every available form of payment. The December 31, 1998 benefit will be payable if it exceeds the cash balance formula benefit payment.
Maximum benefit	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
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SCHEDULE SB ATTACHMENTS

Summary of Main Plan Provisions – Plainview NYSNA

Plan Provisions

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

Definitions

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

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Valuation Date: January 1, 2024

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Pension benefit	<p>An annual benefit equal to the sum of (a), (b), and (c) for service prior to 1989:</p> <ul style="list-style-type: none">a) 1.5% of basic compensation for the calendar year 1975 (using the Social Security wage base for 1975 of \$14,000), plus 2% of excess compensation for such year multiplied by the number of years of service prior to January 1, 1976.b) 1.5% of basic compensation, plus 2% of excess compensation for each year of service after January 1, 1976 but before January 1, 2007c) 1.6% of basic compensation, plus 2% of excess compensation for each year of service after January 1, 2007 <p>For each year of service after 1988, (b) is revised with respect to the first 30 years to provide:</p> <p>1.5% of basic compensation up to the lesser of (1) 150% of covered compensation or (2) the Social Security wage base, plus 2% of excess compensation.</p> <p>In no event does service for basic compensation exceed 40 years or service for excess compensation exceeds 30 years.</p>
Actuarial Equivalence (other than for Lump Sum or Social Security Level Income optional forms)	Unisex Pensioner's 1984 mortality table and 7% interest.
Actuarial Equivalence (Lump Sum and Social Security Level Income optional forms)	The average of the yields on the PPA interest rates under section 417(e)(3) during the months of September, October, and November of the prior year and the PPA mandated Internal Revenue Code §417(e) mortality table.

Eligibility for Benefits

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

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Preretirement death benefit Death while vested with a spouse and before payments have commenced.

Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD
Early retirement	Normal retirement pension accrued to date of retirement. If the participant elects early commencement of his benefit, the accrued benefit is reduced by 1/15th for each of the first five years and 1/30th for each of the next five years commencement of payment precedes normal retirement date. If a participant retires at age 62 or later with 25 years of service or retires on or after early retirement eligibility with age plus years of service totalling 80 with 25 years of service and defers commencement to age 62, the benefit is unreduced.
Postponed retirement	Benefits continue to accrue for service beyond normal retirement date. Special minimums apply to participants who attained age 70 prior to January 1, 1988.
Vested termination	Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 10 years of credited service, payable any time on or after age 55, but reduced by 1/15th for each of the first five years and 1/30th for each of the next five years commencement of payment precedes normal retirement date.
Disablement	Normal retirement pension accrued to date of disability. If the participant elects early commencement of his benefit, the accrued benefit is reduced by 1/15th for each of the first five years and 1/30th for each of the next five years commencement of payment precedes normal retirement date. If disability date precedes normal retirement date by more than 10 years, the amount of the pension payable will be further reduced on an actuarially equivalent basis.
Preretirement death	If eligible for early retirement, 50% of the participant's early retirement benefit as of the date of death is payable to the spouse, reduced as if the 50% Joint and Survivor option was elected immediately prior to the date of death. Otherwise, 50% of the benefit the participant would have received had the participant quit employment the day before death and elected a 50% Joint and Survivor option to commence at the earliest possible retirement date is payable to the spouse.

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SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Normal form of payment

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

Optional forms of payment

- Single life annuity The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
- Joint and survivor annuity The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66 $\frac{2}{3}$ %, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life.

A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.

- Certain and life income annuity The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of a specified period (5, 10, 15 or 20 years). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Summary of Main Plan Provisions – South Shore

Plan Provisions

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

Definitions

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

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

Non-Union

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

NYSNA

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

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

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

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

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

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Pension benefit	<p>NYSNA Employees</p> <p>Sum of (1) the past service benefit plus (2) the future service benefit.</p> <p>(1) 1.6% of Final Average Compensation multiplied by years of Credited Service as of the applicable final average pay date.</p> <p>(2) For each year of credited service after the applicable final average pay date, an amount equal to 1.6% of Career Average Compensation for such year.</p> <p>Non-Union Employees</p> <p>Employed by Hospital prior to January 1, 2002</p> <p>Sum of (1) the past service benefit plus (2) the future service benefit.</p> <p>1) 1.6% of Final Average Compensation multiplied by Years of Credited Service as of December 31, 2001 plus 0.8% of the excess, if any, of Final Average Compensation above \$62,700, multiplied by Years of Credited Service as of December 31, 2001.</p> <p>2) For each year of credited service from December 31, 2001 to December 31, 2006, an amount equal to 1.6% of Career Average Compensation for such year plus 0.8% of the excess, if any, of Career Average Compensation for such year over the SSTWB applicable for such year. The SSTWB for calendar year 2006 was \$94,200.</p> <p>Employed by Hospital on or after January 1, 2002</p> <p>1.3% of Career Average Compensation multiplied by Years of Credited Service through December 31, 2006.</p> <p>For service on or after January 1, 2007 benefits are accrued under the Northwell Health Cash Balance formula.</p>
Actuarial equivalence	<p>Unisex Pensioner's 1984 mortality table, set back 3 years for beneficiary, and 6% interest.</p>

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Non-union employees: Retirement before NRD and on or after the first of the month on or next following attainment of age 55 and at least 5 years of credited service at the time of retirement.

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NYSNA: Retirement before NRD and on or after the last day of the month on or next following attainment of age 55 and at least 5 years of credited service at the time of retirement.

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Vested termination	Termination for reasons other than death or retirement after completion of five years of vesting service (three years for employees with employees with an account balance under the cash balance benefit provisions).
Disability	A member who has not yet reached age 65 after completion of five years of vesting service and who is entitled to receive disability benefits under the Social Security Act may retire with a disability retirement benefit.
Preretirement death benefit	Death while vested with a spouse and before payments have commenced.

Benefits Paid Upon the Following Events

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

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

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

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

Vested termination	Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 5 years of credited service, payable any time on or after age 55, but reduced as follows:
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55	0.386	61	0.665
56	0.420	62	0.734
57	0.459	63	0.811
58	0.502	64	0.899
59	0.550	65	1.000
60	0.604		

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Disablement	Normal retirement pension accrued to date of disability. If the participant elects commencement of his benefit before age 65, the accrued benefit is reduced on the same basis as for early retirement.
Preretirement death	If eligible for early retirement, 50% of participant's early retirement benefit as of the date of death, reduced as if the 50% Joint and Survivor option was elected immediately prior to the date of death. Otherwise, 50% of the benefit the participant would have received had the participant quit employment the day before death and elected a 50% Joint and Survivor option to commence at the earliest possible retirement date.
Supplemental Benefit	Non-union employees received a supplemental account benefit equal to 2% of compensation for each month of plan participation from July 1, 1996 through June 30, 1998.

Other Plan Provisions

Normal form of payment

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

Optional forms of payment

- Single life annuity The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
- Joint and survivor annuity The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66 $\frac{2}{3}$ %, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life.

A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a

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	spouse, must obtain the spouse's written consent, witnessed by a notary public.
• Certain and life income annuity	The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of 5, 10, 15 or 20 years (only a period of 10 years is available to NYSNA participants). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.
Small cashouts	Vested lump sum of accrued benefit under \$1,000 will be paid out automatically upon termination. Vested lump sum of accrued benefit between \$1,000 and \$7,000 will be rolled over to an IRA.
Age 70½ provisions	Benefit payments must commence no later than April 1 of the calendar year following the later of: (1) the calendar year in which the participant attains age 70½; or (2) the calendar year in which the participant retires.
Plan participants' contributions	None
Minimum benefit	The minimum normal retirement benefit is equal to the accrued retirement benefit of the member immediately prior to January 1, 1976, or the accrued benefit on the day prior to the effective date of any benefit update. The benefits described herein are offset by a retirement benefits payable under GA U-4912 with MONY.
Maximum benefit	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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Summary of Main Plan Provisions – LIJ Valley Stream NYSNA

Plan Provisions

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

Definitions

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

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

Eligibility for Benefits

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

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Benefits Paid Upon the Following Events

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

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Other Plan Provisions

Normal form of payment

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

Optional forms of payment

- Single life annuity The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
- Joint and survivor annuity The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66 $\frac{2}{3}$ %, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life.

A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.

- Certain and life income annuity The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of 10 years. If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.

Small cashouts Vested lump sum of accrued benefit under \$1,000 will be paid out automatically upon termination. Vested lump sum of accrued benefit between \$1,000 and \$7,000 will be rolled over to an IRA.

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Age 70½ provisions	Benefit payments must commence no later than April 1 of the calendar year following the later of: (1) the calendar year in which the participant attains age 70½; or (2) the calendar year in which the participant retires.
Plan participants' contributions	None
Maximum benefit	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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Summary of Main Plan Provisions – Lenox Hill

Plan Provisions

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

Definitions

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

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

Eligibility for Benefits

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

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Benefits Paid Upon the Following Events

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

Other Plan Provisions

Normal form of payment

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

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Optional forms of payment

- **Single life annuity** The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
- **Joint and survivor annuity** The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66⅔%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary (66⅔% not available to NYPNU participants). If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life.

A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.

- **Certain and life income annuity** The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of 5, 10, 15 or 20 years (only a period of 10 years is available to NYPNU participants). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.

Small cashouts

Vested lump sum of accrued benefit under \$1,000 will be paid out automatically upon termination. Vested lump sum of accrued benefit between \$1,000 and \$7,000 will be rolled over to an IRA.

Age 70½ provisions

Benefit payments must commence no later than April 1 of the calendar year following the later of: (1) the calendar year in which the participant attains age 70½; or (2) the calendar year in which the participant retires.

Plan participants' contributions

None

Maximum benefit

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

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Summary of Main Plan Provisions - NYSNA Retiree Health Care Benefit

Plan Provisions

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

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

Syosset

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

Plainview

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

LIJ Valley Stream

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

South Shore

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

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

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Summary of Main Plan Provisions – Huntington Hospital

Plan Provisions

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

Definitions

Eligibility service Service as an employee of the hospital. Special rules apply for part-time employees.

Benefit service Eligibility service rendered after becoming a participant. Special rules apply for part-time participants. For non-union participants hired or rehired on or after January 1, 2009 and prior to December 31, 2009, benefit service is frozen as of December 31, 2010.

Vesting service Equal to eligibility service.

Final average earnings For participants hired prior to January 1, 2009:
Annual compensation of the three consecutive years out of the last ten which produces the highest average. Compensation is limited by the IRC Section 401(a)(17) compensation limit for benefit accrual purposes. Annual compensation is annualized base compensation, exclusive of overtime, bonuses and other special payments.
For participants hired on or after January 1, 2009:
Annual compensation of the five consecutive years out of the last ten which produces the highest average. Compensation is limited by the IRC Section 401(a)(17) compensation limit for benefit accrual purposes. Annual compensation is annualized base compensation, exclusive of overtime, bonuses and other special payments. For non-union participants hired or rehired on or after January 1, 2009 and prior to December 31, 2009, final average compensation is frozen as of December 31, 2010.

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

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

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

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

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

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

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

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

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

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

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Eligibility for Benefits

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

Benefits Paid Upon the Following Events

Normal retirement	<i>Class A Participant</i> Pension benefit determined as of NRD. <i>Class B Participant</i> Maximum allowable annual pension under IRC Section 415
Early retirement	Normal retirement benefit reduced by 5/12 of 1% for each month the early retirement date precedes the NRD. For employees hired before January 1, 2009: <ul style="list-style-type: none">• The early retirement benefit is unreduced at age 62.• An employee who retires after attaining age 55 and has completed 25 years of service may elect to receive his early retirement pension in a reduced amount equal to the normal retirement benefit reduced by 5/12 of 1% for each month the early retirement date precedes attaining age 62.
Vested termination	Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 5 years of credited service (10 years of vesting service if Nurse), payable any time on or after age 55, but reduced by 1/180 for each month not in excess of 60 plus 1/360 for each month in excess of 60 that the commencement date precedes the NRD.

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

Other Plan Provisions

Normal form of payment

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

Optional forms of payment

- Joint and survivor annuity The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66 2/3%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life.

A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.
- Certain and life income annuity The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of 5, 10, 15 or 20 years (only a period of 10 years is available to nurse participants). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder

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	of his or her life. In this case, no further payments will be made after the participant's death.
Small cashouts	Vested lump sum of accrued benefit under \$1,000 will be paid out automatically upon termination. Vested lump sum of accrued benefit between \$1,000 and \$7,000 will be rolled over to an IRA.
Age 70½ provisions	Benefit payments must commence no later than April 1 of the calendar year following the later of: (1) the calendar year in which the participant attains age 70½; or (2) the calendar year in which the participant retires.
Plan participants' contributions	None
Maximum benefit	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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Summary of Main Plan Provisions – Staten Island

Plan Provisions

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

Definitions

Vesting service One year of vesting service is granted for each plan year in which an employee completes 1,000 hours of service, including service with an affiliated employer.

Eligibility service One year of eligibility service is granted for each plan year in which an employee completes 1,000 hours of service, including service with an affiliated employer.

Credited service One year of credited service is granted for each plan year in which an employee completes 1,000 hours of service prior to February 10, 1995.

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

Pension benefit Participants who completed an hour of service on or after September 1, 1992: \$300 times credited service.
Participants who did not complete an hour of service on or after September 1, 1992: Benefit in accordance with the plan provisions applicable at that time.
Effective February 10, 1995, all benefits under this plan were frozen.

Actuarial equivalence (other than for 5 and 10-year Certain optional form) Group Annuity Mortality 1971 Male and 8% interest.

Actuarial equivalence (5 and 10-year Certain optional forms) The average of the yields on the PPA interest rates under section 417(e)(3) during the months of September, October, and November of the prior year and the PPA mandated Internal Revenue Code §417(e) mortality table.

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Eligibility for Benefits

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

Benefits Paid Upon the Following Events

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

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Other Plan Provisions

Normal form of payment

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

Optional forms of payment

- Single life annuity The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
- Joint and survivor annuity The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66 $\frac{2}{3}$ %, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life.

A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.
- Certain and life income annuity The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of a specified period (5, 10, 15 or 20 years). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.
- Certain only The participant may elect to receive reduced monthly installments over a guaranteed period of 5 or 10 years. If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over.

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Summary of Main Plan Provisions – Lenox Hill Hospital Health Services

Plan Provisions

Covered Employees Employees regularly scheduled to work at least half-time will become participants upon completion of two consecutive months of service. Employees not scheduled to work at least half-time but who work at least 1,000 hours in the year following their date of hire will become plan participants on the first of the month following completion of 1,000 hours.

Definitions

Vesting and Credited service A participant is credited with one month of service for each month in which at least one day of service is completed. However, no service will be granted in a participant's final month of service if he terminates prior to the sixteenth day of the month.

Past Service Credit Credited service earned through November 1, 1970

Current Service Credit Credited service earned on or after November 1, 1970 and through December 31, 2006

Normal retirement date (NRD) First of the month coincident with or next following the later of attainment of age 65.

Pension benefit The sum of (1) and (2):

- (1) Current Service Benefit: 1.76% of average monthly compensation multiplied by years of current service credit.
- (2) Past Service Benefit: 1.50% of past service compensation base multiplied by years of past service credit.

Effective December 31, 2006, all benefits under this plan were frozen.

Actuarial equivalence (other than for Lump Sum optional form) 1951 Group Annuity Male Mortality Table projected to 1970 on Scale C with a 5 year setback for participants and no setback for their beneficiaries and spouses. 7.25% interest rate.

Actuarial equivalence (Lump Sum optional form) The yield on the PPA interest rates under section 417(e)(3) during November of the prior year and the PPA mandated Internal Revenue Code §417(e) mortality table.

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Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retired before NRD and on or after both attaining age 55 and completion of five years of credited service.
Vested termination	Termination for reasons other than death or retirement and completion of five years of service including any related plan service credit.
Disability	First of the month coincident with or next following at least six months of disability and completion of 5 years of service credit including any related plan service credit.
Preretirement death benefit	Death while vested and before payments have commenced.

Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD.
Early retirement	A pension computed as for Normal retirement, but based on service and compensation at retirement, and reduced by 0.5% for each month that the commencement date precedes the NRD. If the participant retires at age 62 with 25 years of credited service, the benefit will be unreduced.
Vested termination	Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 5 years of credited service, payable any time on or after age 55, but reduced by 0.5% for each month by which benefit commencement precedes the Normal Retirement Date.
Disablement	A pension computed as for Normal retirement, but based on service and compensation at disability. Payment of benefits commences immediately without reduction.
Preretirement death	Fifty percent of the pension benefit, actuarially adjusted for the joint and 50% survivor payment form and early commencement, if applicable will be payable to their spouse. The benefit will commence immediately, if eligible, or at the participant's earliest retirement date.

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

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

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65 and over

1/10%

Other Plan Provisions

Normal form of payment

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

Optional forms of payment

- Single life annuity The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
- Joint and survivor annuity The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life.

A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.
- Certain and life income annuity The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of a specified period (5 or 10 years). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.

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- Level income early retirement annuity
A participant who retires with an Early Retirement Pension Benefit may elect this option pursuant to which the participant will receive the Actuarial Equivalent of a straight life annuity in the form of a life annuity adjusted such that the monthly payments are larger in amount from the effective date of the Participant's Retirement through the month in which he or she attains age 62 or age 65 as the participant shall elect, and smaller in amount thereafter, so computed that such smaller amount, when added to his or her estimated Social Security benefit, will be approximately equal to the larger amount.
- 25% or 50% single lump sum payment
If the benefit is not a Disability Pension Benefit, a participant may elect that the Actuarial Equivalent present value of either 25% or 50%, as the participant elects, of the participant's pension benefit shall be paid to the participant in a single lump sum cash payment either on the participant's Pension Commencement Date or on the January 1 immediately following such date, as the participant elects, and the remainder of the pension benefit shall be paid in another form of payment available under the plan which the participant shall elect.
- Lump Sum
The participant may elect to receive a retirement benefit in the form of a total lump sum only if:
 - (a) the Actuarial Equivalent present value of a participant's entire pension benefit does not exceed \$7,000 and
 - (b) the benefit is not a Disability Pension Benefit
 - (c) the participant has met all of the eligibility requirements for a Normal Pension Benefit or Early Retirement Pension Benefit.
- Small cashouts
Vested lump sum of accrued benefit under \$1,000 will be paid out automatically upon termination. Vested lump sum of accrued benefit between \$1,000 and \$7,000 will be rolled over to an IRA.
- Age 70½ provisions
Benefit payments must commence no later than April 1 of the calendar year following the later of: (1) the calendar year in which the participant attains age 70½; or (2) the calendar year in which the participant retires.
- Plan participants' contributions
None
- Maximum benefit
All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. Increases in the limitations under IRC 415(b) after 1996 shall not result in the increase of any benefits provided to any employee or former employee.

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Summary of Main Plan Provisions – Northern Westchester Hospital Association

Plan Provisions

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

Definitions

Eligibility Attainment of age 21 and completion of one year of service. No individuals may become new members in the plan on or after January 1, 2013.

Eligibility service A 12 month period commencing with employment during which the employee completes 975 hours of service. If the 975 hours are not completed during the first year of employment, the period of measurement is any plan year commencing after date of employment. Special rules apply for the period July 1, 1980 to December 31, 1982.

Vesting service Effective January 1, 2002, a 12 month period commencing on the first day of any plan year during which the employee has completed at least 975 hours of service. Service performed before age 18 is excluded. Special rules apply for the period July 1, 1980 to December 31, 1982.

Credited service The sum of (i) and (ii) below

- (i) Credited service prior to July 1, 1976: all full-time nonunion continuous service with Hospital prior to July 1, 1976.
- (ii) Credited service after June 30, 1976: 1,850 hours of employment during a plan year will constitute one year of credited service. For service less than 1,950 hours, credited service will be the ratio of actual hours to 1,950 hours. Special rules apply for the period July 1, 1980 to December 31, 1982.

Actuarial equivalence November 30-Year Treasury rate for the prior Plan Year and the mortality prescribed by the IRS Revenue Ruling 2001-62, but for grandfathered lump sums not less than the value determined using the applicable interest rate prescribed by the IRS under Section 417(e)(3).

Minimum Benefit Service Twelve month period commencing on the first day of any plan year during which an employee commences 975 hours of service will constitute one year of minimum benefit service.

Annual Salary Annual salary means the rate of compensation on April 1 of the Plan year, excluding bonuses and overtime. Effective January 1, 2008, annual bonus is included in the determination of Annual Salary.

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Final Average Salary	Average of the Annual Salary for the five consecutive years of the 10 consecutive years immediately preceding termination, death, or retirement which produces the highest average.
Annual Compensation	Annual compensation means the basic compensation paid during each plan year, excluding bonuses and overtime. Effective January 1, 2008, annual bonus is included in the determination of Annual Compensation.
Covered Compensation	The average of 35 years of Social Security Taxable Wage Bases ending in the year in which the participant attains Social Security Retirement Age.
Vesting	3 years of vesting service, effective January 1, 2008.

Normal Retirement

Eligibility	Normal Retirement Date is the first of the month coincident with or following age 65.
Cash Balance Formula	On January 1, 2001, the plan was converted to a cash balance plan. All active participants have a cash balance account under the plan. The account balance is equal to the opening account balance plus pay-related credits plus interest credits. On termination of employment the account balance may be taken as a lump sum or converted to an annuity on an actuarial equivalent basis.

Opening Account Balance as of January 1, 2001:

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

Pay Credits:

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

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

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60 or more but less than 70	7.0%
70 or more but less than 80	8.0%
80 or more	9.0%

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

Interest Credits:

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

Annuity Conversion Rate:

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

Prior Plan Benefit Formula

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

The prior plan formula benefit is the sum of:

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

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Early Retirement

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

Deferred Retirement

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

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

Benefit	The benefit payable upon death to a beneficiary is equal to the cash balance account. If the beneficiary is the participant's spouse, then the spouse may elect to receive the benefit in the form of an annuity. For participants whose benefit is determined under the Prior Plan, the Survivor is entitled to receive a qualified joint and 50% survivor benefit which is actuarially equivalent to the single life annuity otherwise payable.
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Other Plan Provisions

Normal form of payment

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

Optional forms of payment

• Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
• Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 75% or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life.
• Certain and life income annuity	The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of a specified period (5 or 10 years). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.
• Lump Sum	Annuities are converted to lump sums based on Actuarial Equivalence.
Small cashouts	Vested lump sum of accrued benefit under \$1,000 will be paid out automatically upon termination. Vested lump sum of accrued benefit between \$1,000 and \$7,000 will be rolled over to an IRA.

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Age 70½ provisions	Benefit payments must commence no later than April 1 of the calendar year following the later of: (1) the calendar year in which the participant attains age 70½; or (2) the calendar year in which the participant retires.
Plan participants' contributions	None
Maximum benefit	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.
Early Retirement Window	Effective November 11, 2012, an early retirement window was offered to select employees which provided an additional year of service in the determination of retirement benefits.

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Summary of Main Plan Provisions – The Long Island Home

Plan Provisions

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

Definitions

Vesting service One year of vesting service is granted for each plan year in which an employee is credited with at least 250 hours of service.

Credited service One year of credited service is granted for each plan year in which an employee is credited with at least 250 hours of service ending on or before December 31, 2005.

Pensionable pay Total compensation which is subject to withholding for Federal income tax purposes. Compensation received after December 31, 2005 is not recognized.

Average earnings The average of the highest five consecutive calendar years of pensionable pay during the ten-year period ending on the earlier of the participant's termination date or retirement date (but not after December 31, 2005).

Normal retirement date (NRD) The later of age 65 or the fifth anniversary of the employee's date of participation.

Monthly pension benefit One-twelfth of 1.55% of average earnings for each year of credited service. As of December 31, 2005, all benefit accruals have been frozen.

Social Security date Age 62 or age 65 as selected by participant.

Actuarial equivalence Group Annuity Mortality 1951 Male, set back 6 years for employee and 1 year for beneficiary, and 4.50% interest.

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

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

Benefits Paid Upon the Following Events

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

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

Vested termination	The monthly pension benefit, accrued to date of termination and payable at NRD.
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Plan Name: Northwell Health Pension Plan
 EIN / PN: 11-3418133/006
 Plan Sponsor: Northwell Health, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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

Other Plan Provisions

Normal form of payment

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

Optional forms of payment

- Single life annuity The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
- Joint and survivor annuity The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66 2/3%, 75% or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, the participant will continue to receive the reduced amount for the remainder of his or her life.
- Certain and life income annuity The participant may elect to receive reduced monthly installments for life, with a guarantee minimum of 10 years. If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survived this guarantee period, the monthly benefit will continue to be paid for the remainder of his or her lifetime. In this case, no further payments will be made after the participant's death.
- Lump sum The participant may elect to receive a retirement benefit in the form of a lump sum only if the monthly benefit is less than \$100 and the present value does not exceed \$5,000.

Plan Name: Northwell Health Pension Plan
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SCHEDULE SB ATTACHMENTS

- **Social Security Adjustment Option** If the participant elects to receive benefits prior to age 65, the participant may elect this option whereby the monthly benefit payable to the participant prior to his Social Security Date will equal the amount of benefits he or she would have received had the Social Security Adjustment Option had not been elected plus a percentage of the participant's Social Security benefit. The benefit payable on or after his Social Security Date will equal the monthly benefit payable before his Social Security Date minus the Social Security benefit.
- Small cashouts** Vested lump sum of accrued benefit under \$1,000 will be paid out automatically upon termination. Vested lump sum of accrued benefit between \$1,000 and \$7,000 will be rolled over to an IRA.
- Age 70½ provisions** Benefit payments must commence no later than April 1 of the calendar year following the later of: (1) the calendar year in which the participant attains age 70½; or (2) the calendar year in which the participant retires.
- Plan participants' contributions** None
- Maximum on benefits and pay** All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the limitations under IRC 415(b) after 2005 shall not result in the increase of any benefits provided to any employee or former employee.

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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

Plan Provisions

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

Definitions

Vesting service One year of vesting service is granted for each plan year in which an employee is credited with at least 1,000 hours of service.

Credited service One year of credited service is granted for each plan year in which an employee is credited with at least 1,950 hours of service.

Normal retirement date (NRD) The later of age 65 or the fifth anniversary of the employee’s date of participation.

Monthly pension benefit The greater of (a) or (b), but not less than (c):

- a) Accrued benefit under the prior plan formula
- b) Cash balance account, consisting of opening balance, service credits, and interest credits, converted to a life annuity
- c) \$600

Except for ongoing interest credits on account balances, the Plan has been frozen for future benefit accruals with respect to participants represented by Local 1199 as of November 1, 2002; with respect to salaried and hourly non-union employees as of February 29, 2004; and with respect to employees represented by the New York State Nurses Association as of March 9, 2009.

Interest crediting rate The unadjusted applicable “third segment” safe harbor rate of Section 430(h)(2)(C)(iii) of the Internal Revenue Code.

Actuarial equivalence For converting between a lump sum and an annuity, mortality from Revenue Ruling 2001-62 and interest equal to the non-average funding segment rates for the third month preceding the plan year.

For converting between different annuity forms, the 2014 Unisex Mortality Table and 7% interest.

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

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

Benefits Paid Upon the Following Events

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

Other Plan Provisions

Normal form of payment

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

Plan Name: Northwell Health Pension Plan
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Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Optional forms of payment

- Single life annuity The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime only. When the participant dies, no further benefits are payable on his or her behalf under the Plan.
 - Joint and survivor annuity The participant may elect to take a reduced monthly pension for life so that when the participant dies, 75% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, the participant will continue to receive the reduced amount for the remainder of his or her life.
 - Lump sum The participant may elect to receive a retirement benefit in the form of a lump sum.
- Small cashouts Account balances under \$1,000 will be paid out automatically upon termination as a lump sum. Account balances between \$1,000 and \$7,000 will be rolled over to an IRA.
- Age 70½ provisions Benefit payments must commence no later than April 1 of the calendar year following the later of: (1) the calendar year in which the participant attains age 70½; or (2) the calendar year in which the participant retires.
- Plan participants' contributions None
- Maximum on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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

Plan Provisions

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

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

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Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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

Other Plan Provisions

Normal form of payment

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

Optional forms of payment

- Single life annuity The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
- Joint and survivor annuity The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life.

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SCHEDULE SB ATTACHMENTS

A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.

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SCHEDULE SB ATTACHMENTS

Certain and life income	The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of ten years. If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.
Lump Sum	Single sum payment equal to the present value of normal retirement benefit if not more than \$100,000 if the participant terminates employment on or after September 1, 2018.
Small cashouts	Vested lump sum of accrued benefit under \$1,000 will be paid out automatically upon termination. Vested lump sum of accrued benefit between \$1,000 and \$7,000 will be rolled over to an IRA.
Age 70½ provisions	Benefit payments must commence no later than April 1 of the calendar year following the later of: (1) the calendar year in which the participant attains age 70½; or (2) the calendar year in which the participant retires.
Plan participants' contributions	None
Maximum benefit	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Changes in Benefits Valued Since Prior Year

The 401(a)(17) limitation on compensation was increased from \$330,000 to \$345,000.

The small cashout limit was increased from \$5,000 to \$7,000.

Plan Name: Northwell Health Pension Plan
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Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2024

2024 FORM 5500
(ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN)

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

REQUIRED ATTACHMENTS TO SCHEDULE H
(FINANCIAL INFORMATION)

Question 4i – Schedule of Assets Held for Investments

In accordance with the Instructions for the 2024 Form 5500, Annual Return/Report of Employee Benefit Plan (the “Return”), the required attachment for Schedule H (Financial Information), question 4i, Schedule of Assets Held for Investments Purposes at End of Year (the “Schedule”), is included at the end of the audited financial statements for the Plan. Please refer to the Accountant’s Opinion, attached to the Return, for the Schedule.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32 Schedule of Amortization Bases as of January 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2024	113,901,173	15.00000	113,901,173	10,362,763
Total				113,901,173	10,362,763

Plan Name: Northwell Health Pension Plan
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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

- The salary scale was changed from 5.00% in 2023 and 4.00% thereafter to 5.00% in 2024 and 4.00% thereafter.
- The approach for determining covered pay was changed from –
 - All except Huntington and Northern Westchester: the greater of the prior year's pensionable earnings increased by the salary scale and the current year's annual base pay rate.
 - Huntington: The current year's annual base pay rate.
 - Northern Westchester: For cash balance benefits, prior year's pensionable earnings increased by the salary scale. For prior plan benefit formula, the annual pay rate as of May 1 of the valuation year.
- to –
 - All except Huntington and Northern Westchester prior plan benefit: the greater of the prior year's pensionable earnings and the annual base pay rate, increased by the salary scale. For non-union participants, prior year's pensionable earnings was reduced by 3%.
 - Huntington: The annual base pay rate increased by the salary scale.
 - Northern Westchester: The annual pay rate as of May 1 of the valuation year.
- The actuarial increase start date for active Mather participants under age 65 as of January 1, 2024 was changed from age 65 to age 70.5.
- The cash balance interest crediting rate for Northwell benefit obligations was changed from 3.66% to 4.69% in 2024 and 4.14% thereafter. The cash balance interest crediting rate for Northern Westchester Hospital benefit obligations was changed from 5.18% to 5.78% in 2024 and 5.46% thereafter. The cash balance interest crediting rate for Peconic benefit obligations was changed from 4.85% to 4.87% in 2024 and 5.15% thereafter.

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