Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
NORTHWELL HEALTH PENSION PLAN

1b Three-digit plan number (PN) ▶ 006

1c Effective date of plan 01/01/1989

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
NORTHWELL HEALTH, INC.

972 BRUSH HOLLOW ROAD
5TH FLOOR
WESTBURY, NY 11590-1740

2b Employer Identification Number (EIN)
11-3418133

2c Plan Sponsor's telephone number
516-734-7000

2d Business code (see instructions)
622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	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 [X] 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**	42096
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	**6a(1)**	26078
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	29993
b	Retired or separated participants receiving benefits	**6b**	6215
c	Other retired or separated participants entitled to future benefits	**6c**	10304
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	46512
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	394
f	Total. Add lines **6d** and **6e**.	**6f**	46906
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	176
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 Characteristic 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 Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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)

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	2723221278
b Actuarial value	**2b**	2621244061

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	6154	992921468	992921468
b For terminated vested participants	9864	319157624	319157624
c For active participants	26190	1312623367	1333601076
d Total	42208	2624702459	2645680168

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.39 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	96901896
b Expected plan-related expenses	**6b**	7130000
c Target normal cost	**6c**	104031896

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

09/14/2026
Date

DAVID B GOLD
Type or print name of actuary

26-04944
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

312-525-2475
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
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	265825796
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	111664615
9	Amount remaining (line 7 minus line 8)	0	154161181
10	Interest on line 9 using prior year's actual return of 7.59 %	0	11700834
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 5.20 %		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	165862015

Part III Funding Percentages

14	Funding target attainment percentage	14	92.80 %
15	Adjusted funding target attainment percentage	15	92.80 %
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	95.60 %
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
12/31/2025	50000000	0			
09/04/2026	70000000	0			
			Totals ► 18(b)	120000000	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	111557279

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	104031896
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	190298122	18211763
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**	122243659

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	83748462	83748462

36 Additional cash requirement (line 34 minus line 35)	**36**	38495197
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	111557279

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

a Total (excess, if any, of line 37 over line 36)	**38a**	73062082
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	73062082
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

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

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	1903882	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CONDUENT HR SERVICES LLC

16-0468020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	1374905	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORGAN STANLEY INVESTMENT MGMT. INC

13-3040307

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	967887	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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	798007	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HARDING LOEVNER LP

27-0684167

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	586184	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	482559	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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	478682	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	444508	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER INVESTMENT MANAGEMENT

30-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	280828	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WELLINGTON TRUST COMPANY

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	273112	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MFS INSTITUTIONAL ADVISORS

04-3247425

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	238647	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORGAN LEWIS & BOCKIUS

23-0891050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	226822	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BURGUNDY ASSET MANAGEMENT

98-0407588

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	192651	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	181940	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JENNISON ASSOCIATES LLC

52-2069785

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	179846	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MACKAY SHIELDS

13-4080466

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	159307	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HAMILTON LANE ADVISORS LLC

23-2962336

(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	109553	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	103082	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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	55278	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VAUGHAN NELSON

04-3304963

(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	38794	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWERS WATSON PENNSYLVANIA

23-1159360

(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	34917	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EAGLE POINT CREDIT CO.

46-5215217

(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	16852	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	9860	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLOOMBERG FINANCE LP

06-1818168

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	7200	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

PITCHBOOK DATA INC.

20-8625316

(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?
99	NONE	7200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
LIQUIDNET INC	71	12953

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LIQUIDNET INC 13-4095933	SECURITIES BROKERAGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
GOLDMAN, SACHS & CO.	71	10333

(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
J.P. MORGAN SECURITIES LLC	71	7003

(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

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
NORTHERN TRUST SECURITIES LLP	71	6986

(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.
NORTHERN TRUST SECURITIES LLP 36-2723087	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	6007

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BOFA SECURITIES, INC. 47-4921463	SECURITIES BROKERAGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
INSTINET, LLC	71	5892

(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

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
BANQUE PARIBAS PARIS	71	4892

(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.
BANQUE PARIBAS PARIS 94-1677765	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	4047

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIPER JAFFRAY & CO. 30-0168701	SECURITIES BROKERAGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
WILLIAM BLAIR & COMPANY, L.L.C.	71	4005

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WILLIAM BLAIR & COMPANY, L.L.C. 36-2214610	SECURITIES BROKERAGE

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	3621

(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
MORGAN STANLEY & CO. LLC	71	3552

(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
NATIONAL FINANCIAL SERVICES	33 71	3524

(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 I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
UBS SECURITIES LLC	71	2590

(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	2579

(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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PERSHING LLC	71	2369

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PERSHING LLC	ONE PERSHING PLAZA JERSEY CITY, NJ 07399	SECURITIES BROKERAGE

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
COWEN EXECUTION SERVICES LLC	71	2219

(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 EXECUTION SERVICES LLC 84-1702964	SECURITIES BROKERAGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
WELLS FARGO BANK MINNESOTA NA	71	2085

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WELLS FARGO BANK MINNESOTA NA 41-1592157	SECURITIES BROKERAGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ROBERT W. BAIRD & CO. INCORPORATED	71	1742

(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

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	1159
(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
STEPHENS INC	71	1048
(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.	
STEPHENS INC 71-0641478	SECURITIES BROKERAGE	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
OPPENHEIMER & CO. INC.	71	1028
(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.	
OPPENHEIMER & CO. INC. 13-5657518	SECURITIES BROKERAGE	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
JONESTRADING INSTITUTIONAL SERVICES	71	1026

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JONESTRADING INSTITUTIONAL SERVICES 51-0484896	SECURITIES BROKERAGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BERNSTEIN INSTITUTIONAL SERVICES LL	71	1016

(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.
BERNSTEIN INSTITUTIONAL SERVICES LL 92-3290447	SECURITIES BROKERAGE

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
NORTHWELL HEALTH PENSION PLAN

B Three-digit plan number (PN) ▶ 006

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
NORTHWELL HEALTH, INC.

D Employer Identification Number (EIN)
11-3418133

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

a Name of MTIA, CCT, PSA, or 103-12 IE: JENNISON GROWTH EQUITY FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-2631108-000	C	59173869

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)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
NORTHWELL HEALTH PENSION PLAN

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
NORTHWELL HEALTH, INC.

D Employer Identification Number (EIN)
11-3418133

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	70000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	71323991	11189225
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	71006681	70308144
(2) U.S. Government securities	1c(2)	408511765	417105831
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	152811938	171622798
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	327623951	274051548
(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)	62574567	59173869
(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)	619907290	680303789
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1124266379	1193073094

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	2838026562	2946828298
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	93903611	25591857
1k Total liabilities (add all amounts in lines 1g through1j)	1k	93903611	25591857
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	2744122951	2921236441

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)	120000000	
(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)		120000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	17911	
(B) U.S. Government securities	2b(1)(B)	1022627	
(C) Corporate debt instruments	2b(1)(C)	10375561	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	3148810	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14564909
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	3140568	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3281312	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		6421880
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1509342564	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1532782957	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-23440393
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	158367435	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		158367435

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		50510467
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1596170
c Other income	2c		11797158
d Total income. Add all **income** amounts in column (b) and enter total	2d		339817626
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	149031221	
(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)		149031221
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	6238799	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	1947658	
(8) Legal fees	2i(8)	226822	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	798007	
(11) Other expenses	2i(11)	4461629	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		13672915
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		162704136
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		177113490
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) [X] 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) [X] 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.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		40000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j	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?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 586478.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
NORTHWELL HEALTH PENSION PLAN

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
NORTHWELL HEALTH, INC.

D Employer Identification Number (EIN)
11-3418133

Part I Distributions

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

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

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

EIN(s): 42-0127290 13-3689044

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 508

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 22.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 26.0 %
High-Yield Debt: 11.0 % Real Assets: 4.0 % Cash or Cash Equivalents: 0.0 % Other: 37.0 %

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, 2025 and 2024
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, 2025 and 2024

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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, 2025 and 2024, 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, 2025 and 2024, 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, 2025, 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 14, 2026

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Northwell Health Pension Plan

Statements of Net Assets Available for Benefits

	December 31	
	2025	**2024**
Assets		
Investments, at fair value:		
Non-participant directed:		
Cash and short-term investments	**$ 70,308,144**	$ 71,006,681
Marketable securities and other investments	**2,793,717,268**	2,694,159,640
Participant directed investments	**1,613,661**	1,536,250
Total investments, at fair value	**2,865,639,073**	2,766,702,571
Receivables:		
Contributions receivable	**70,000,000**	–
Due from broker	**4,883,046**	64,562,356
Accrued investment income	**6,306,179**	6,761,635
Total receivables	**81,189,225**	71,323,991
Total assets	**2,946,828,298**	2,838,026,562
Liabilities		
Accrued expenses	**694,603**	1,013,142
Due to broker	**24,897,254**	92,890,469
Total liabilities	**25,591,857**	93,903,611
Net assets available for benefits	**$ 2,921,236,441**	$ 2,744,122,951

See accompanying notes.

Northwell Health Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2025	**2024**
Additions		
Employer contributions	**$ 120,000,000**	$ –
Net realized and unrealized appreciation in fair value of investments	**172,091,512**	156,811,261
Investment income	**47,726,114**	58,924,256
Total additions	**339,817,626**	215,735,517
Deductions		
Benefit payments	**149,031,221**	173,490,924
Administrative expenses	**13,672,915**	14,319,271
Total deductions	**162,704,136**	187,810,195
Net increase	**177,113,490**	27,925,322
Net assets available for benefits, beginning of year	**2,744,122,951**	2,716,197,629
Net assets available for benefits, end of year	**$2,921,236,441**	$ 2,744,122,951

See accompanying notes.

Northwell Health Pension Plan

Notes to Financial Statements

December 31, 2025

1. Plan Description

Northwell Health Pension Plan (the Plan) is the ongoing plan subsequent to plan mergers, most recently on 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 that 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 to add a new Final Average Pay benefit component and offer new employees (non-union staff-level and advanced clinical providers) the opportunity, to elect between the new Final Average Pay component of the Plan or continuing to receive employer contributions under the applicable Northwell defined contribution 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 under the amended Plan. The actuarial present value of accumulated plan benefits as of December 31, 2024 (see Note 3) does not reflect this amendment.

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.

1. Plan Description (continued)

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

The Plan includes the assets and transactions of certain frozen supplemental plans established by South Shore University Hospital (formerly Southside Hospital). These supplemental plans allow participants to invest their accounts in one or more investment management accounts. Total assets of these supplemental plans were $1,613,661 and $1,536,250 at December 31, 2025 and 2024, 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.

1. Plan Description (continued)

c. *Early Retirement:* A participant may select an early retirement date prior to his or her normal retirement date, provided that he or she shall have attained age 55 and completed 5 years of service with Northwell or attained age 62 and completed 3 years of service with Northwell.

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

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

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

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

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

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.

1. Plan Description (continued)

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

2. Summary of Significant Accounting Policies

Basis of Accounting

The 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 Northern Trust Company and State Street Bank and Trust Company on behalf of Transamerica Retirement Solutions, LLC (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.

2. Summary of Significant Accounting Policies (continued)

Individual investment holdings of the funds of hedge funds, hedge funds, private equity funds, private credit funds and private real estate funds may include investments in both nonmarketable and market-traded securities. Valuations of these investments and, therefore, the Plan's holdings, may be determined by the investment managers or general partners. Values may be based on estimates that require varying degrees of judgment. Recorded estimates may change by a material amount in the near term. The investments may indirectly expose the Plan to securities lending, short sales of securities and trading in futures and forwards contracts, options and other derivative products. However, the Plan's risk is limited to its amounts invested. The financial statements of the funds of hedge funds, hedge funds, private equity funds, private credit funds and private real estate funds are audited annually by independent auditors. At December 31, 2025 the Plan had future commitments of approximately $368,801,000 to invest in private equity, private credit and private real estate funds. At December 31, 2024 the Plan had future commitments of approximately $364,074,000 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 2025 and 2024.

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.

2. Summary of Significant Accounting Policies (continued)

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.

Use of Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental 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.

3. Accumulated Plan Benefits (continued)

The accumulated plan benefit information for the Plan as of December 31, 2024 is as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving benefits	$ 907,823,389
Other participants	1,412,231,725
Total vested benefits	2,320,055,114
Nonvested benefits	21,753,671
Total actuarial present value of accumulated plan benefits	$ 2,341,808,785

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, 2024
Actuarial present value of accumulated plan benefits, beginning of year:	$ 2,236,689,314
Increase (decrease) during the year attributed to:	
Benefits accumulated	78,525,770
Actuarial losses	13,983,019
Interest due to the change in discount period	151,569,435
Benefits paid	(173,276,181)
Plan amendments	462,200
Changes in actuarial assumptions	33,855,228
Net increase	105,119,471
Actuarial present value of accumulated plan benefits, end of year	$ 2,341,808,785

3. Accumulated Plan Benefits (continued)

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

Interest rate	6.75% (6.75% 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 4.60% to 4.80%.

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, 2025. There were no significant changes to the Plan through December 31, 2024 that would have materially affected the valuations had it been performed as of that date. The July 1, 2025 amendment described in Note 1 is not reflected in this valuation.

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.

4. Fair Value Measurements (continued)

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.

4. Fair Value Measurements (continued)

Financial assets carried at fair value as of December 31, 2025 are classified in the following table:

	Level 1	Level 2	Level 3	Total
Cash and short-term investments	**$ 70,308,144**	**$ –**	**$ –**	**$ 70,308,144**
U.S. Government obligations	**364,423,387**	**52,682,444**	**–**	**417,105,831**
Corporate and other bonds	**–**	**171,622,798**	**–**	**171,622,798**
Commingled fixed income funds	**–**	**78,110,978**	**–**	**78,110,978**
Equity securities	**274,051,548**	**–**	**–**	**274,051,548**
Equity mutual funds	**131,570,834**	**–**	**–**	**131,570,834**
Commingled equity funds	**–**	**118,987,935**	**–**	**118,987,935**
Common collective trusts	**–**	**59,173,869**	**–**	**59,173,869**
Participant directed investments	**1,613,661**	**–**	**–**	**1,613,661**
	$ 841,967,574	**$ 480,578,024**	**$ –**	**1,322,545,598**
Assets measured at net asset value:				
Commingled fixed income funds				**332,832,817**
Commingled equity funds				**18,801,225**
Funds of hedge funds				**452,901,616**
Hedge funds				**32,374**
Private equity funds				**557,861,729**
Private credit funds				**60,224,386**
Private real estate funds				**120,439,328**
Total assets at fair value				**$ 2,865,639,073**

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
	$ 862,359,118	$ 438,487,273	$ –	1,300,846,391
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				$ 2,766,702,571

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).

4. Fair Value Measurements (continued)

The following is a summary of assets in the Plan at December 31, 2025 (by asset category) with redemption restrictions:

	Fair Value	Redemption Period (Including Notice Period)
Commingled fixed income funds	**$ 410,943,795**	1 day to 60 days
Commingled equity funds	**137,789,160**	1 day to 45 days
Common collective trusts	**59,173,869**	1 day to 2 days
Funds of hedge funds	**452,901,616**	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, 2025 and 2024, 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.

5. Investments (continued)

Investment information as of December 31, 2025, and 2024 is summarized as follows:

	Year Ended December 31	
	2025	**2024**
Investments (certified by the Trustees):		
Cash and cash equivalents	**$ 70,308,144**	$ 71,006,681
Fixed income	**588,728,629**	562,413,519
Equity securities and mutual funds	**405,622,382**	443,081,824
Commingled funds	**548,732,955**	503,359,601
Common collective funds	**59,173,869**	62,574,567
Participant directed investments	**1,613,661**	1,536,250
	1,674,179,640	1,643,972,442
Alternative investments	**1,191,459,433**	1,122,730,129
Total investments	**$ 2,865,639,073**	$ 2,766,702,571

During 2025 and 2024, the fair value of the Plan's investments (including investments bought, sold, and held during the year) appreciated in fair value as follows:

	Year Ended December 31	
	2025	**2024**
Net realized and unrealized appreciation in fair value of investments (certified by the Trustees)	**$ 88,764,903**	$ 57,413,265
Net realized and unrealized appreciation in fair value of alternative investments	**83,326,609**	99,397,996
	$ 172,091,512	$ 156,811,261

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.

6. Tax Status (continued)

GAAP requires the 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.

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 14, 2026, the date on which the accompanying financial statements were available to be issued.

Supplemental Schedules

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

December 31, 2025

Identity of Issue and Description of Investment	Face Amount Of Or Number Shares	Cost	Current Value
Cash and Short-term Investments			
Cash*		$ 70,308,144	$ 70,308,144
Total Cash and Short-term Investments		70,308,144	70,308,144
United States Government Treasury Securities			
United States Of Amer Treas Bonds 4.125% 08-15-2044	1,825,000	1,757,708	1,681,139
United States Of Amer Treas Bonds 4.25% 02-15-2054	1,045,000	966,092	948,909
United States Of Amer Treas Bonds 4.5% 02-15-2044	4,620,000	4,422,909	4,485,731
United States Of Amer Treas Bonds 4.75% 08-15-2055	407,000	395,903	401,913
United States Of Amer Treas Bonds 4.875% 08-15-2045	277,000	283,492	280,722
United States Of Amer Treas Bonds Dtd 4.125% 08-15-2053	2,298,000	2,036,697	2,043,155
United States Of Amer Treas Strip 0% 02-15-2047	5,190,000	1,851,211	1,829,218
United States Of Amer Treas Strip 0% 02-15-2054	48,595,000	12,808,561	12,223,026
United States Of Amer Treas Strip 0% 08-15-2053	6,880,000	1,795,740	1,765,683
United States Of Amer Treas Strip 0% 11-15-2053	11,165,000	2,903,779	2,847,795
United States Of Amer Treas Strip 0% Due 11-15-2051 REG	24,555,000	6,897,092	6,791,816
United States Of Amer Treas Strip 0% 02-15-2053	42,025,000	11,743,334	11,000,274
United States Of Amer Treas Strip Tbond 0.0% 05-15-2053	48,425,000	13,240,017	12,538,041
United States Treas Bd Stripped 08-15-2052	34,730,000	9,494,488	9,273,642
United States Treas Bd Stripped Prin 0.0% 08-15-2047	33,060,000	11,250,085	11,342,308
United States Treas Bd Stripped Prin Pmt 0% Due 05-15-2049	32,740,000	10,244,496	10,257,600
United States Treas Bd Stripped Prin Pmt 00110 02-15-2046 (Unddate) REG	10,180,000	3,808,764	3,788,313
United States Treas Bd Stripped Prin Pmt 00112 05-15-2046 (Unddate) REG	6,840,000	2,525,279	2,510,462
United States Treas Bd Stripped Prin Pmt 00113 08-15-2046 (Unddate) REG	12,080,000	4,395,148	4,378,158
United States Treas Bd Stripped Prin Pmt 00114 11-15-2046 (Unddate) REG	1,740,000	622,753	622,326
United States Treas Bd Stripped Prin Pmt 00117 05-15-2047	4,050,000	1,414,291	1,410,506
United States Treas Bd Stripped Prin Pmt 00122 05-15-2048 (Unddate) REG	22,810,000	7,457,768	7,530,016
United States Treas Bd Stripped Prin Pmt 00123 08-15-2048 (Unddate) REG	29,915,000	9,699,354	9,743,226
United States Treas Bd Stripped Prin Pmt 15/02/2052 02-15-2052 (Unddate) BEO	49,580,000	13,965,052	13,537,383
United States Treas Bds 4.625% 11-15-2045	1,845,000	1,838,117	1,809,541
United States Treas Bds 4.625% 05-15-2044	634,000	657,286	624,713
United States Treas Sec Strip 02-15-2046	8,695,000	2,932,309	3,147,314
United States Treas Sec Strip 0% 02-15-2054	640,000	163,546	156,614
United States Treas Sec Strip 0% Strip 02-15-2048	5,780,000	1,796,797	1,891,341

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

Identity of Issue and Description of Investment	Face Amount Of Or Number Shares	Cost	Current Value
United States Government Treasury Securities (continued)			
United States Treas Sec Strip 0% Strip 11-15-2047	5,330,000	$ 1,729,367	$ 1,766,263
United States Treas Sec Strip Disc Nt 02-15-2049	4,460,000	1,299,659	1,385,174
United States Treas Sec Stripped 11-15-2048	4,715,000	1,490,696	1,486,884
United States Treas Sec Stripped Int Pmt 00124 05-15-2046	9,595,000	3,225,019	3,428,512
United States Treas Sec Stripped Int Pmt 00130 08-15-2046	8,410,000	2,836,037	2,968,549
United States Treas Sec Stripped Int Pmt 0.0% 05-15-2049	5,390,000	1,564,802	1,654,012
United States Treas Sec Stripped Int Pmt 0% Due 08-15-2051 REG	2,175,000	625,218	596,147
United States Treas Sec Stripped Int Pmt 0% Strip 15/05/2048 USD 05-15-2048	4,610,000	1,365,946	1,490,248
United States Treas Sec Stripped Int Pmt 0% Strip 15/08/2049 USD 08-15-2049	4,165,000	1,252,822	1,261,967
United States Treas Sec Stripped Int Pmt 0.0% 11-15-2049	1,865,000	552,645	557,399
United States Treas Sec Stripped Int Pmt Int Pmt On 11-15-2046 (Unddate) REG	6,730,000	2,173,433	2,346,363
United States Treas Sec Stripped Zero Coupon 08-15-2048	2,835,000	882,776	905,461
US Treasury N/B 4.25% 08-15-2054	492,000	500,233	446,798
US Treasury N/B 4.75% 05-15-2055	529,000	511,084	522,140
US Treasury N/B 5.0% T-Bond 05-15-2045	2,379,000	2,415,477	2,451,113
Utd States Treas Bd Stripped Prin 0.0% 11-15-2054	28,645,000	7,256,340	6,980,435
Utd States Treas Bd Stripped Prin Dtd 05/16/2022 0% 05-15-2052	56,930,000	15,551,646	15,374,486
Utd States Treas Bd Stripped Prin Dtd 08/15/2024 0% 08-15-2054	69,105,000	17,358,612	17,006,457
Utd States Treas Sec Stripped Int Generic Tint Pmt 0% 02-15-2050	5,625,000	1,727,042	1,657,171
Utd States Treas Sec Stripped Int Generic Tint Pmt 0% 05-15-2050	5,315,000	1,499,866	1,542,923
Utd States Treas Sec Stripped Int Zero Cpn 0.0% 05-15-2052	1,960,000	610,889	516,544
Utd States Treas Zero Cpn 0% Due 02-15-2047	6,405,000	2,006,968	2,203,462
Utd States Treas Zero Cpn 0% Due 02-15-2048	11,175,000	3,743,847	3,737,412
Utd States Treas Zero Cpn 0% Due 02-15-2049	60,350,000	19,306,992	19,136,074
Utd States Treas Zero Cpn 0% Due 02-15-2050	6,640,000	2,060,541	1,999,624
Utd States Treas Zero Cpn 0% Due 02-15-2051	54,950,000	15,880,557	15,691,180
Utd States Treas Zero Cpn 0% Due 02-15-2052	3,635,000	1,132,823	971,703
Utd States Treas Zero Cpn 0% Due 05-15-2047	5,755,000	1,806,708	1,956,484
Utd States Treas Zero Cpn 0% Due 05-15-2051	57,430,000	16,474,361	16,224,407
Utd States Treas Zero Cpn 0% Due 05-15-2053	805,000	210,177	203,092
Utd States Treas Zero Cpn 0% Due 05-15-2054	63,525,000	16,331,886	15,866,531
Utd States Treas Zero Cpn 0% Due 08-15-2047	5,160,000	1,673,591	1,731,360
Utd States Treas Zero Cpn 0% Due 08-15-2050	5,260,000	1,622,824	1,507,558
Utd States Treas Zero Cpn 0% Due 08-15-2051	55,290,000	15,558,338	15,462,733
Utd States Treas Zero Cpn 0% Due 08-15-2055	14,775,000	3,640,690	3,496,035
Utd States Treas Zero Cpn 0% Due 11-15-2047	18,195,000	6,262,618	6,167,343
Utd States Treas Zero Cpn 0% Due 11-15-2048	28,840,000	9,288,836	9,274,500
Utd States Treas Zero Cpn 0% Due 11-15-2049	26,120,000	7,935,792	7,971,680

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

Identity of Issue and Description of Investment	Face Amount Of Or Number Shares	Cost	Current Value
United States Government Treasury Securities (continued)			
Utd States Treas Zero Cpn 0% Due 11-15-2050	69,730,000	$ 20,597,173	$ 20,220,062
Utd States Treas Zero Cpn 0% Due 11-15-2051	490,000	138,267	132,608
Utd States Treas Zero Cpn 0% Due 11-15-2055	49,410,000	11,808,718	11,546,081
Total United States Government Treasury Securities		367,279,384	362,705,860
United States Government Agencies			
Advanced Technology Academy Pub Sch Academy Mich Rev 5% 11-01-2044 BEO	330,000	352,876	312,307
AR St Dev Fin Auth Indl Dev Rev Big River Steel Proj 4.5% 09-01-2049	450,000	396,138	436,747
Arizona Indl Dev Auth Ed Rev 3.65% 10-01-2029 BEO Taxable	295,000	292,050	284,942
Arizona Indl Dev Auth Ed Rev 4.0% 07-01-2052	160,000	181,530	129,631
Buckeye Ohio Tob Settlement Fing Auth 5% 06-01-2055 BEO	400,000	404,464	323,785
Build NYC Resource Corp N Y Rev 4% 06-15-2030 BEO	215,000	249,492	215,101
California Cmnty Hsg Agy Essential Hsg Rev 4% 02-01-2056 BEO	500,000	391,160	411,356
California Mun Fin Auth Ed Rev Taxable-Literacy 1st 4.75% 12-01-2030	430,000	430,000	426,642
California Mun Fin Auth Rev 5% 12-01-2027 BEO	100,000	111,277	102,652
California Mun Fin Auth Sr Living Rev 4% 11-15-2042 BEO	110,000	120,897	100,355
California St 7.3% 10-01-2039 BEO Taxable	3,700,000	4,431,842	4,305,959
California St 7.5% 04-01-2034 BEO Taxable	750,000	949,515	874,994
California State 7.55 Mun Bds Due 04-01-2039 USD5000	200,000	236,966	242,715
Cambria Cnty PA Gen Fing Auth Rev 4% 04-01-2046 BEO	200,000	214,540	157,779
Cape Girardeau Cnty MO Indl Dev Auth Health Care Facs Rev 4% 03-01-2041 BEO	115,000	109,161	115,206
Cape Girardeau Cnty MO Indl Dev Auth Health Care Facs Rev 4% 03-01-2046 BEO	390,000	359,030	370,524
Capital Projs Fin Auth Fla Student Hsg Rev 5% 11-01-2058 BEO	100,000	97,408	93,608
Chicago Ill 4.0% Due 01-01-2038 REG	1,000,000	1,109,680	923,548
Chicago Ill Brd Ed 5% 12-01-2042 BEO	220,000	201,905	212,740
Chicago Ill Brd Ed 6.138% 12-01-2039 BEO Taxable	250,000	220,000	235,206
Chicago Ill Tran Auth Sales & Transfer T 6.899% 12-01-2022	1,433,814	1,531,202	1,609,435
Chicago Ill Tran Auth Sales & Trf Tax Rcpts Rev Tax-PE Fdg-Ser A 6.899% 12-01-40	90,461	98,657	101,471
Chicago Ill Tran Auth Sales Tax Rcpts Rev 6.2% 12-01-2040 BEO Taxable	265,700	284,155	281,163
Colorado Edl & Cultural Facs Auth Rev 4% 05-01-2041 BEO	150,000	167,412	137,932
Cooper Green Mercy Health Svcs Auth Ala Rev 5.25% 09-01-2042 BEO	500,000	534,390	538,675
Cuyahoga Cnty Ohio Hosp Rev 5% 02-15-2057 BEO	1,000,000	953,010	906,673

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

Identity of Issue and Description of Investment	Face Amount Of Or Number Shares	Cost	Current Value
United States Government Agencies (continued)			
Detroit Mich 3.644% 04-01-2034 BEO Taxable	425,000	$ 425,000	$ 390,027
District Columbia Income Tax Rev 4.543% 06-01-2032 BEO Taxable	900,000	900,000	920,032
Erie PA Higher Ed Bldg Auth Rev 4% 05-01-2036 BEO	300,000	341,109	287,678
Escambia Cnty Fla Health Facs Auth Health Fac Rev 4% 08-15-2050 BEO	1,000,000	875,420	876,258
FHLMC Multiclass Preassign 00327 6.5 10-25-2043	218,363	244,635	225,434
FHLMC Multiclass Ser T-51 Cl 2A 7.5 08-25-2042	34,760	38,236	34,931
FHLMC Pool# WA3266 3.04% 10-01-2038	911,083	765,310	776,643
FHLMC Pool# WS4008 3.28% 08-01-2040	1,754,657	1,319,694	1,474,882
Florida Dev Fin Corp Healthcare Facs Rev 4% 02-01-2041 BEO	830,000	952,384	828,970
FNMA Pool #BS1551 2.31% 05-01-2037	870,614	639,867	713,073
FNMA Pool #BS4287 2.195% 01-01-2037	1,067,000	814,171	853,002
FNMA Remic Ser 2004-W15 Cl 1A2 6.5 08-25-2044	6,708	6,900	7,019
FNMA Ser 2003-W6 Cl 3A 6.5 09-25-2042	22,265	22,756	22,997
Freddie Mac WS8000 4.02% 08-01-2038	741,000	685,338	687,287
Geo L Smith II GA World Congress Ctr Auth First Tier-Ser A 4.0% Due 01-01-2054	1,000,000	882,350	857,100
Georgia St Higher Ed Facs Auth Rev 4.863% 01-01-2034 BEO Taxable	755,000	755,000	760,271
Grand Parkway Transn Corp Tex Sys Toll Rev 4% 10-01-2049 BEO	750,000	655,388	693,341
Hawaii St 4.936% 10-01-2037 BEO Taxable	845,000	817,554	856,187
Houston Tex Arpt Sys Rev 5.25% 07-01-2053 BEO AMT	300,000	320,361	308,089
Illinois St BAM-TCRS 4.0% Due 06-01-2041 OID 4.113 @98.25	100,000	88,358	98,109
Iowa Higher Ed Ln Auth Rev 4% 10-01-2041 BEO	200,000	233,208	180,925
Iowa Student Ln Liquidity Corp Student Ln Rev 5.426% 12-01-2035 BEO Taxable	250,000	250,000	253,309
Jefferson Cnty Ala Swr Rev 5.25% 10-01-2045 BEO	500,000	503,365	525,244
King Cnty Wash 2.31% 12-01-2034 BEO Taxable	600,000	493,680	510,499
Lancaster PA Indl Dev Auth Health Ctr Rev 4% 07-01-2051 BEO	350,000	379,904	285,220
Los Angeles Calif Uni Sch Dist 5.325% 10-01-2038 BEO Taxable	250,000	250,000	258,687
Louisiana Loc Govt Envrnmntl Facs & Tax-LA Utils Restrtn Corp 5.198% 12-01-2039	1,000,000	1,000,000	1,030,731
MA St Dev Fin Agy Rev Taxable-Lesley Univ-Ser B 3.215 07-01-2033	220,000	220,000	176,562
Maryland St Health & Higher Edl Facs Auth 4.0% 7-1-42 OID 4.05@99.1904	250,000	225,918	240,962
Maryland St Stad Auth Rev 4.714% 06-15-2035 BEO Taxable	750,000	750,000	754,950
Massachusetts St Dev Fin Agy Rev 5% 07-01-2041 BEO	395,000	350,689	362,946

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

Identity of Issue and Description of Investment	Face Amount Of Or Number Shares	Cost	Current Value
United States Government Agencies (continued)			
Massachusetts St Hsg Fin Agy Hsg Rev 6.25% 12-01-2055 BEO Taxable	750,000	$ 794,213	$ 796,005
MD St Hlth & Higher Edl Facs Auth Stevenson Univ-Ser A 5% 06-01-2032	400,000	506,040	426,418
Metropolitan Transn Auth N Y Rev 4% 11-15-2049 BEO	730,000	706,326	654,669
Miami Beach Fla Health Facs Auth Hosp Rev 4% 11-15-2051 BEO	1,065,000	1,008,491	925,741
Michigan Mathematics & Science Initiative 4% 01-01-2051 BEO	400,000	432,248	308,752
National Fin Auth N H Mun Ctfs Ser 24-1 4.25% 07-20-2041 OID 4.51 @97.849	489,677	479,145	492,323
New Hampshire St Business Fin Auth Wtr Fac Rev 5.375% 04-01-2049 BEO AMT	400,000	397,536	399,415
New Jersey St Tpk Auth Tpk Rev 7.102% 01-01-2041 BEO Taxable	150,000	168,830	175,260
New Jersey St Tpk Auth Tpk Rev 7.414% 01-01-2040 BEO Taxable	1,525,000	1,876,040	1,827,778
New York Liberty Dev Corp Liberty Rev 3% 11-15-2051 BEO	500,000	477,000	365,505
New York Transn Dev Corp Spl Fac Rev 5.5% 12-31-2054 BEO AMT	250,000	265,983	255,025
North AR-1 Pasco Cmnty Dev Dist Fla Cap Impt Rev 3.125% 05-01-2031 BEO	70,000	69,850	67,313
Northern Tob Securitization Corp Alaska Tob Settlement Rev 4% 06-01-2040 BEO	755,000	901,440	722,059
Oglethorpe Pwr Corp First Mtg 5.534% Due 01-01-2035 BEO Taxable N/C	1,000,000	1,016,130	1,044,156
Osceola Cnty Fla 4% Due 10-01-2054	500,000	431,070	436,040
Panoche Calif Fing Auth Rev 4% 09-01-2043 BEO	220,000	260,836	208,259
Port Auth N Y & N J 4.458% 10-01-2062 BEO Taxable	1,880,000	1,553,028	1,575,299
Port Auth N Y & N J Taxable-Cons-100D 4.926 Due 10-01-2051 BEO Taxable	150,000	137,031	139,697
Public Fin Auth Wis Rev 5% 01-01-2055 BEO	1,100,000	1,110,659	931,248
Public Fin Auth Wis Student Hsg Rev 5.5% 07-01-2043 BEO	200,000	198,788	203,108
Rutgers St Univ N J 5.545% 05-01-2029 BEO Taxable	660,000	670,091	672,732
Salt Lake City Utah Arpt Rev 5% 07-01-2042 BEO AMT	1,000,000	1,012,860	1,008,585
Salt Lake Cnty Utah Convention Hotel Rev 5.25% 10-01-2034 BEO Taxable	1,000,000	974,870	969,397
Skagit Cnty Wash Pub Hosp Dist No 001 Rev 5.5% 12-01-2054 BEO	360,000	370,426	368,800
Small Business Admin Gtd Dev Partn Ctf 2006-20H Partn Ctf 5.7 08-01-2026 REG	1,512	1,513	1,516
Springdale Ark Sales & Use Tax Rev 5.325% 08-01-2046 BEO Taxable	730,000	725,204	702,571

Northwell Health Pension Plan

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

Identity of Issue and Description of Investment	Face Amount Of Or Number Shares	Cost	Current Value
United States Government Agencies (continued)			
State Pub Sch Bldg Auth PA Lease Rev 3.096% 04-01-2032 BEO Taxable	500,000	$ 500,000	$ 462,019
Tarrant Cnty Tex Cultural Ed Facs Fin Corp Retirement Fac Rev 5 11-15-2046 BEO	410,000	478,683	393,461
Texas St 4.123% 08-01-2031 BEO Taxable	500,000	500,000	505,588
Texas St 5.315% 08-01-2045 BEO Taxable	500,000	500,000	505,487
Tobacco Settlement Fing Corp VA 6.706% 06-01-2046 BEO Taxable	395,000	413,269	315,132
TX Nat Gas Securitization Fin Corp 5.169% 04-01-2041	650,000	656,741	662,903
Univ Calif Regts Med Ctr Pooled Rev 3.006% 05-15-2050 BEO Taxable	700,000	432,068	467,414
Univ Calif Regts Med Ctr Pooled Rev 4.563% Due 05-15-2053 REG	1,875,000	1,618,151	1,623,619
Upper Mohawk Vy N Y Mem Aud Auth Rev 3.5% 12-01-2051 BEO Taxable	400,000	400,000	288,505
UT Infrastructure Agy Telecommunications & Franchise TX Rev 4 10-15-2035 BEO	345,000	411,726	356,050
Utah Infrastructure Agy Telecommunication Rev 4% 10-15-2036 BEO	250,000	229,395	244,985
Utah Infrastructure Agy Telecommunication Rev 4% 10-15-2041 BEO	150,000	173,136	139,352
Virginia Small Business Fing Auth Rev 4% 07-01-2041 BEO AMT	1,200,000	1,311,696	1,131,844
Washington St Hsg Fin Commn Nonprofit Rev 5% 07-01-2054 BEO	700,000	700,000	662,609
West Virginia St Econ Dev Auth Fltg Rt 4/1/2036 4.7% 04-01-2036	350,000	351,005	351,432
Westchester Cnty N Y Loc Dev Corp Rev 5% 11-01-2051 BEO	500,000	486,770	509,389
Total United States Government Agencies		56,343,640	54,399,971
Total United States Government Obligations		423,623,024	417,105,831
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	599,356
6th Str CLO XV Ltd / 6th Str CLO XV 0% 10-24-2037	525,000	525,425	525,186
AbbVie Inc 4.25% Due 11-21-2049 REG	1,175,000	955,321	971,236
Alabama Pwr Co 4.3% 07-15-2048	1,675,000	1,280,720	1,397,533
Alphabet Inc 5.45% 11-15-2055	1,075,000	1,067,905	1,057,938
Alphabet Inc Sr Bd 5.7% 11-15-2075	575,000	570,751	568,245
Altria Group Inc 3.7% Due 02-04-2051/02-04-2021 REG	1,175,000	757,417	833,367
Altria Group Inc 4.45% Due 05-06-2050/05-06-2020 REG	175,000	133,089	140,693
Amazon Com Inc 5.45% 11-20-2055	1,075,000	1,069,808	1,052,996
Amrize Fin US LLC 7.125% 07-15-2036	1,250,000	1,314,709	1,435,827

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

Identity of Issue and Description of Investment	Face Amount Of Or Number Shares	Cost	Current Value
Corporate and Other Bonds (continued)			
Anchorage Cap CLO 24 Ltd 11.15292% 07-15-2037	2,300,000	$ 2,300,000	$ 2,317,313
Anchorage Cap CLO Fltg Rt 6.80292% Due 02-15-2038	2,300,000	2,300,000	2,296,553
Anthem Inc 4.55% 05-15-2052	2,100,000	1,729,226	1,743,700
Ares XXVII CLO Ltd 10.58757% 10-28-2034	625,000	625,000	622,924
Ascension 2.532% Due 11-15-2029	1,000,000	946,830	946,024
AT&T Inc 3.65% Due 09-15-2059	1,388,000	1,089,519	920,230
AT&T Inc 3.8% 12-01-2057	950,000	641,935	656,010
B A T Cap Corp 4.54% 08-15-2047	84,000	86,035	69,936
B A T Cap Corp 4.758% Due 09-06-2049	850,000	628,116	720,291
Bank Amer Corp 2.496% 02-13-2031	350,000	337,390	326,286
Bank Amer Corp 3.846% 03-08-2037	925,000	873,391	872,272
Bank Gospodarstwa Krajowego Gtd Nt 144A 6.25% 07-09-2054	325,000	330,567	337,444
Bank New York Mellon Corp 5.225% 11-20-2035	500,000	500,000	518,889
Bank Of America Corporation 2.676% Due 06-19-2041/06-19-2020 REG	250,000	155,290	185,024
Barclays PLC 4.836% 05-09-2028	225,000	225,648	226,957
Barclays PLC 5.501% Due 08-09-2028	300,000	300,000	306,548
Barclays PLC 7.119% 06-27-2034	800,000	804,630	897,207
BAT Capital Corporation 7.081% Due 08-02-2053	125,000	123,714	142,162
Bayer US Fin II 4.875% Due 06-25-2048	1,650,000	1,341,424	1,406,045
Becton Dickinson & 4.669% Due 06-06-2047	400,000	342,806	349,362
Berkshire Hathaway Energy Co 4.25% Due 10-15-2050	250,000	199,375	200,611
Berkshire Hathaway Energy Co Sr Nt 4.6% 05-01-2053	1,625,000	1,306,873	1,374,358
BK New York Mellon Fltg Rt 6.474% Due 10-25-2034	150,000	162,666	167,972
Bstn Pptys Ltd 3.25% Due 01-30-2031	350,000	346,209	328,559
Burlington Northn Santa Fe LLC 3.3% 09-15-2051	2,275,000	1,575,492	1,575,233
Canadian Pac Ry Co New 3.1% 12-02-2051	1,400,000	925,498	932,119
Cap 1 Multi-Asset 4.65% Due 10-15-2037	1,290,000	1,289,518	1,292,662
Capital One Financial Corp 5.817% Due 02-01-2034	275,000	262,322	288,242
Capital One Financial Corp 6.377% 06-08-2034	550,000	547,364	595,415
CCO Holdings LLC 4.5% 06-01-2033	375,000	322,031	328,259
CDN Pac Ry Co New 4.8% Due 08-01-2045	250,000	223,353	230,133
Charter 6.484% Due 10-23-2045	150,000	170,498	141,304
Charter Fixed 5.75% Due 04-01-2048	2,000,000	1,616,939	1,711,162
Chubb Corp 6.5% Due 05-15-2038	575,000	609,374	652,664
Cigna Corp New Corp 4.9% 12-15-2048	725,000	624,464	648,753
Cigna Group 6.0% 01-15-2056	275,000	273,077	284,010
Citigroup Inc 6.174% Due 05-25-2034	1,100,000	1,095,990	1,169,957
Columbia University 4.355% 10-01-2035	1,000,000	964,230	980,132
Comcast Corp New 2.887% 11-01-2051 BEO	2,350,000	1,436,111	1,382,869
Comcast Corp New 4.049% Due 11-01-2052	375,000	280,486	275,325

Northwell Health Pension Plan

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

Identity of Issue and Description of Investment	Face Amount Of Or Number Shares	Cost	Current Value
Corporate and Other Bonds (continued)			
Comcast Corp New 6.05% 05-15-2055	250,000	$ 249,618	$ 248,341
Commonwealth Edison Co 1st Mtg Bd Ser 130 3.125% 03-15-2051	1,025,000	636,756	681,500
Commonwealth Edison Co 5.65% 06-01-2054	300,000	298,056	298,466
ConocoPhillips Co 3.8% 03-15-2052	325,000	246,074	239,599
CRH America Finance Inc 5.875% 01-09-2055	350,000	344,841	359,430
CSX Corp 4.5% 11-15-2052	2,000,000	1,673,486	1,702,441
CVS Health Corp 5.625% 02-21-2053	1,350,000	1,230,224	1,271,237
Dillards Inc 7% Due 12-01-2028	50,000	44,625	52,548
Disney Walt Co 4.7% Due 03-23-2050	200,000	174,277	179,604
Disney Walt Co Sr Nt 6.65% 11-15-2037	125,000	187,953	143,043
Dominion Energy 4.6% Due 03-15-2049	225,000	184,840	187,998
Dominion Energy 4.85% Due 08-15-2052	450,000	348,620	387,860
Dominion Res Inc 4.7% Due 12-01-2044	200,000	167,036	176,023
Dow Chem Co Nt 9.4 Due 05-15-2039	29,000	49,371	37,360
Dow Chemical Co 6.9% Due 05-15-2053 BEO	1,025,000	1,101,461	1,054,576
Duke Energy Corp 5.7% 09-15-2055	1,425,000	1,419,579	1,389,340
Duke Energy Fla LLC 6.2% 11-15-2053	300,000	328,806	322,029
Duke Energy Florida LLC 4.85% 12-01-2035	350,000	350,301	349,208
Elevance Health Inc 5.7% 09-15-2055	200,000	198,862	196,757
ERP Oper Ltd 4.5% Due 07-01-2044	350,000	284,988	312,530
ERP Oper Ltd Partnership 4.65% 09-15-2034	300,000	293,046	297,379
Exelon Corp 4.1% Due 03-15-2052	2,075,000	1,515,822	1,607,115
Exelon Corp 4.7% Due 04-15-2050	200,000	167,362	171,700
Exelon Corp 5.3% Due 03-15-2033	175,000	177,046	182,127
Exelon Corp 5.6% Due 03-15-2053	125,000	122,208	121,542
FedEx Corp 4.05% 02-15-2048	1,190,000	901,728	913,013
FedEx Corp 4.4% 01-15-2047	500,000	389,130	408,256
Florida Power & Light Company 5.6% 06-15-2054	275,000	274,398	276,951
Ford Motor Credit Co LLC 6.8% Due 05-12-2028	250,000	250,048	260,927
Ford Motor Credit Co LLC 7.35% Due 11-04-2027 BEO	200,000	209,282	208,781
Ford Mtr Cr Co LLC 5.73% 09-05-2030	225,000	225,869	228,718
GE Healthcare Hldg LLC Gtd Sr Nt 6.377% 11-22-2052	500,000	521,485	547,643
Georgia Pwr Co 3.7% 01-30-2050	600,000	434,845	449,992
Georgia Pwr Co 5.5% 10-01-2055	325,000	323,437	317,402
Grupo Televisa S A Fixed 5.25% 05-24-2049	400,000	340,663	266,134
HCA Inc 5.25% Due 06-15-2049	1,500,000	1,263,589	1,360,592
Home Depot Inc 5.3% 06-25-2054	350,000	344,523	336,095
Home Depot Inc 5.4% 06-25-2064	100,000	98,294	96,010
Howard Univ 4.09% Due 10-01-2035	400,000	400,000	358,632
HSBC Hldgs PLC 6.5% Due 05-02-2036	585,000	663,491	651,590
HSBC Hldgs PLC 6.5% Due 09-15-2037	100,000	145,402	109,909

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

Identity of Issue and Description of Investment	Face Amount Of Or Number Shares	Cost	Current Value
Corporate and Other Bonds (continued)			
HSBC Hldgs PLC 6.547% 06-20-2034	1,175,000	$ 1,146,706	$ 1,272,502
HSBC Hldgs PLC Fltg Rt 8.113% Due 11-03-2033	475,000	478,860	557,443
JPMorgan Chase & Co 2.522% 04-22-2031	625,000	629,413	582,712
JPMorgan Chase & Co 3.109% Due 04-22-2041/10-22-2020 REG	1,050,000	746,634	827,412
JPMorgan Chase & Co. 2.956% 05-13-2031	750,000	740,664	708,108
JPMorgan Chase & Co. 5.35% 06-01-2034	300,000	304,130	312,204
Kayne CLO 10 Ltd / Kayne CLO 10 LLC 6.76378% 04-23-2034	2,000,000	1,990,000	1,989,873
Kinder Morgan 6.5% Due 09-01-2039	350,000	378,703	378,360
Kinder Morgan 6.95% Due 01-15-2038	200,000	207,908	225,202
Kinder Morgan Inc 5.2% 03-01-2048	400,000	353,154	366,398
Kinder Morgan Inc 5.45% Due 08-01-2052	1,150,000	994,316	1,072,380
KKR CLO 40 Ltd Fltg Rt 0% Due 10-20-2034	2,300,000	2,300,000	2,210,590
Koninklijke 6.875% Due 03-11-2038	900,000	955,405	1,012,422
Kraft Heinz Foods Co Gtd Sr Nt 5.5% 06-01-2050	600,000	562,750	562,789
Lloyds Bkg Group Fixed 7.953% Due 11-15-2033	575,000	581,086	669,942
Magnetite XXVI Ltd Fltg Rt 7.96846% Due 01-25-2038	2,300,000	2,293,675	2,311,718
Mastercard Inc 3.85% Due 03-26-2050 REG	425,000	335,289	334,304
Meta Platforms Inc 5.4% 08-15-2054	1,025,000	994,355	956,612
Meta Platforms Inc 5.625% 11-15-2055	425,000	424,102	408,717
MetLife Inc 5.25% Due 01-15-2054	200,000	188,422	190,852
MetLife Inc Sr Nt 5.3% 12-15-2034	150,000	149,376	156,300
MidAmerican Energy Co 1st Mtg Bd 5.5% 11-15-2056	350,000	347,312	343,618
MidAmerican Energy Co 5.3% 02-01-2055	175,000	174,258	166,353
Molson Coors 4.2% Due 07-15-2046	700,000	535,912	563,771
Mtn View CLO XIV Ltd / Mtn View CLO Mezz Secd Deferrable Nt D-R 6.452% 10-15-2034	1,025,000	1,023,155	1,024,824
NextEra Energy Cap 5.38% 02-28-2053	1,550,000	1,348,446	1,448,472
NextEra Energy Cap Hldgs Inc 5.05% 02-28-2033	150,000	148,431	153,819
NextEra Energy Cap Hldgs Inc 5.55% 03-15-2054	950,000	930,439	920,782
Nordstrom Inc 5% Due 01-15-2044	875,000	527,188	654,324
Norfolk Southern Corp 4.55% 06-01-2053	1,825,000	1,530,946	1,544,414
Northwoods Cap XIV-B Ltd / Mezzanine Secd Deferrable 7.41025% 11-13-2031	500,000	501,500	500,136
Occidental Pete Corp 6.05% 10-01-2054	225,000	204,810	215,281
Occidental Pete Corp Sr Nt 6.6% 03-15-2046	1,100,000	1,097,788	1,139,353
Octagon 54 Ltd / Octagon 54 LLC 3.17537999153% 07-15-2034	2,300,000	2,286,200	2,267,320
Oracle Corp 3.95% Due 03-25-2051	1,650,000	1,171,606	1,090,440
Petroleos Mexicanos 6.375% 01-23-2045	550,000	321,063	442,999
Petroleos Mexicanos 6.75% Due 09-21-2047	1,400,000	872,730	1,151,085
Petroleos Mexicanos Gtd Nt 7.69% Due 01-23-2050 REG	850,000	657,237	761,843
Pfizer Investment Enter 5.3% 05-19-2053	1,350,000	1,286,184	1,282,618

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

Identity of Issue and Description of Investment	Face Amount Of Or Number Shares	Cost	Current Value
Corporate and Other Bonds (continued)			
Philip Morris Intl 4.25% Due 11-10-2044	1,200,000	$ 938,369	$ 1,023,774
Pikes Peak CLO 16 Fltg Rt 6.86659% Due 07-25-2037	2,000,000	1,997,500	2,017,466
Point Au Roche Park CLO, Ltd Ser 21-1A Cl D Fltg 07-20-2034	750,000	730,352	748,657
Prosus N V Sr Nt 144A 3C7 4.987% 01-19-2052	200,000	181,515	159,010
Puerto Rico Sales Tax Fing Corp Sales Tax Rev 5% 07-01-2058 BEO	1,000,000	956,710	962,755
PVTPL Bayer US Fin II LLC 4.625% 06-25-2038	200,000	177,150	183,672
PVTPL 720 East CLO Ltd Sr 24-2A Cl D Fltg Rt 07-20-2037	1,000,000	996,750	1,007,569
PVTPL AGL CLO Ltd Sr 24-30A Cl E Fltg Rt 04-21-2037	2,000,000	2,000,000	2,005,404
PVTPL Barings CLO Ltd Sr 22-4A Cl D1R Fltg Rt 10-20-2037	1,000,000	1,000,000	999,295
PVTPL Battalion CLO XIX Ltd Ser 21-19A Cl D Flt Rt Due 04-15-2034 BEO	2,300,000	2,268,950	2,231,477
PVTPL BNP Paribas 4.625% 03-13-2027	375,000	403,814	376,445
PVTPL BNP Paribas Sub Med Term Nt Program 2.588% Due 08-12-2035	600,000	493,149	542,876
PVTPL Bridge Str CLO III Ltd Ser 22-1A Cl D1A Fltg 10-20-2037	1,500,000	1,500,000	1,505,638
PVTPL Capital Four US CLO I Ltd Ser 21-1A Cl D Fltg Rt 01-18-2035	2,250,000	2,175,795	2,261,965
PVTPL CIFC Funding Ltd Ser 22-2A Cl ER Fltg 04-19-2035	2,300,000	2,300,000	2,278,156
PVTPL Cox Communications Inc New Coxent 3.6 2051-06-15	1,975,000	1,287,051	1,214,089
PVTPL Elmwood CLO 14 Ltd Sr 22-1A Cl ER Fltg 10-20-2038	2,300,000	2,300,000	2,300,004
PVTPL Enel Fin Intl S A Gtd Nt 144A 6.8% Due 09-15-2037/09-20-2007 BEO	225,000	252,294	252,858
PVTPL Enel Finance Intl NV 7.75% Due 10-14-2052 BEO	400,000	439,808	487,591
PVTPL Fibercop SpA 7.721% 06-04-2038	321,000	299,442	321,643
PVTPL Generate CLO 10 Ltd Sr 22-10A Cl D1R Fltg Rt 01-22-2038	2,300,000	2,296,274	2,291,259
PVTPL Invesco CLO 2022-1 Ltd Cl D Fltg 04-20-2035	1,750,000	1,706,250	1,728,491
PVTPL Invesco CLO Ser 21-2A Cl D Fltg 07-15-2034	890,000	872,200	879,976
PVTPL Jamestown CLO Ltd Sr 16 9A Cl C-R3 Fltg 07-25-2034	2,115,000	2,111,315	2,113,026
PVTPL Japan Tobacco Inc 5.85% 06-15-2035	250,000	249,310	266,979
PVTPL KKR Financial CLO Ltd Ser 25-58A Cl D1 Fltg 10-15-2038	2,300,000	2,300,000	2,302,115
PVTPL KKR Financial CLO Ltd Sr 26 Cl DRR FRN 10-15-2034	750,000	750,000	750,328
PVTPL LCM 28 Ltd/LCM Ser-28A Cl-D Fltg 10-20-2030 BEO	900,000	884,007	862,193
PVTPL Madison Park Funding Ltd Ser 25-75A Cl E Fltg 01-17-2039	750,000	750,000	749,940
PVTPL Mars Inc 5.2% 03-01-2035	775,000	781,404	798,196
PVTPL Mars Inc 5.65% 05-01-2045	175,000	174,060	176,907
PVTPL Mars Inc 5.7% 05-01-2055	300,000	298,377	300,084

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

Identity of Issue and Description of Investment	Face Amount Of Or Number Shares	Cost	Current Value
Corporate and Other Bonds (continued)			
PVTPL Morgan Stanley Eaton Vance CLO Sr 22-17A Cl D1R Fltg Rt 10-20-2037	1,175,000	$ 1,175,000	$ 1,172,062
PVTPL Neuberger Berman CLO Ltd Sr 22-47A Cl ER Fltg Rt 04-16-2035	450,000	450,000	444,131
PVTPL Octagon 70 Alto Ltd Sr 23-1A Cl DR Fltg Rt 10-20-2036	2,300,000	2,300,000	2,317,916
PVTPL Prosus N V 3.832% Due 02-08-2051/12-08-2020 BEO	2,175,000	1,228,875	1,453,745
PVTPL Prosus N V 4.027% Due 08-03-2050/08-03-2020 BEO	525,000	304,500	365,110
PVTPL Puerto Rico Tollroads LLC 3.85% 07-01-2035	500,000	500,000	500,000
PVTPL RAD CLO Ltd Sr 20-9A Cl ER Fltg 01-15-2038	2,200,000	2,200,000	2,122,439
PVTPL Regatta 35 Fdg Ltd Sr 25-5A Cl D1 Fltg 10-15-2038	1,000,000	1,000,000	1,001,094
PVTPL Regatta 35 Fdg Ltd Sr 25-5A Cl E Fltg Rt 10-15-2038	1,300,000	1,300,000	1,297,505
PVTPL Rio Oil Fin Tr 8.2% Due 04-06-2028	285,000	306,882	294,263
PVTPL Rockford Tower CLO 2017-1A Ltd Cl DR Fltg Due 04-20-2034 BEO	1,125,000	1,110,319	1,122,953
PVTPL Romark CLO Ltd Sr 19-3A Cl CR FRN 10-15-2034	500,000	500,000	498,392
PVTPL Saranac CLO Ltd Ser 20-8A Cl D 02-20-2033 BEO	950,000	885,520	926,526
PVTPL Sculptor CLO Ltd Ser 26A Cl D1A Fltg 01-20-2038	1,400,000	1,400,000	1,401,574
PVTPL Siemens Funding BV 5.8% 05-28-2055	250,000	248,768	261,213
PVTPL Symphony CLO Ltd Sr 20-24A Cl D1R Fltg Rt 10-23-2025	2,300,000	2,300,000	2,301,465
PVTPL Transcontinental Gas Pipe Line Corp 5.1% 03-15-2036	300,000	299,808	302,775
PVTPL UBS Group AG 5.959% 01-12-2034	425,000	436,112	453,531
PVTPL UBS Group AG 6.301% 09-22-2034	300,000	288,303	327,789
PVTPL UniCredit SpA 5.459% Due 06-30-2035/06-30-2030 BEO	400,000	427,830	408,134
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	1,929,827
PVTPL1 Enel Finance Intl NV 6.0% 10-07-2039/10-07-2009 BEO	300,000	362,053	315,653
Rio Oil Fin Tr 9.75% 01-06-2027	289,032	296,458	297,414
RTX Corporation 5.375% 02-27-2053	250,000	237,030	241,185
RTX Corporation 6.4% 03-15-2054	300,000	305,159	331,090
Sherwin-Williams Fixed 3.3% Due 05-15-2050	775,000	509,163	528,920
Small Business Admin Gtd Dev Partn Ctf 2006-20C Cl 1 5.57 Due 03-01-2026	515	515	515
Small Business Admin Gtd Dev Partn Ctf Ser 2006-20B 0 Due 02-01-2026 REG	1,069	1,052	1,069
Southern Co 4.4% Due 07-01-2046	800,000	631,575	677,349
Southern Co 4.85% 03-15-2035	150,000	149,778	148,411
Sutter Health 5.213% 08-15-2032	500,000	500,000	518,514
Synopsys Inc 5.15% 04-01-2035	425,000	424,065	432,795
Time Warner Cable 6.55% Due 05-01-2037	125,000	126,804	127,693
T-Mobile USA Inc 3.4% 10-15-2052	1,325,000	883,571	894,416
T-Mobile USA Inc 4.5% Due 04-15-2050	250,000	228,534	206,735

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

Identity of Issue and Description of Investment	Face Amount Of Or Number Shares	Cost	Current Value
Corporate and Other Bonds (continued)			
T-Mobile USA Inc Fixed 4.375% Due 04-15-2040	350,000	$ 319,199	$ 314,772
T-Mobile USA Inc Fixed 5.65% Due 01-15-2053	150,000	145,461	145,558
TransCanada Tr Fltg Rt 5.3% Due 03-15-2077	525,000	526,354	524,926
TransCanada Tr Fltg Rt 5.5% Due 09-15-2079	600,000	568,000	595,518
TransCanada Tr Fltg Rt 5.875% Due 08-15-2076	1,075,000	954,156	1,076,316
TransCanada Trust 5.6% Due 03-07-2082	125,000	125,000	123,459
Transcontinental Gas Pipe Line Co LLC 3.95% Due 05-15-2050	350,000	241,395	269,729
Travelers Cos Inc 5.45% Due 05-25-2053	400,000	390,838	395,314
Travelers Cos Inc 5.7% 07-24-2055	150,000	149,253	153,801
Trcntntl Gas Pipe 5.75% Due 03-15-2056	150,000	151,889	148,951
Trimaran CAVU 2021-1 Ltd / Trimaran 7.15217% 07-23-2037	775,000	774,613	776,594
Trustees Of Princeton Univ 6.647% 07-01-2030	250,000	250,000	256,023
UC Health LLC 5.858% 08-01-2035	500,000	500,000	523,953
Ultrapar Intl S A 5.25% Due 10-06-2026	325,000	307,313	324,641
Un Pac RR Co 5.866 Due 07-02-2030	4,651	4,651	4,841
UniCredit SpA 7.296% Due 04-02-2034	600,000	628,294	643,823
Union Pac Corp 3.5% 02-14-2053	1,600,000	1,138,062	1,137,015
Union Pac Corp 5.6% 12-01-2054	400,000	399,684	400,291
United Parcel Service 5.95% 05-14-2055	550,000	554,745	570,217
United Parcel Svc Inc 5.5% 05-22-2054	150,000	150,227	146,409
UnitedHealth Group Inc 4.75% 05-15-2052	425,000	347,918	367,977
UnitedHealth Group Inc 5.05% 04-15-2053	1,000,000	935,270	905,573
UnitedHealth Group Inc 5.375% 04-15-2054	450,000	424,688	425,985
UnitedHealth Group Inc 5.625% 07-15-2054	650,000	648,707	639,833
VA Elec & Pwr Co 2.45% Due 12-15-2050	700,000	392,854	403,670
Verizon 4.272% Due 01-15-2036	100,000	119,234	93,877
Verizon Communications 3.55% Due 03-22-2051 BEO	1,325,000	916,314	943,609
Verizon Communications Inc 2.987% 10-30-2056 USD	454,000	304,288	271,390
Virginia Elec & Pwr Co 4.625% 05-15-2052	625,000	524,469	527,413
Virginia Elec & Pwr Co 5.0% 04-01-2033	700,000	704,326	717,934
Virginia Elec & Pwr Co 5.6% 09-15-2055	325,000	324,504	316,695
Vodafone Group PLC 7% Due 04-04-2079	450,000	469,355	476,691
Vodafone Group PLC Var Rt 5.125% Due 06-04-2081	275,000	189,844	215,827
Wellfleet CLO Fltg Rt 3.7539999485% Due 04-20-2034	1,275,000	1,234,468	1,274,730
Wells Fargo & Co Medium Term Sr Nts Book Entry 3.35% 03-02-2033	350,000	302,603	327,110
Wells Fargo & Co New Medium Term Sr 4.65% 11-04-2044	725,000	588,040	637,125
Wells Fargo & Company 5.389% 04-24-2034	950,000	899,638	989,697
Williams Cos Inc 5.3% Due 08-15-2052	125,000	110,716	115,682
Zoetis Inc 4.7 02-01-2043	1,000,000	865,031	920,622
Zoetis Inc Sr Nt 5% 08-17-2035	250,000	249,453	253,183
Total Corporate and Other Bonds		168,477,130	171,622,798

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

Identity of Issue and Description of Investment	Face Amount Of Or Number Shares	Cost	Current Value
Equity Securities			
AAON Inc Com Par $0.004 Com Par $0.004	3,417	$ 311,502	$ 260,546
Abbott Lab Com	22,533	2,293,885	2,823,160
ACV Auctions Inc Cl A Cl A	42,484	477,622	340,722
ADR ASML Hldg NV NY Reg 2012 (Post Rev Split)	5,601	3,904,568	5,992,285
ADR Bayer A G Sponsored ADR	150,594	1,491,932	1,629,427
ADR Taiwan Semiconductor Manufacturing ADS Rep 5 TWD10	8,602	880,016	2,614,062
AerCap Holdings N.V. EUR0.01	16,621	1,044,078	2,389,435
Agilysys Inc Com Stk	2,929	244,413	348,082
Airbnb Inc Cl A Com USD0.0001 Cl A	6,925	803,750	939,861
Alamo Group Inc Com	1,240	204,875	208,159
Alarm Com Hldgs Inc Com	15,631	989,156	797,494
Align Technology Inc Com	806	104,892	125,857
Alkami Technology Inc Com	11,796	351,981	272,134
Allison Transmission Holding	2,657	135,797	260,120
Alphabet Inc Cap Stk USD0.001 Cl C	8,777	641,034	2,754,223
Alphabet Inc Capital Stock USD0.001 Cl A	16,341	2,546,707	5,114,733
Amazon Com Inc Com	19,064	2,070,922	4,400,352
American Homes 4 Rent Common Stock	14,818	381,299	475,658
Amphenol Corp New Cl A	8,795	1,207,270	1,188,556
Antero Res Corp Com	9,295	339,678	320,306
Aon PLC	11,366	3,173,541	4,010,834
Archrock Inc Com	12,450	313,905	323,949
Armstrong World Inds Inc New Com Stk	5,353	459,315	1,022,958
Artisan Partners Asset Mgmt Inc Cl A Cl A	12,165	525,101	495,602
ATI Inc Com	2,000	212,084	229,520
Automatic Data Processing Inc Com	11,562	3,131,294	2,974,093
AutoZone Inc Com	722	2,386,535	2,448,663
Axon Enterprise Inc Com	4,260	2,660,307	2,419,382
Barrett Business Svcs Inc Com	4,939	199,461	178,841
Bath & Body Works Inc Com USD0.5 WI	11,300	293,925	226,904
Bio-Techne Corp Com	6,064	313,956	356,624
BlackLine Inc Com	5,908	507,137	326,653
Blackstone Inc Com USD0.00001	16,156	1,581,574	2,490,286
Booking Hldgs Inc Com	446	1,934,329	2,388,477
Booz Allen Hamilton Hldg Corp Cl A Com Stk	2,690	231,283	226,928
Boston Scientific Corp Com	21,806	2,129,368	2,079,202
Broadcom Inc Com	11,419	2,378,265	3,952,116
Broadridge Finl Solutions Inc Com Stk	7,764	1,590,084	1,732,692
Bruker Corp	8,440	385,528	397,608
Cable One Inc Com	1,904	937,532	214,866
Capital One Finl Corp Com	10,699	1,287,985	2,593,010

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

Identity of Issue and Description of Investment	Face Amount Of Or Number Shares	Cost	Current Value
Equity Securities (continued)			
Carlisle Companies Inc Com	1,195	$ 394,858	$ 382,233
CBIZ Inc Com	3,236	181,438	163,256
CCC Intelligent Solutions Hldgs Inc Com	90,272	842,423	717,662
Champion Homes Inc	3,530	205,967	298,285
Charles Riv Laboratories Intl Inc Com	1,373	181,381	273,886
Chemed Corp New Com	858	432,314	367,104
Churchill Downs Inc Com	2,155	217,789	245,196
Cirrus Logic Inc Com	2,055	259,464	243,518
Clean Hbrs Inc Com	1,840	399,179	431,443
CME Group Inc Com Stk	9,717	2,081,537	2,653,518
Coca Cola Co Com	62,581	4,110,863	4,628,960
Cognex Corp Com	8,519	384,555	306,514
Coherent Corp Com	2,075	152,593	382,983
Com Alcoa Corporation Com USD0.01	26,069	961,459	1,385,307
Comcast Corp New-Cl A	67,336	2,521,340	2,012,673
Commercial Metals Co Com	5,180	287,757	358,560
ConocoPhillips Com	32,855	3,410,675	3,075,557
Copart Inc Com	7,466	184,918	292,294
CSW Industrials Inc Com	2,626	784,563	770,810
Cullen / Frost Bankers Inc Com	3,920	534,832	496,390
Cushman And Wakefield Ltd Com Shs	32,805	439,241	531,113
Danaher Corp Com	10,450	2,048,838	2,392,214
Descartes Sys Group Inc Com	6,312	463,820	553,310
DoubleVerify Hldgs Inc Com	27,109	611,465	310,127
Doximity Inc Com USD0.001 Cl A	8,362	241,956	370,269
Eagle Matls Inc Com	1,665	379,160	344,122
Element Solution Inc Com	20,930	519,329	523,041
Elevance Health Inc	2,417	970,366	847,279
Eli Lilly & Co Com NPV	3,517	1,835,658	3,779,650
Emcor Group Inc Com	1,785	281,567	1,092,045
Ensign Group Inc Com Stk	4,101	401,995	714,394
Equifax Inc Com	5,936	1,182,633	1,287,993
Estee Lauder Companies Inc Cl A USD0.01	14,006	991,336	1,466,708
Euronet Worldwide Inc Com	7,949	726,810	604,998
Experian Ord USD0.10	45,375	1,793,532	2,052,494
Exponent Inc Com Stk	6,067	509,215	421,414
Fair Isaac Corporation Com	1,537	2,544,903	2,598,483
Ferrari N V Ferrari N V Common Stock	6,277	2,523,715	2,334,579
First Watch Restaurant Group Inc Com	17,997	318,224	271,395
FirstCash Hldgs Inc Com	2,325	262,456	370,559
Five Below Inc Com USD0.01	5,252	841,947	989,267

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

Identity of Issue and Description of Investment	Face Amount Of Or Number Shares	Cost	Current Value
Equity Securities (continued)			
Floor & Decor Hldgs Inc Cl A Cl A	4,207	$ 392,620	$ 256,164
Freshpet Inc Com	12,816	1,105,871	780,879
FTI Consulting Inc Com	1,350	224,372	230,621
Gallagher Arthur J & Co Com	14,040	3,769,826	3,633,412
GATX Corp Com	2,565	411,509	435,024
Generac Hldgs Inc Com Stk	2,392	231,227	326,197
Gentex Corp Com	28,539	704,568	664,103
Gildan Activewear Inc Com	4,545	226,230	283,881
Glaukos Corp Com	5,295	416,357	597,858
Globant SA USD1.20	4,437	856,869	290,047
Globus Med Inc Cl A New Com Stk	14,198	784,693	1,239,627
Goosehead Ins Inc Com Cl A Com Cl A	3,346	294,670	246,433
Graco Inc Com	2,893	141,626	237,139
Grand Canyon Ed Inc Com Stk	6,462	708,056	1,074,695
Grid Dynamics Holdings Inc Com USD0.0001 Cl A	16,552	248,610	149,465
GXO Logistics Inc Com	3,195	142,181	168,185
Haleon PLC Ord GBP0.01	615,721	2,889,265	3,104,002
Hamilton Lane Inc Cl A Cl A	1,610	216,621	216,239
Hanover Ins Group Inc Com	2,320	388,610	424,026
Hawkins Inc Com	1,895	210,525	269,204
Henry Schein Inc Common Stock	6,673	487,452	504,345
Herc Hldgs Inc Com	1,475	193,128	218,861
Hexcel Corp New Com	2,945	167,289	217,636
Hillman Solutions Corp Com USD0.0001 Cl A	80,391	777,470	696,186
Hilton Worldwide Hldgs Inc Com New Com New	2,867	288,516	823,546
Houlihan Lokey Inc Cl A Cl A	4,500	343,385	783,855
Humana Inc Com	5,193	1,587,586	1,330,083
Huntington Ingalls Inds Inc Com	1,185	229,888	402,983
Inspire Med Sys Inc Com	1,613	320,920	148,767
Installed Bldg Prods Inc Com	1,051	196,201	272,619
Intercontinental Exchange Inc Com	22,042	2,937,289	3,569,922
Intl Flavors & Fragrances Inc Com	3,000	198,744	202,170
Intuit Com	4,606	1,941,605	3,051,107
Intuitive Surgical Inc Com New Stk	5,063	1,340,679	2,867,481
JBT Marel Corporation	2,400	310,086	361,608
Kadant Inc Com	1,977	420,461	563,485
KinderCare Learning Cos Inc Com	21,835	196,959	94,327
Kinsale Cap Group Inc Com	1,864	622,015	729,048
Labcorp Hldgs Inc Com	2,211	361,338	554,696
Landstar Sys Inc Com	1,619	210,033	232,650
Lennar Corp Cl A Cl A	17,923	2,137,035	1,842,484

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

Identity of Issue and Description of Investment	Face Amount Of Or Number Shares	Cost	Current Value
Equity Securities (continued)			
Lincoln Elec Hldgs Inc Com	1,470	$ 293,061	$ 352,271
Loar Holdings Inc Com	4,418	295,448	300,424
London Stock Exchange Group ADR	131,821	3,789,719	4,029,768
L'Oreal EUR0.20	8,469	3,115,859	3,646,357
Lumen Technologies Inc	25,265	175,128	196,309
MarketAxess Hldgs Inc Com Stk	3,942	749,628	714,488
Martin Marietta Matls Inc Com	587	273,498	365,501
Matador Resources Company Com USD0.01	5,810	306,305	246,576
Medpace Hldgs Inc Com	1,546	333,515	868,311
MercadoLibre Inc Com Stk	713	1,436,247	1,436,167
Meritage Homes Corp Com	3,080	234,023	202,664
Meta Platforms Inc Com USD0.000006 Cl 'A'	1,890	410,989	1,247,570
Microsoft Corp Com USD0.00000625	24,378	6,932,030	11,789,688
MSCI Inc Com USD0.01	7,129	3,886,141	4,090,121
Mueller Inds Inc Com	3,135	288,286	359,898
Murphy Oil Corp Com	10,695	280,643	334,219
Netflix Inc Com Stk	33,210	1,153,931	3,113,770
New York Times Co Cl A ISIN #US6501111073	8,534	413,720	592,430
Noble Corporation PLC Com	5,635	167,440	159,132
Northwest Nat Hldg Co Com	7,380	313,996	344,941
Nvidia Corp Com	22,819	1,199,166	4,255,744
OpenLane Inc	28,471	428,401	847,866
Option Care Health Inc Com New Com New	10,560	333,159	336,442
OrthoPediatrics Corp Com	4,505	225,044	80,009
Otis Worldwide Corp Com USD0.01 WI	23,243	1,898,578	2,030,276
Paylocity Hldg Corp Com	4,230	749,702	645,075
Pennant Group Inc	11,193	316,132	315,083
Penske Automotive Group Inc Com Stk	3,132	224,773	495,764
People Incorporated	13,814	506,681	540,127
Permian Res Corp Cl A	20,275	287,386	284,458
Philip Morris Intl Com Stk NPV	8,752	931,196	1,403,821
Phreesia Inc Com	7,644	332,571	129,336
Power Integrations Inc Com	5,695	437,990	202,400
Primerica Inc Com	5,272	558,954	1,362,074
Privia Health Group Inc Com	28,379	656,348	672,866
Procter & Gamble Com NPV	24,086	3,802,325	3,451,765
Prosperity Bancshares Inc Com	7,055	543,385	487,571
PTC Inc Com	3,966	635,878	690,917
PVH Corp Com USD1	3,185	263,289	213,459
RB Global Inc Com NPV	6,343	407,605	652,504
Red Rock Resorts Inc Cl A Cl A	3,180	105,760	197,001

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

Identity of Issue and Description of Investment	Face Amount Of Or Number Shares	Cost	Current Value
Equity Securities (continued)			
Relx PLC	93,130	$ 3,928,068	$ 3,782,989
Relx PLC Ord GBP0.1444	15,047	574,805	612,863
Reorg/Clearwater Analytics Cash Merger 06-25-2026	13,912	320,006	335,557
Reorg/Liberty Broadband Stock Merger Charter Communications 2A1QAJ2 08-20-2026	12,298	1,327,944	597,683
Reorg/Taylor Morrison Cash Merger 07-24-2026	3,440	231,893	202,513
Repligen Corp Com Stk USD0.01	3,526	555,719	577,770
RLI Corp Com	5,384	362,723	344,468
Roper Technologies Inc	5,892	3,070,151	2,622,706
Royal Dutch Shell PLC Sponsored ADR Repstg Ord Sh	14,458	861,987	1,062,374
Rush Enterprises Inc Cl A Cl A	4,030	236,288	217,378
RXO Inc Com	4,705	65,718	59,471
S&P Global Inc Com	11,332	4,652,155	5,921,990
Sanmina Corp Com	2,565	303,705	384,930
SAP SE	31,446	6,107,735	7,694,732
SAP SE-Sponsored ADR	7,140	1,222,244	1,734,377
Schneider Natl Inc Wis Cl B Cl B	5,885	135,157	156,129
Selective Ins Group Inc Com	5,405	450,788	452,236
ServiceNow Inc Com USD0.001	8,607	1,230,118	1,318,506
Shopify Inc Cl A Sub Vtg Shs Shopify Inc	17,621	1,938,566	2,836,452
Simpson Mfg Inc Com	4,798	667,783	774,733
Sixth Str Specialty Lending Inc Com	13,117	254,921	284,901
Spire Inc Com	4,670	343,126	386,209
Spotify Technology S A Com EUR0.025	2,981	1,723,318	1,731,097
SPS Comm Inc Com	5,024	607,087	447,789
SS&C Technologies Hldgs Inc Com	15,092	700,219	1,319,343
Stag Indl Inc Com	8,520	293,305	313,195
Steris PLC Ord USD0.001	7,556	1,744,943	1,915,597
Stevanato Group S.P.A. Com NPV	11,708	334,991	235,565
Strategic Ed Inc	6,084	604,745	487,937
Synopsys Inc Com	13,001	6,254,829	6,106,830
TD Synnex Corporation Com USD0.001	597	54,187	89,687
Tetra Technologies Inc Del Com	14,345	101,248	134,413
Thermo Fisher Scientific Inc Com USD1	5,949	2,297,729	3,447,148
Transcat Inc Com	4,129	430,421	234,238
TransDigm Group Inc Com	1,632	2,109,251	2,170,315
TWFG Inc Cl A Com Cl A Com	9,597	275,819	276,106
Uber Technologies Inc Com USD0.00001	27,510	2,577,498	2,247,842
UnitedHealth Group Inc Com	9,488	3,191,540	3,132,084
Valmont Inds Inc Com	990	320,340	398,297
Valvoline Inc Com	14,310	509,818	415,849

Northwell Health Pension Plan

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

Identity of Issue and Description of Investment	Face Amount Of Or Number Shares	Cost	Current Value
Equity Securities (continued)			
Vertex Pharmaceuticals Inc Com	2,972	$ 1,363,785	$ 1,347,386
Visa Inc Com Cl A Stk	25,776	4,759,532	9,039,901
Vulcan Materials Co Com	1,145	256,418	326,577
Warby Parker Inc Cl A Com Cl A Com	11,375	268,259	247,861
Watts Wtr Technologies Inc	535	107,581	147,671
Werner Enterprises Inc Com	6,040	169,702	181,260
Wesco Intl Inc Com	1,580	282,886	386,531
Wiley John & Sons Inc Cl A	1,861	57,532	57,002
WillScot Holdings Corporation Com	11,329	385,577	213,325
Woodward Inc Com	7,045	908,164	2,129,844
Workday Inc Cl A Com USD0.001	12,791	3,007,054	2,747,251
Workiva Inc Com Cl A Com Cl A	7,603	708,576	655,759
Wyndham Hotels & Resorts Inc Com	8,782	603,940	663,568
Zions Bancorporation N A	8,835	505,820	517,200
Zoetis Inc Com USD0.01 Cl 'A'	19,551	3,176,832	2,459,907
Total Equity Securities		224,336,818	274,051,548
Commingled Fixed Income Funds			
CF Primus High Yield Bond Fund Ltd Class B	83,030	86,045,873	95,024,027
CF WTC-CIF II Securitized Opportunities Portfolio	10,200,804	101,674,169	104,354,225
OHA Diversified Credit Strategies Fund (Parallel) LP	99,605,000	99,605,000	133,454,565
WTC CIF2 Markets Dbt Ser 1 Fd	8,300,848	83,028,678	78,110,978
Total Commingled Fixed Income Funds		370,353,720	410,943,795
Equity Mutual Funds			
MFC iShares Tr Russell 2000 Value ETF	5,620	943,058	1,018,400
MFO Advisors Inner Circle Fd II Champlain Small Co Fd Instl Shs	1,208,315	25,179,099	21,145,512
MFO Artisan Fds Inc Intl Value Fd Instl Shs	352,688	12,486,822	18,967,544
MFO BNY Mellon Strategic Fds Inc Intl Stk Fd Cl I	268,371	4,736,568	5,871,965
MFO Dodge & Cox Stock Fd Open End Fd	3,570,437	44,344,638	59,233,554
MFO JPMorgan Tr I Emerging Mkts Equity Fd Cl R6	605,204	24,200,778	25,333,859
Total Equity Mutual Funds		111,890,963	131,570,834
Commingled Equity Funds			
CF Baillie Gifford Intl. Growth Fund Class 2	866,327	11,192,541	12,093,059
CF Commingled Pension Tr Fd Glb Select Eq Of JPMorgan Chase Bk N.A	2,578,887	77,661,321	106,894,876
Global Alpha International Small Cap Fund LP	15,400,000	15,400,000	18,801,225
Total Commingled Equity Funds		104,253,862	137,789,160

Northwell Health Pension Plan

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

Identity of Issue and Description of Investment	Face Amount Of Or Number Shares	Cost	Current Value
Common Collective Trusts			
Jennison Growth Equity Fund	2,835,131	$ 18,386,995	$ 59,173,869
Total Common Collective Trusts		18,386,995	59,173,869
Funds of Hedge Funds			
Funds of Hedge Funds			
1788 Paumanok Fund A LLC	95,443,670	95,443,670	221,563,431
BPIF Non-Taxable L.P.	86,101,472	86,101,472	231,232,045
Cash Held At Tenaron	106,140	106,140	106,140
Total Funds of Hedge Funds		181,651,282	452,901,616
Hedge Funds			
Cash Held Else Where CF Rohatyn Funds	94	94	94
CF Rohatyn Gl Cl A S12 D1 Fd	4	4,160	3,353
CF Rohatyn Gl S15 A1 NH1 Fd	66	65,910	12,063
CF Rohatyn Glb S6 S2 A1 Fd	8	8,370	10,859
CF Rohatyn Glb S8 A1 Fd	4	3,629	3,806
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		83,509	32,374
Private Equity Funds			
Adams Street Global Opportunities Secondary Fund 5	1,311,291	1,311,291	1,523,555
Antler Global Access Fund, SCSp	6,500,000	6,500,000	6,035,791
Antler Global Fund, SCSp	8,352,917	8,352,917	8,022,737
Apollo Natural Resource Partners II LP	4,761,513	4,761,513	1,950,508
Arctos Sports Partners Fund I Feeder, LP	14,683,671	14,683,671	21,259,300
Arctos Sports Partners Fund II Feeder, LP	6,507,708	6,507,708	7,205,268
Blumberg Capital V, LP	13,447,200	13,447,200	14,166,067
Bonfire Ventures IV, LP	675,000	675,000	658,899
Builders VC Fund II, LP	14,831,250	14,831,250	18,095,081
Builders VC Fund III, LP	2,871,358	2,871,358	2,604,434
Checkerspot, Inc. CAG7030	4,000,000	4,000,000	4,000,000
Clarion Investors III, LP	7,491,234	7,491,234	9,758,082
Consonance Private Equity II, L.P.	11,258,794	11,258,794	16,535,830
Consonance Private Equity LP	1	1	4,256,136
Cressey & Company Fund VII-A LP	7,165,289	7,165,289	6,082,902
CRV Select Fund II, LP	3,586,692	3,586,692	5,003,845
CRV XIX, LP	11,550,000	11,550,000	15,163,097
CRV XX, LP	1,015,875	1,015,875	1,015,875
Cure Ventures Fund I, L.P.	3,243,328	3,243,328	3,288,114
Digital Alpha Fund II-A LP	14,286,467	14,286,467	16,954,590

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

Identity of Issue and Description of Investment	Face Amount Of Or Number Shares	Cost	Current Value
Private Equity Funds (continued)			
EnerVest Energy Institutional Fund XIV-C	3,434,215	$ 3,434,215	$ 3,206,309
FS Equity Partners IX, L.P.	657,133	657,133	507,016
HarbourVest Partners IX Fund LP	2,899,579	2,899,579	3,858,988
J2 Ventures Argonne Fund, LP	4,187,235	4,187,235	4,047,412
JFL Equity Investors IV, LP	2,260,644	2,260,644	1,140,771
JFL Equity Investors V, LP	8,225,319	8,225,319	14,864,943
JFL Equity Investors VI, LP	5,262,850	5,262,850	6,753,228
Lead Edge Capital VI, LP	17,448,516	17,448,516	22,077,256
Lerer Hippeau IX, LP	810,000	810,000	700,959
M13 Ventures III, LP	9,524,196	9,524,196	15,904,822
M13 Ventures IV LP	5,025,000	5,025,000	4,467,363
Marcy Venture Partners Fund II, LP	9,573,549	9,573,549	10,261,214
Meritech Capital Partners VIII, L.P.	870,000	870,000	869,380
Morpheus Ventures II, LP	7,527,316	7,527,316	6,889,873
Patient Square Equity Partners-A, LP	11,303,383	11,303,383	14,357,237
Pine Brook Capital Partners II, LP	6,768,632	6,768,632	4,820,336
PSC Spark Coinvest, LP	8,146,357	8,146,357	6,389,409
QED Fund VII, LP	3,827,597	3,827,597	4,053,411
QED Fund VIII, LP	3,081,809	3,081,809	3,058,473
QED Growth Fund II, LP	1,641,803	1,641,803	1,559,078
QED Growth Fund, LP	6,069,885	6,069,885	6,569,983
RCP Fund VII Feeder, Ltd	61,171	61,171	2,426
RCP Fund VIII	465,909	465,909	273,950
Reverence Capital Partners Opportunities Fund II, LP	5,585,763	5,585,763	19,506,296
Reverence Capital Partners Opportunities Fund V-A (PE Fund III), LP	13,859,133	13,859,133	19,812,966
Rivet Digital SPV I, LP	1,236,000	1,236,000	2,146,031
SK Capital Partners V-B, LP	11,067,484	11,067,484	9,451,492
SK Capital Partners VI-B, LP	3,767,295	3,767,295	7,274,539
StepStone VC Early Stage II	7,138,212	7,138,212	6,489,462
Stone Point IX L.P	17,042,928	17,042,928	22,094,406
Stone Point VIII	13,935,337	13,935,337	19,922,013
Sweetwater III A LP	6,060,000	6,060,000	11,558,596
Sweetwater Private Equity III LP	16,411,190	16,411,190	20,877,660
Sweetwater Secondaries Fund II LP	6,918,529	6,918,529	9,183,519
Sweetwater Secondaries Fund IV L.P.	10,813,938	10,813,938	15,451,601
TCG Labs Fund I LP	3,352,567	3,352,567	2,957,179
TCG Labs Opportunity I, LP	847,855	847,855	709,228
TCV IX LP	5,302,327	5,302,327	6,456,306
TCV VIII (A) LP	4,833,525	4,833,525	4,591,106
TCV XII (A), L.P.	3,212,079	3,212,079	4,083,899

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

Identity of Issue and Description of Investment	Face Amount Of Or Number Shares	Cost	Current Value
Private Equity Funds (continued)			
Tenaya Capital VII LP	5,952,066	$ 5,952,066	$ 16,987,816
Trident VII	12,813,378	12,813,378	16,741,434
True Ventures VIII, LP	8,100,000	8,100,000	8,234,448
Tuatara Capital Fund II, LP	13,517,485	13,517,485	2,314,599
Upfront Secondary III, LP	9,125,652	9,125,652	26,560,747
Welsh, Carson, Anderson & Stowe XII, LP	3,689,885	3,689,885	4,242,438
Total Private Equity Funds		441,194,314	557,861,729
Private Credit Funds			
Cross Ocean Aviation Fund I Cayman Feeder LP-USD	1	1	2,942,800
IGCF IV Feeder-E, LP	10,091,614	10,091,614	10,161,145
Invictus Opportunity Feeder III Co-Invest, LP	8,660,918	8,660,918	8,842,498
Invictus Opportunity Fund III, LP	14,291,592	14,291,592	12,559,850
Invictus Opportunity Fund II, L.P.	8,950,618	8,950,618	6,055,060
Marathon Secured Private Strategies Offshore Fund II LP	2,351,545	2,351,545	13,541,043
Mature Innovators PC Fund LLC	6,205,000	6,205,000	6,121,990
Total Private Credit Funds		50,551,288	60,224,386
Private Real Estate Funds			
1370 Fund – USRA Net Lease III, LLC	6,945,417	6,945,417	6,810,820
1370 Fund – USRA Net Lease IV LLC	6,790,644	6,790,644	6,990,652
1370 Fund- USRA Net Lease II, LLC	7,218,641	7,218,641	6,782,245
Argosy AREP V Feeder, LP	5,600,000	5,600,000	5,664,245
Blackstone Real Estate Partners Europe V LP	8,080,132	8,080,132	4,875,818
Cabot Industrial Value Fund VII, LP	8,876,000	8,876,000	8,323,426
Cerberus Institutional Real Estate Partners III LP	1	1	1,833,864
CIREP IV Institutional Feeder, LP	6,957,046	6,957,046	4,365,958
CrossHarbor Institutional Partners 2014 LP	400,080	400,080	161,640
CrossHarbor Institutional Partners 2018, LP	1,937,294	1,937,294	1,855,032
CrossHarbor Institutional Partners 2021 LP	9,370,571	9,370,571	10,382,255
GLP Capital Partners IV-A LP	10,082,206	10,082,206	8,987,475
H.I.G. Realty Partners IV (Offshore), LP	12,944,723	12,944,723	13,148,064
Madison International Real Estate Liquidity Fund VI LP	4,286,945	4,286,945	4,007,904
MREI VI Blocker Feeder A, LP	1,016,419	1,016,419	831,357
Oaktree Real Estate Opportunities Fund VI LP	406,647	406,647	611,358
Oaktree Real Estate Opportunities Fund V LP	470,481	470,481	6,505
Raith Real Estate Fund III LP	6,901,357	6,901,357	6,903,973
Rialto Real Estate Fund V – Debt, LP	4,143,991	4,143,991	4,098,835
Sabal SSO Fund (Cayman), LP	5,173,269	5,173,269	4,784,408

Northwell Health Pension Plan

EIN #11-3418133 Plan #006

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

Identity of Issue and Description of Investment	Face Amount Of Or Number Shares	Cost	Current Value
Private Real Estate Funds (continued)			
SROA Capital Fund IX, LP	6,627,641	$ 6,627,641	$ 6,309,851
SROA Red Dot Co-Invest, LP	2,238,192	2,238,192	2,218,337
Torchlight Debt Fund VIII, LP	3,628,571	3,628,571	3,827,501
True North Real Estate Fund III, LP	4,360,190	4,360,190	1,447,475
Wheelock Street Real Estate Fund VII, L.P.	5,402,409	5,402,409	5,210,330
Total Private Real Estate Funds		129,858,867	120,439,328
Participant Directed Investments			
50% Dodge & Cox 50% Allspring Core Bd Opt		**	7,436
50% Artisan/50% BNY Mellon International Opt.		**	109,481
50% Diamond Hill/50%Dodge & Cox Large Value Opt.		**	169,628
50% Edgewood/50% Harbor Lg Cap Growth Option		**	750,885
50% Champlain/50% Vaughan Nelson Sml Cp Val		**	12,256
State Street instl US Govt Money Market Premier		**	36,400
Vanguard Total Bd Mkt Idx Inst Plus		**	29,671
Vanguard Instl Index Instl Plus		**	181,926
Vanguard Federal Money Market		**	163,639
Vanguard Target Retrmnt 2025		**	3,831
Vanguard Target Retrmnt 2035		**	5,407
Vanguard Target Retrmnt 2030		**	1,218
Vanguard Target Retrmnt Inc		**	44,659
Vanguard Target Retrmnt 2020		**	3,509
Vanguard Wellington Adm		**	93,715
Total Participant Directed Investments			1,613,661
Total Investments		$ 2,294,969,916	$ 2,865,639,073

** 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, 2025

Identity of Party Involved	Description of Asset	Purchase Price (a)	Selling Price (a)	Cost of Asset	Net Gain (Loss)
Category (iii) – Series of transactions in excess of 5% of Plan assets					
Northern Trust Corporation*	MFB Northern INSTL FDS Govt Select Portfolio:				
	Purchases	$ 514,434,141	$ –	$ 514,434,141	$ –
	Sales	–	514,506,703	514,506,703	–

There were no category (i), (ii) or (iv) reportable transactions for the year ended December 31, 2025. 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, 2025

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

	Attained Years of Credited Service[1]									
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**
Under 25	73	110	0	0	0	0	0	0	0	0
	109,778	113,468	-	-	-	-	-	-	-	-
25-29	78	611	279	2	0	0	0	0	0	0
	96,134	91,473	92,155	-	-	-	-	-	-	-
30-34	47	758	1,635	328	1	0	0	0	0	0
	72,217	58,833	96,693	114,634	-	-	-	-	-	-
35-39	36	516	1,690	1,103	225	4	0	0	0	0
	58,851	43,031	103,214	116,590	125,859	-	-	-	-	-
40-44	26	328	1,236	1,001	578	126	2	0	0	0
	62,551	44,697	128,009	144,725	134,185	139,831	-	-	-	-
45-49	20	220	1,016	838	606	372	71	4	0	0
	18,454	33,569	124,439	153,610	147,784	141,791	129,962	-	-	-
50-54	22	181	804	674	505	437	218	50	7	0
	14,998	28,470	121,209	136,119	144,352	144,935	147,206	131,006	-	-
55-59	35	136	717	743	547	439	303	221	108	1
	10,126	41,591	121,566	124,020	130,453	151,843	148,706	158,657	140,758	-
60-64	42	110	645	585	491	459	301	222	210	57
	13,675	23,918	117,323	119,421	124,695	137,041	144,627	144,023	152,509	145,750
65-69	19	40	371	366	290	234	176	129	103	91
	-	54,052	128,761	139,888	135,236	133,681	155,950	139,715	142,549	160,063
70 & over	3	18	153	144	126	86	99	60	35	63
	-	-	151,650	176,849	143,854	128,502	192,255	159,120	174,492	159,708

Average:	Age	48.80
	Service	12.76

Census data as of January 1, 2025

Excludes 374 participants that have no liability under the plan. Average plan compensation include 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, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2025

Number and average account balance distributed by attained age and attained years of credited service

	Attained Years of Credited Service[2]									
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**
Under 25	2	70								
		2,375								
25-29	8	403	264	2						
		5,732	14,573							
30-34	11	584	1,569	326	1					
		6,680	18,435	27,913						
35-39	14	409	1,605	1,067	216	4				
		6,629	22,122	32,171	43,292					
40-44	10	275	1,165	971	537	115	2			
		7,292	28,808	41,915	50,345	63,105				
45-49	14	172	937	786	550	333	66	4		
		8,689	29,112	50,557	60,019	68,535	73,816			
50-54	18	132	733	613	433	362	205	48	7	
		8,830	28,323	46,566	64,414	72,618	90,035	91,199		
55-59	32	104	657	645	447	375	265	191	96	1
	30,743	10,628	28,561	43,633	59,886	87,500	97,667	113,363	108,692	
60-64	36	77	593	518	423	376	253	179	189	54
	63,294	7,343	28,426	42,414	59,136	80,184	105,212	110,489	127,699	130,434
65-69	18	30	341	342	255	207	155	112	87	86
		20,458	31,723	49,403	70,409	83,683	124,295	136,852	152,499	165,108
70 & over	3	15	149	136	120	78	97	57	34	62
			36,433	66,178	73,511	85,944	144,741	194,545	230,444	218,128
		Average Age	48.93			Average Service	12.80			

[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, 2025

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	93,567,618	15,917,146	101,425,661	210,910,426
2026	50,067,811	6,774,122	98,597,490	155,439,423
2027	54,282,035	10,201,482	95,640,182	160,123,699
2028	59,081,325	12,536,659	92,505,823	164,123,807
2029	64,589,813	14,024,342	89,246,006	167,860,161
2030	66,922,309	14,738,983	85,887,783	167,549,076
2031	70,659,028	14,868,532	82,424,693	167,952,253
2032	73,654,957	16,658,776	78,892,223	169,205,955
2033	75,446,982	17,374,445	75,260,597	168,082,025
2034	76,735,135	19,546,668	71,531,663	167,813,466
2035	77,854,262	19,944,747	67,748,279	165,547,288
2036	81,694,431	18,931,195	63,927,575	164,553,200
2037	83,182,641	20,059,564	60,068,225	163,310,429
2038	85,580,020	21,357,639	56,166,621	163,104,280
2039	87,542,159	22,583,438	52,257,866	162,383,463
2040	89,889,323	23,080,531	48,360,945	161,330,799
2041	92,355,814	22,959,308	44,500,005	159,815,126
2042	91,784,992	24,654,731	40,722,684	157,162,407
2043	94,956,536	25,310,836	37,021,613	157,288,986
2044	96,914,232	25,088,662	33,414,817	155,417,712
2045	98,267,929	25,897,905	29,956,795	154,122,629
2046	98,161,746	26,312,687	26,670,405	151,144,837
2047	98,621,643	25,855,209	23,552,375	148,029,227
2048	99,713,512	27,304,408	20,620,579	147,638,500
2049	98,768,906	27,789,698	17,890,760	144,449,363
2050	98,515,700	26,011,856	15,375,445	139,903,001
2051	98,232,112	26,064,571	13,083,409	137,380,092
2052	93,875,243	25,564,665	11,019,296	130,459,204
2053	93,134,618	25,358,294	9,183,336	127,676,248
2054	89,222,353	24,167,203	7,571,330	120,960,886
2055	87,277,008	23,535,469	6,174,739	116,987,216
2056	81,795,385	22,302,908	4,981,281	109,079,574
2057	77,320,309	20,661,214	3,975,643	101,957,166
2058	71,738,444	19,392,174	3,140,277	94,270,895
2059	67,997,056	17,844,189	2,456,332	88,297,577
2060	60,132,501	16,577,539	1,904,387	78,614,428
2061	52,454,186	14,856,533	1,465,283	68,776,002
2062	49,039,552	13,790,947	1,120,809	63,951,308
2063	44,825,260	13,084,331	854,150	58,763,741
2064	41,789,023	12,219,044	650,276	54,658,343
2065	38,437,394	11,481,428	496,110	50,414,932
2066	35,734,633	10,764,109	380,594	46,879,336
2067	33,291,291	10,067,675	294,613	43,653,579

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2068	31,069,187	9,392,770	230,843	40,692,801
2069	28,936,510	8,739,243	183,542	37,859,295
2070	26,911,559	8,106,779	148,315	35,166,654
2071	24,946,247	7,495,833	121,860	32,563,939
2072	23,046,306	6,906,585	101,740	30,054,632
2073	21,239,606	6,338,683	86,197	27,664,486
2074	19,509,875	5,792,331	73,972	25,376,178

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

Applicable month	September 2024
Yield curve basis	Segment Rates from Fourth Month Preceding Valuation Date

Interest rates:	**Reflecting Corridors**	**Not Reflecting Corridors**
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.39%	5.33%

Annual rates of increase

• Compensation	4.00%
• Interest crediting rate	
– Northwell Health formula	4.32% in 2025, 4.58% thereafter
– Northern Westchester Hospital formula	4.83% in 2025, 4.73% thereafter
– Peconic Formula	5.36% in 2025, 5.63% thereafter

SCHEDULE SB ATTACHMENTS

Lump sum / annuity conversion basis:

- **Northwell Health and Mather formulas:**
  - Interest rate basis:
    - Applicable month: September 2024
    - Yield curve basis: Segment Rates from Fourth Month Preceding Valuation Date
    - Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
First segment rate	5.07%	5.07%
Second segment rate	5.31%	5.33%
Third segment rate	5.50%	5.36%
Effective interest rate	5.39%	5.33%

  - Mortality: 2025 IRC §417(e)
- **Northern Westchester formula (account balance to annuity):**
  - Interest rate: 4.73%
  - 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: 4.73%
    - Mortality: Mortality prescribed by IRS Revenue Ruling 2001-62

SCHEDULE SB ATTACHMENTS

(2)

- Applicable month: September 2024
- Yield curve basis: Segment Rates from Fourth Month Preceding Valuation Date

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
First segment rate	5.07%	5.07%
Second segment rate	5.31%	5.33%
Third segment rate	5.50%	5.36%
Effective interest rate	5.39%	5.33%
Mortality	2025 IRC §417(e)	

- **Peconic formula:**
- Interest rate basis:
  - Applicable month: September 2024
  - Yield curve basis: Segment Rates from Fourth Month Preceding Valuation Date

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
First segment rate	5.07%	5.07%
Second segment rate	5.31%	5.33%
Third segment rate	5.50%	5.36%
Effective interest rate	5.39%	5.33%

- 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.

SCHEDULE SB ATTACHMENTS

Actuarial increase basis for late commencement:

Interest rate	7.00%
Mortality	2025 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

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.

SCHEDULE SB ATTACHMENTS

Termination

Rates varying by age

Representative Termination Rates

Percentage leaving during the year	
Attained Age	**Rate**
25	14.0%
30	11.6%
35	9.5%
40	7.4%
45	5.9%
50	5.4%
55	7.2%
60	9.2%
64	12.0%
65	0.0%

Disability

Rates varying by age and gender

Representative Disability Rates

Percentage becoming disabled during the year		
Age	**Males**	**Females**
25	0.167%	0.207%
30	0.147%	0.264%
35	0.157%	0.328%
40	0.212%	0.401%
45	0.334%	0.505%
50	0.530%	0.665%
55	0.000%	0.000%

SCHEDULE SB ATTACHMENTS

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	4.5%
60-61	5.5%
62-64	8.5%
65	13.0% *
66-69	17.0% *
70	100.0%

* 100% for The Long Island Home

Benefit commencement date:

- Preretirement death benefit

Northwell Health and Mather formulas:

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

Northern Westchester and Peconic formulas:

Benefits are assumed to commence immediately upon death

The Long Island Home formula:

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

SCHEDULE SB ATTACHMENTS

- Deferred vested benefit

  Northwell Health and Peconic formulas:

  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.

  The Long Island Home and Mather formulas:

  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

  Northwell Health formulas:

  Participants with a Cash Balance formula benefit who are eligible for an immediate 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.

  All other formulas:

  Benefits are assumed to commence immediately upon termination of employment.

SCHEDULE SB ATTACHMENTS

Form of payment	Cash Balance, Plainview NYSNA, Staten Island, Northern Westchester and Peconic participants are assumed to elect a lump sum at the following rates: Current actives: 65% Current terminated vesteds: 55% 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 for current actives and 100% as an annuity for current terminated vesteds. All participants, other than Peconic, assumed to elect annuity forms of benefits as follows: Single: • 90% -- life • 10% -- 10-year certain and life Married: • 30% -- life • 35% -- 50% joint annuitant • 25% -- 100% joint annuitant • 10% -- 10-year certain and life Peconic participants assumed to elect annuity forms of benefits as follows: Single: • 100% -- life Married: • 40% -- life • 60% -- 50% joint annuitant
Percentage married	70% 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 two years younger than husband.

SCHEDULE SB ATTACHMENTS

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. • Huntington: The annual base pay rate increased by the salary scale. • Northern Westchester prior plan benefit: the annual pay rate as of May 1 of the valuation year.
Plan-related expenses	Expected administrative expenses of $7,130,000 were added to the Target Normal Cost for 2025. 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.

SCHEDULE SB ATTACHMENTS

Methods

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

SCHEDULE SB ATTACHMENTS

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.

Sources of Data and Other Information

The plan sponsor through its third party administrator furnished participant data as of January 1, 2025. 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, 2025 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.

2025 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 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	2,723,221,278
b Actuarial value	**2b**	2,621,244,061

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	6,154	992,921,468	992,921,468
b For terminated vested participants	9,864	319,157,624	319,157,624
c For active participants	26,190	1,312,623,367	1,333,601,076
d Total	42,208	2,624,702,459	2,645,680,168

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.39%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	96,901,896
b Expected plan-related expenses	**6b**	7,130,000
c Target normal cost	**6c**	104,031,896

Statement by Enrolled Actuary

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

SIGN HERE David B Gold DBG — Signature of actuary

09/14/2026 — Date

David B Gold — Type or print name of actuary

2604944 — Most recent enrollment number

Willis Towers Watson US LLC — Firm name

312-525-2475 — Telephone number (including area code)

PO Box 674401
Houston TX 77267 — 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	265,825,796
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	111,664,615
9	Amount remaining (line 7 minus line 8)	0	154,161,181
10	Interest on line 9 using prior year's actual return of 7.59%	0	11,700,834
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 5.20%		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	165,862,015

Part III Funding Percentages

14	Funding target attainment percentage	14	92.80%
15	Adjusted funding target attainment percentage	15	92.80%
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	95.60%
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
12/31/2025	50,000,000	0			
09/04/2026	70,000,000	0			
		Totals ► 18(b)	120,000,000	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	111,557,279

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	104,031,896
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	190,298,122	18,211,763
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**	122,243,659

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	83,748,462	83,748,462

36 Additional cash requirement (line 34 minus line 35)	**36**	38,495,197
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	111,557,279

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

a Total (excess, if any, of line 37 over line 36)	**38a**	73,062,082
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	73,062,082
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

(1)	(2)	(3)	(4)	(5)
Age (If Eligible)	*Rate of Retirement Qx*	*tPx*	*Number of Expected Retirements =(2) x (3)*	*Weighted Retirement Age =(1) x (4)*
55	0.0450	1.0000	0.0450	2.4750
56	0.0450	0.9550	0.0430	2.4066
57	0.0450	0.9120	0.0410	2.3393
58	0.0450	0.8710	0.0392	2.2733
59	0.0450	0.8318	0.0374	2.2084
60	0.0550	0.7944	0.0437	2.6214
61	0.0550	0.7507	0.0413	2.5185
62	0.0850	0.7094	0.0603	3.7384
63	0.0850	0.6491	0.0552	3.4759
64	0.0850	0.5939	0.0505	3.2309
65	0.1300	0.5434	0.0706	4.5920
66	0.1700	0.4728	0.0804	5.3046
67	0.1700	0.3924	0.0667	4.4696
68	0.1700	0.3257	0.0554	3.7651
69	0.1700	0.2703	0.0460	3.1710
70	1.0000	0.2244	0.2244	15.7063
	Weighted Average Retirement Age			64.30

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2025

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, 2024. The plan provisions for each formula group are summarized separately below.

Summary of Main Plan Provisions – Northwell Health Cash Balance

Plan Provisions

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

Covered Employees

All employees of Northwell Health with the exclusion of the following:

1. an employee hired or re-hired on or after July 1, 2018, unless such employee is a collectively bargained employee whose collective bargaining agreement provides for his or her participation in this Plan pursuant to the cash balance formula
2. an employee hired prior to July 1, 2018 by John T. Mather Memorial Hospital, Phelps Memorial Hospital Center, Northern Westchester Hospital Association or Peconic Bay Medical Center and is transferred to an employer on or after such date, unless such employee is a collectively bargained employee whose collective bargaining agreement provides for his or her participation in this Plan pursuant to the cash balance formula
3. a nurse employed by RegionCare, Inc. to perform nurse staffing services at an employer or an affiliate
4. a member of the house staff (i.e., a fellow, resident or intern), or a member of the house staff prior to July 1, 2018 who becomes a non-house staff Employee on or after that date whose terms of employment are not governed by a collective bargaining agreement
5. a Plainview Nurse eligible employee
6. prior to January 1, 2007, a Southside eligible employee
7. a Southside Nurse eligible employee or, on or after January 1, 2009, a nurse employed by Southside Hospital on a per diem basis

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.

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.

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.

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.

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.

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

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

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Summary of Main Plan Provisions – Plainview NYSNA

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

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

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

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

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

Benefits Paid Upon the Following Events

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

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Other Plan Provisions

Normal form of payment

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

Optional forms of payment

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

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• Lump sum	The participant may elect to receive a retirement benefit in the form of a lump sum only under one of the following circumstances: (a) Termination of employment on or after Normal Retirement Date (b) Termination of employment on or after January 1, 2004 on early retirement with the sum, using completed years, of age and Years of Service totalling at least 80 at Early Retirement Date and election to defers receipt of the retirement pension to Normal Retirement Date (c) Termination of employment on or after July 1, 1995 on early retirement and is at least age 62 with 25 years of service or the sum, using completed years of age and Years of Service totalling at least 80 and defers receipt of the retirement pension to age 62 (c) Termination of service on or after March 28, 2005 with the Actuarial Equivalent of the vested accrued pension in excess of $1,000 but not in excess of $5,000
• Social Security Level Income Option	Participants with a Central General prior plan benefit are also eligible for a Social Security Level Income Optional form.
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. Upon reaching the April 1 following attainment of age 70 ½, any active participant may commence payment of their benefit while remaining in active service. If otherwise allowed, a lump sum form of payment may be elected for such a commencement.
Plan participants' contributions	None

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

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Summary of Main Plan Provisions – South Shore

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

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

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

Non-Union

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

NYSNA

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

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

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

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

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

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

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Eligibility for Benefits

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

Benefits Paid Upon the Following Events

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

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

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

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

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Vested termination	Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 5 years of credited service, payable any time on or after age 55, but reduced as follows:

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

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

Other Plan Provisions

Normal form of payment

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

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Optional forms of payment

• Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
• Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66⅔%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life. A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.
• Certain and life income annuity	The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of 5, 10, 15 or 20 years (only a period of 10 years is available to NYSNA participants). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.
Small cashouts	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. Upon reaching the April 1 following attainment of age 70 ½, any active participant may commence payment of their benefit while remaining in active service. If otherwise allowed, a lump sum form of payment may be elected for such a commencement.
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.

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

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Summary of Main Plan Provisions – LIJ Valley Stream NYSNA

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

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

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	Effective December 31, 2024, for participants that terminate service on or after January 1, 2024, only compensation earned for years of credited service after January 1, 2012 will be included in average.
NYSNA Employee	An employee who is represented by the New York State Nurses Association.
Normal retirement date (NRD)	First day of the month coincident with or next following the later of the Participant's attainment of age 65 or completion of three years of service.
Pension benefit	From January 1, 2006 through June 30, 2008, LIJ Valley Stream NYSNA employees benefited under the Northwell Health Cash Balance benefit formula. Effective July 1, 2008: 1.6% of Career Average Compensation multiplied by years of Credited Service.
Actuarial equivalence	Unisex Pensioner's 1984 mortality table, set back 3 years for beneficiary, and 6% interest.

Eligibility for Benefits

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

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Benefits Paid Upon the Following Events

Normal retirement

Pension benefit determined as of NRD

Early retirement

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

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

All active NYSNA employees who are at least age 60 with 25 years of vesting service at termination are entitled to an unreduced benefit.

Vested termination

Normal retirement pension accrued to date of termination. This benefit is payable at age 65. If participant has completed 5 years of credited service, payable any time on or after age 55, but reduced as follows:

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

Disablement

Normal retirement pension accrued to date of disability. If the participant elects commencement of his benefit before age 65, the accrued benefit is reduced on the same basis as for early retirement.

Preretirement death

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

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Other Plan Provisions

Normal form of payment

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

Optional forms of payment

• Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
• Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 66⅔%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life. A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.
• Certain and life income annuity	The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of 10 years. If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.
Small cashouts	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. Upon reaching the April 1 following attainment of age 70 ½, any active participant may commence payment of their benefit while remaining in active service. If otherwise allowed, a lump sum form of payment may be elected for such a commencement.
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. Upon reaching the April 1 following attainment of age 70 ½, any active participant may commence payment of their benefit while remaining in active service. If otherwise allowed, a lump sum form of payment may be elected for such a commencement.
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 – 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.

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2025

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

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. Upon reaching the April 1 following attainment of age 70 ½, any active participant may commence payment of their benefit while remaining in active service. If otherwise allowed, a lump sum form of payment may be elected for such a commencement.
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%, 66⅔%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life. A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.
• Certain and life income annuity	The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of a specified period (5, 10, 15 or 20 years). If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.
• Certain only	The participant may elect to receive reduced monthly installments over a guaranteed period of 5 or 10 years. If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over.

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• Lump sum	The participant may elect to receive a retirement benefit in the form of a lump sum only under one of the following circumstances: a) Termination of employment on or after age 62 or elects to defer receipt of retirement pension to age 62. b) Termination of service with the Actuarial Equivalent of the vested accrued pension in excess of $1,000 but not in excess of $10,000.
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. Upon reaching the April 1 following attainment of age 70 ½, any active participant may commence payment of their benefit while remaining in active service. If otherwise allowed, a lump sum form of payment may be elected for such a commencement.
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 – 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:

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

Other Plan Provisions

Normal form of payment

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

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

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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. Upon reaching the April 1 following attainment of age 70 ½, any active participant may commence payment of their benefit while remaining in active service. If otherwise allowed, a lump sum form of payment may be elected for such a commencement.
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 Coe. 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.

SCHEDULE SB ATTACHMENTS

Normal Retirement

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

Opening Account Balance as of January 1, 2001:

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

Pay Credits:

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

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

SCHEDULE SB ATTACHMENTS

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

Interest Credits:

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

Annuity Conversion Rate:

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

Prior Plan Benefit Formula

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

The prior plan formula benefit is the sum of:

(i) 1.50% of Final Average Salary less .48% of Covered Compensation multiplied by Credited Service earned before January 1, 1993, plus 1.75% of Final Average Salary less .48% of Covered Compensation multiplied by Credited Service earned on or after January 1, 1993; plus

(ii) 1.00% of Final Average Salary multiplied by Credited Service in excess of 35 years. The maximum number of years of Credited Service that shall be taken into account under subparagraph (i) shall not exceed 35. The prior plan formula has a minimum benefit which is equal to $15.00 per month for each year of Minimum Benefit Service with the Hospital.

SCHEDULE SB ATTACHMENTS

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

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

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.

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.

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, 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.

SCHEDULE SB ATTACHMENTS

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. Upon reaching the April 1 following attainment of age 70 ½, any active participant may commence payment of their benefit while remaining in active service. If otherwise allowed, a lump sum form of payment may be elected for such a commencement.
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.

SCHEDULE SB ATTACHMENTS

Summary of Main Plan Provisions – The Long Island Home

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

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.

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.

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. Upon reaching the April 1 following attainment of age 70 ½, any active participant may commence payment of their benefit while remaining in active service. If otherwise allowed, a lump sum form of payment may be elected for such a commencement.
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.

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.

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.

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. Upon reaching the April 1 following attainment of age 70 ½, any active participant may commence payment of their benefit while remaining in active service. If otherwise allowed, a lump sum form of payment may be elected for such a commencement.
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.

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.

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

Plan Name:	Northwell Health Pension Plan
EIN / PN:	11-3418133/006
Plan Sponsor:	Northwell Health, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Eligibility for Benefits

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

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

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

Other Plan Provisions

Normal form of payment

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

SCHEDULE SB ATTACHMENTS

Optional forms of payment

• Single life annuity	The participant will be paid his or her benefit in monthly installments for the rest of the participant's lifetime. When he or she dies, no further benefits are payable on the participant's behalf under the Plan.
• Joint and survivor annuity	The participant may elect to take a reduced monthly pension for life so that when the participant dies, 50%, 75%, or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. If the beneficiary dies before the participant, but after benefit payments begin, the participant will continue to receive the reduced benefit for the remainder of his or her life. A participant who is married and wishes to elect a form other than a Joint and Survivor Annuity or wishes to choose a beneficiary other than a spouse, must obtain the spouse's written consent, witnessed by a notary public.
Certain and life income	The participant may elect to receive reduced monthly installments for life, with a guaranteed minimum of ten years. If the participant dies after retirement but before payments have been completed for the period, payments will continue to the beneficiary until the guaranteed period is over. If the participant survives this guaranteed period, the monthly benefit will continue to be paid for the remainder of his or her life. In this case, no further payments will be made after the participant's death.
Lump Sum	Single sum payment equal to the present value of normal retirement benefit if not more than $100,000 if the participant terminates employment on or after September 1, 2018.
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. Upon reaching the April 1 following attainment of age 70 ½, any active participant may commence payment of their benefit while remaining in active service. If otherwise allowed, a lump sum form of payment may be elected for such a commencement.
Plan participants' contributions	None

SCHEDULE SB ATTACHMENTS

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 $345,000 to $350,000.

Northwell adopted an amendment to the Northwell Health Pension Plan offering deferred vested participants a one-time limited opportunity to take an immediate lump sum of their pension benefit or an immediate annuity in December 2024.

As of December 31, 2024, for participants accruing a benefit under the LIJ Valley Stream formula that terminate service on or after January 1, 2024, their career average compensation period was changed from commencing in 2010 to commencing in 2012.

The provisions were changed to allow all participants, regardless of formula, to commence a benefit after April 1 following attainment of age 70 ½ while remaining in active service. If allowed by the benefit formula, this active commencement may be paid as a lump sum.

2025 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 2025 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, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	84,180,216	15.00000	84,180,216	7,849,000
2. Shortfall	01/01/2024	113,901,173	14.00000	106,117,906	10,362,763
Total				190,298,122	18,211,763

Plan Name: Northwell Health Pension Plan
EIN / PN: 11-3418133/006
Plan Sponsor: Northwell Health, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

- The cash balance interest crediting rate for Northwell benefit obligations was changed from 4.69% in 2024 and 4.14% thereafter to 4.32% in 2025 and 4.58% thereafter. The cash balance interest crediting rate for Northern Westchester Hospital benefit obligations was changed from 5.78% in 2024 and 5.46% thereafter to 4.83% in 2025 and 4.73% thereafter. The cash balance interest crediting rate for Peconic benefit obligations was changed from 4.87% in 2024 and 5.15% thereafter to 5.36% in 2025 and 5.63% thereafter.
- Termination, disability, retirement, spouse age difference, percent married, lump sum election percentage for current deferred participants and form of annuity payment assumptions were updated based on the experience study conducted in 2024.