

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> 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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <b>2018</b>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>	
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	<input type="checkbox"/>
<b>D</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information		
<b>1a</b> Name of plan	<u>THE NEW YORK COMMUNITY HOSPITAL OF BROOKLYN, INC. EMPLOYEES' PENSION PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶	<u>001</u>
		<b>1c</b> Effective date of plan	<u>01/01/1977</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	<u>THE NEW YORK COMMUNITY HOSPITAL OF BROOKLYN</u>  <u>2525 KINGS HIGHWAY</u> <u>BROOKLYN, NY 11229-1705</u>	<b>2b</b> Employer Identification Number (EIN)	<u>11-1986351</u>
		<b>2c</b> Plan Sponsor's telephone number	<u>718-692-5300</u>
		<b>2d</b> Business code (see instructions)	<u>622000</u>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/11/2019	JULIUS DERDIK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/11/2019	JULIUS DERDIK
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)  
v. 171027

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 125
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).  <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year .....  <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....  <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6a(1)</b> 68 <b>6a(2)</b> 73 <b>6b</b> 21 <b>6c</b> 34 <b>6d</b> 128 <b>6e</b> 2 <b>6f</b> 130 <b>6g</b> <b>6h</b> 0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

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

1A 3H

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

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

**a Pension Schedules**

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

<div>SCHEDULE SB (Form 5500)  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2018</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

<b>A</b> Name of plan THE NEW YORK COMMUNITY HOSPITAL OF BROOKLYN, INC. EMPLOYEES' PENSION PLAN	<b>B</b> Three-digit plan number (PN) 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE NEW YORK COMMUNITY HOSPITAL OF BROOKLYN	<b>D</b> Employer Identification Number (EIN) 11-1986351

<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500
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Part I Basic Information

<b>1</b> Enter the valuation date: Month 01 Day 01 Year 2018			
<b>2</b> Assets:			
<b>a</b> Market value.....	<b>2a</b>	11386806	
<b>b</b> Actuarial value .....	<b>2b</b>	10913521	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	22	3490704	3490704
<b>b</b> For terminated vested participants .....	35	1421153	1421153
<b>c</b> For active participants .....	76	6665802	6665802
<b>d</b> Total .....	133	11577659	11577659
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate.....	<b>5</b>	5.57 %	
<b>6</b> Target normal cost .....	<b>6</b>	565218	

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

<div>SIGN HERE</div>		09/10/2019
Signature of actuary		Date
NANCY B. GREEN		17-06800
Type or print name of actuary		Most recent enrollment number
ERNST & YOUNG LLP		212-773-2176
Firm name		Telephone number (including area code)
5 TIMES SQUARE NEW YORK, NY 10036-6350		
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
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b> Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b> Interest on line 9 using prior year's actual return of <u>-6.74</u> % .....	0	0
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38a from prior year) .....		743
<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.57</u> % .....		41
<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		784
<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b> Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

**Part III Funding Percentages**

<b>14</b> Funding target attainment percentage .....	<b>14</b>	94.26%
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	94.26%
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	99.56%
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....	<b>17</b>	%

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

(a) Date (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
04/13/2018	149929				
07/13/2018	149929				
10/15/2018	149929				
01/15/2019	149929				
07/24/2019	105000				
<b>Totals ▶</b>			<b>18(b)</b>	704716	<b>18(c)</b> 0

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

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	675257

**20** Quarterly contributions and liquidity shortfalls:

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

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

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:

1st segment:

3.92%

2nd segment:

5.52%

3rd segment:

6.29%

☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

4

**22** Weighted average retirement age .....**22**

66

**23** Mortality table(s) (see instructions)

Prior regulation:

☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Current regulation:

☐

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** Is the plan required to provide a Schedule of Active Participants? 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****29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....**29****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 6) .....**31a**

565218

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

0

**32** Amortization installments:

Outstanding Balance

Installment

**a** Net shortfall amortization installment .....

664138

109296

**b** Waiver amortization installment .....**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**

674514

Carryover balance

Prefunding balance

Total balance

**35** Balances elected for use to offset funding requirement.....

0

0

0

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

674514

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

675257

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

743

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

0

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

0

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

0

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ..... ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ..... ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

<b>SCHEDULE C</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110
		<b>2018</b>
		<b>This Form is Open to Public Inspection.</b>

For calendar plan year 2018 or fiscal plan year beginning **01/01/2018** and ending **12/31/2018**

<b>A</b> Name of plan <b>THE NEW YORK COMMUNITY HOSPITAL OF BROOKLYN, INC. EMPLOYEES' PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) <b>►</b> <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>THE NEW YORK COMMUNITY HOSPITAL OF BROOKLYN</b>	<b>D</b> Employer Identification Number (EIN) <b>11-1986351</b>

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

<b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation <b>THE VANGUARD GROUP, INC</b>  <b>23-1945930</b>
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<b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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<b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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<b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

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

VANGUARD FIDUCIARY TRUST COMPANY

23-2186884

(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 64 25 50	NONE	12703	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

**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)

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2018</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2018 or fiscal plan year beginning <b>01/01/2018</b> and ending <b>12/31/2018</b>		
<b>A</b> Name of plan <b>THE NEW YORK COMMUNITY HOSPITAL OF BROOKLYN, INC. EMPLOYEES' PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ►	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>THE NEW YORK COMMUNITY HOSPITAL OF BROOKLYN</b>	<b>D</b> Employer Identification Number (EIN) <b>11-1986351</b>	

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

Assets		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	29385	29385
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions.....	<b>1b(1)</b>	659456	254929
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other.....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....	<b>1c(1)</b>	720419	1154421
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other.....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common.....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property).....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans.....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities.....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>	10002764	9229667
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>		

		(a) Beginning of Year	(b) End of Year
<b>1d</b>	Employer-related investments:		
(1)	Employer securities .....	<b>1d(1)</b>	
(2)	Employer real property .....	<b>1d(2)</b>	
<b>e</b>	Buildings and other property used in plan operation .....	<b>1e</b>	
<b>f</b>	Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	11412024 10668402
<b>Liabilities</b>			
<b>g</b>	Benefit claims payable .....	<b>1g</b>	
<b>h</b>	Operating payables .....	<b>1h</b>	
<b>i</b>	Acquisition indebtedness .....	<b>1i</b>	
<b>j</b>	Other liabilities .....	<b>1j</b>	
<b>k</b>	Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	0 0
<b>Net Assets</b>			
<b>l</b>	Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	11412024 10668402

**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.

		(a) Amount	(b) Total
<b>a</b>	<b>Contributions:</b>		
(1)	Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	704716
	<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	
	<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>	
(2)	Noncash contributions .....	<b>2a(2)</b>	
(3)	Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>	704716
<b>b</b>	<b>Earnings on investments:</b>		
(1)	Interest:		
	<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	17107
	<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>	
	<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>	
	<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>	
	<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>	
	<b>(F)</b> Other .....	<b>2b(1)(F)</b>	
	<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>	17107
(2)	Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>	
	<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	
	<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	272044
	<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>	272044
(3)	Rents .....	<b>2b(3)</b>	
(4)	Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	
	<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	
	<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>	0
(5)	Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....	<b>2b(5)(A)</b>	
	<b>(B)</b> Other .....	<b>2b(5)(B)</b>	
	<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-1027059
c Other income.....	2c		
d Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		-33192

**Expenses**

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	697728	
(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)		697728
f Corrective distributions (see instructions) .....	2f		
g Certain deemed distributions of participant loans (see instructions) .....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	12702	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other .....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		12702
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		710430

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d .....	2k		-743622
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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: **BKD, LLP**

(2) EIN: **44-0160260**

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

**b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....	<b>4c</b>		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....	<b>4d</b>		X	
<b>e</b> Was this plan covered by a fidelity bond? .....	<b>4e</b>	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>4f</b>		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....	<b>4g</b>		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....	<b>4h</b>		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....	<b>4i</b>	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) .....	<b>4j</b>	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....	<b>4k</b>		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>4l</b>		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>4m</b>			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....	<b>4n</b>			

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

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

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

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☒ Yes ☐ No ☐ Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4169800. (See instructions.)

<b>SCHEDULE R</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Retirement Plan Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2018</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

<b>A</b> Name of plan <u>THE NEW YORK COMMUNITY HOSPITAL OF BROOKLYN, INC. EMPLOYEES' PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>THE NEW YORK COMMUNITY HOSPITAL OF BROOKLYN</u>	<b>D</b> Employer Identification Number (EIN) <u>11-1986351</u>

<b>Part I</b>	<b>Distributions</b>
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All references to distributions relate only to payments of benefits during the plan year.

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....	<b>1</b>	<u>0</u>
<b>2</b> 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): <u>23-2186884</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<u>5</u>

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
<b>5</b> 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.			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>		
<b>c</b> 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) .....	<b>6c</b>		
If you completed line 6c, skip lines 8 and 9.			
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box .....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Schedule R (Form 5500) 2018  
v. 171027

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

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

**a** The current year.....

**b** The plan year immediately preceding the current plan year.....

**c** The second preceding plan year.....

**14a****14b****14c**

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

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**b** The corresponding number for the second preceding plan year.....

**15a****15b**

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

**a** Enter the number of employers who withdrew during the preceding plan year.....

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16a****16b**

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

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

- 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) through (c)

- a** Enter the percentage of plan assets held as:

Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):



**New York Community Hospital of Brooklyn, Inc.  
Employees' Pension Plan**

EIN # 11-1986351 PN 001

Financial Statements and Auditor's Report

December 31, 2018 and 2017



**New York Community Hospital of Brooklyn, Inc.**  
**Employees' Pension Plan**  
**December 31, 2018 and 2017**

**Contents**

<b>Independent Auditor's Report .....</b>	<b>1</b>
---	----------

**Financial Statements**

Statements of Net Assets Available for Benefits.....	3
Statements of Changes in Net Assets Available for Benefits.....	4
Notes to Financial Statements .....	5

**Supplemental Schedules**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year).....	13
Schedule H, Line 4j – Schedule of Reportable Transactions .....	14

## Independent Auditor's Report

Plan Administrator  
New York Community Hospital of Brooklyn, Inc.  
Employees' Pension Plan  
Brooklyn, New York

### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of New York Community Hospital of Brooklyn, Inc. Employees' Pension Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2018 and the related statement of changes in net assets available for benefits for the year then ended and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in *Note 3*, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of December 31, 2018 and for the year then ended, that the information provided to the Plan Administrator by the trustee is complete and accurate.

***Disclaimer of Opinion***

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

***Prior Year Disclaimer of Opinion by Other Auditors***

Other auditors were engaged to audit the financial statements of the Plan as of and for the year ended December 31, 2017, whose report dated October 10, 2018, disclaimed an opinion on those financial statements as a result of the omission of certain audit procedures at the request of management, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*.

***Other Matter***

The supplemental schedules, (1) Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and (2) Schedule H, Line 4j – Schedule of Reportable Transactions as of and for the year ended December 31, 2018, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974* and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedules.

***Report on Form and Content in Compliance with the Department of Labor Rules and Regulations***

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*.

*BKD, LLP*

New York, New York  
October 10, 2019

**New York Community Hospital of Brooklyn, Inc.**  
**Employees' Pension Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2018 and 2017**

	<u>2018</u>	<u>2017</u>
<b>Assets</b>		
Investments, at fair value		
Mutual funds	\$ 9,229,667	\$ 10,002,764
Money market fund	<u>1,154,421</u>	<u>720,419</u>
Total investments	10,384,088	10,723,183
Contributions receivable - employer	254,929	659,456
Cash - non-interest-bearing	<u>29,385</u>	<u>29,385</u>
Total assets	<u>10,668,402</u>	<u>11,412,024</u>
<b>Net Assets Available for Benefits</b>	<u><u>\$ 10,668,402</u></u>	<u><u>\$ 11,412,024</u></u>

**New York Community Hospital of Brooklyn, Inc.**  
**Employees' Pension Plan**  
**Statements of Changes in Net Assets Available for Benefits**  
**Years Ended December 31, 2018 and 2017**

	<u>2018</u>	<u>2017</u>
<b>Investment Income (Loss)</b>		
Net appreciation (depreciation) in fair value of investments	\$ (1,027,059)	\$ 1,006,490
Interest income	17,107	3,291
Dividend income	<u>272,044</u>	<u>208,480</u>
Total investment income (loss)	(737,908)	1,218,261
<b>Contributions</b>		
Employer	<u>704,716</u>	<u>659,456</u>
Total additions	<u>(33,192)</u>	<u>1,877,717</u>
<b>Deductions</b>		
Benefits paid to participants	697,728	587,465
Administrative expenses	<u>12,702</u>	<u>12,466</u>
Total deductions	<u>710,430</u>	<u>599,931</u>
<b>Net Increase (Decrease)</b>	(743,622)	1,277,786
<b>Net Assets Available for Benefits</b>		
Beginning of Year	<u>11,412,024</u>	<u>10,134,238</u>
End of Year	<u><u>\$ 10,668,402</u></u>	<u><u>\$ 11,412,024</u></u>

**New York Community Hospital of Brooklyn, Inc.**  
**Employees' Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2018 and 2017**

**Note 1: Description of Plan**

***General***

The following brief description of the New York Community Hospital of Brooklyn, Inc. Employees' Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan document for more complete information. The Plan, established January 1, 1977, is a noncontributory defined benefit pension plan sponsored by New York Community Hospital of Brooklyn, Inc. (NYCH). The Plan covers substantially all the sponsor's employees. It is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). The Plan was amended and restated effective January 1, 2012 to comply with the qualification requirements under the Internal Revenue Code, as amended, and qualification requirements identified for Cycle A Plans in the 2012 Cumulative List issued by the Internal Revenue Service in Notice 2012-76.

All employees are eligible to participate and become members in the Plan on the January 1st of the year nearest attainment of 18 months of service (which incorporated at least 1,000 hours over a 12-month period) and the employee age 20 1/2.

***Pension Benefits***

Under the Plan, a participant is eligible for normal retirement benefits upon the later of attaining age 65 or the completion of 5 years of service. The normal retirement benefit for employees is an annual amount equal to 1 percent of the participant's average final compensation (the average of the highest 5 consecutive years of participation within the full 10 consecutive years of participation immediately preceding retirement), multiplied by the years of benefit service up to 30 years. The minimum normal or delayed retirement benefit cannot be less than \$100 per month. The maximum compensation used in the calculation of retirement benefits was \$275,000 for 2018 and \$270,000 for 2017.

If a participant terminates employment before their normal retirement date, the participant's benefit is calculated as 1 percent of average final compensation (the average of the highest 5 consecutive years of participation within the 10 full consecutive years of participation immediately preceding termination), multiplied by the years of service the participant would have accumulated if he remained employed until normal retirement date, limited to 30 years, and then multiplied by the ratio of the participant's years of participation at termination date to years of participation he would have accumulated if he remained employed until normal retirement date.

***Death and Disability Benefits***

A participant's beneficiary is eligible for death benefits if the participant dies in active service, or while accruing service, while disabled or if the participant dies after retiring or after terminating with entitlement to a vested benefit, but in either case before the participant's benefit payments commence. The death benefits will be payable to the participant's beneficiary for life if the beneficiary is a surviving spouse unless the spouse elects the benefit paid in the form of a lump sum. All other beneficiaries are paid out in the form of lump sum payment.

**New York Community Hospital of Brooklyn, Inc.**  
**Employees' Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2018 and 2017**

***Funding Policy***

The Plan's funding policy is for NYCH to contribute an amount which will meet or exceed the annual minimum funding requirements of the *Employee Retirement Income Security Act of 1974* (ERISA). During 2018, New York Community Hospital of Brooklyn contributed \$704,716 to the Plan. For 2017, NYCH contributed \$659,456 to the Plan. Although it has not expressed any intention to do so, the Company has the right under the Plan to freeze or terminate the Plan subject to provisions set forth in ERISA.

**Note 2: Summary of Significant Accounting Policies**

***Basis of Accounting***

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

***Use of Estimates***

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

***Administrative Expenses***

Trustee fees and clerical fees are paid from Plan assets. Fees paid to Vanguard Fiduciary Trust Company for investment management services are paid by the Plan as a reduction of return. Actuary, accounting and insurance fees are paid by the Plan Sponsor.

***Payment of Benefits***

Benefit payments to participants are recorded upon distribution.

***Investment Valuation and Income Recognition***

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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



**New York Community Hospital of Brooklyn, Inc.**  
**Employees' Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2018 and 2017**

***Subsequent Events***

Subsequent events have been evaluated through October 10, 2019, which is the date the financial statements were available to be issued.

***Revisions***

Certain immaterial revisions have been made to the 2017 financial statements regarding investment classifications. These revisions did not have a significant impact on the financial statement line items impacted.

**Note 3: Certification of Vanguard Fiduciary Trust Company**

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Vanguard Fiduciary Trust Company, the trustee of the Plan, has certified the following information included in the accompanying financial statements and supplemental schedules is complete and accurate:

- Investments as shown in the statements of net assets available for benefits as of December 31, 2018 and 2017
- Investment income as shown in the statements of changes in net assets available for benefits for the year ended December 31, 2018 and 2017
- Investment information included in the accompanying schedule of assets (held at end of year) as of December 31, 2018 and schedule of reportable transactions for the year ended December 31, 2018

The Plan's independent auditors did not perform auditing procedures with respect to this information except for comparing such information included in the financial statements and supplemental schedules.

**Note 4: Disclosures About Fair Value of Plan Assets and Liabilities**

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. The hierarchy comprises three levels of inputs that may be used to measure fair value:

**Level 1** Quoted prices in active markets for identical assets or liabilities

**New York Community Hospital of Brooklyn, Inc.**  
**Employees' Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2018 and 2017**

**Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities

**Level 3** Unobservable inputs supported by little or no market activity and that are significant to the fair value of the assets or liabilities

***Recurring Measurements***

Following is a description of the valuation methodology used for assets measured at fair value. There has been no change in the methodology used at December 31, 2018 and 2017.

*Mutual funds:* Valued at the net asset value (NAV) of shares held by the Plan at year end. The mutual funds held by the Plan are deemed to be actively traded.

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

The following table sets forth by level, within the fair value hierarchy, the plan assets at fair value as of December 31, 2018 and 2017:

	<b>2018</b>		<b>2017</b>	
	<b>Level 1</b>	<b>Total</b>	<b>Level 1</b>	<b>Total</b>
Mutual funds	<u>\$ 9,229,667</u>	<u>\$ 9,229,667</u>	<u>\$ 10,003,034</u>	<u>\$ 10,003,034</u>
Investments reported on the fair value hierarchy	<u>\$ 9,229,667</u>	9,229,667	<u>\$ 10,003,034</u>	10,003,034
Cash equivalents		<u>1,154,421</u>		<u>720,149</u>
Total investments		<u>\$ 10,384,088</u>		<u>\$ 10,723,183</u>

**New York Community Hospital of Brooklyn, Inc.**  
**Employees' Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2018 and 2017**

**Note 5: Actuarial Present Value of Accumulated Plan Benefits and Significant Actuarial Assumptions**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of employees who have died; and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation and credited service. The accumulated plan benefits for active employees are based on their compensation during the five years ending on the valuation date. Benefits payable under all circumstances – retirement, death, disability and termination of employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary, Ernst & Young LLP, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The last actuarial valuation occurred as of January 1, 2018. There is no impact to the actuarial valuation for one-day measurement date differential. At that date, there were 76 active participants, 57 participants who retired or terminated. As of the actuarial valuation as of January 1, 2017, there were 82 active participants, 49 participants who retired or terminated.

Accumulated plan benefits at January 1, 2018 and for the year then ended were as follows:

Vested benefits	
Participants currently receiving payments	\$ 3,320,660
Other participants	<u>8,646,665</u>
	11,967,325
Nonvested benefits	<u>-</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 11,967,325</u></u>

\* At December 31, 2018, the actuarial value of accumulated plan benefits at January 1, 2018 exceeded the Plan's net assets available for benefits by \$1,298,923. At December 31, 2017, the plan's net assets available for benefits exceeded the Plan's actuarial value of accumulated plan benefits at January 1, 2017 by \$615,499.

**New York Community Hospital of Brooklyn, Inc.**  
**Employees' Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2018 and 2017**

The increase during the year ended January 1, is attributable to:

	<u><b>2018</b></u>
Change in discount period	\$ 735,195
Benefits paid	(587,465)
Change in actuarial assumptions	234,603
Benefits accumulated net of gains/losses	<u>788,467</u>
Net increase	1,170,800
Actuarial present value of accumulated plan benefits, beginning of year	<u>10,796,525</u>
Actuarial present value of accumulated plan benefits, end of year	<u><u>\$ 11,967,325</u></u>

The significant actuarial assumptions used in the January 1, 2018 and 2017 valuations were:

Mortality table	RP-2014 White Collar Mortality Table with MP-2014 mortality improvements removed back to 2006, and projected generationally after 2006 using Scale MP-2018 for January 1, 2018 and scale MP-2017 for January 1, 2017
Retirement	Weighted average retirement age of 65.5 for 1/1/18 and 1/1/17
Discount rate	7% for 2018 and 2017
Long term rate of return	7% for 2018 and 2017

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

**Note 6: Plan Termination**

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Benefits attributable to employee contributions, taking into account those paid out before termination

**New York Community Hospital of Brooklyn, Inc.**  
**Employees' Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2018 and 2017**

- b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations discussed below
- d. All other vested benefits (that is, vested benefits not insured by the PBGC)
- e. All nonvested benefits

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

**Note 7: Related-Party Transactions and Party-in-Interest Transactions**

Plan assets include money market mutual funds and other mutual funds managed by Vanguard Fiduciary Trust Company, the Plan's trustee. Investment management services fees paid to the trustee for investment management services were included as a reduction of the return earned. Trustee fees of \$5,265 and \$7,437 of clerical fees for 2018 and \$5,038 of trustee fees and \$7,428 of clerical fees for 2017 were paid to the trustee out of Plan assets. These transactions qualify as party-in-interest transactions. These party-in-interest transactions are deemed to be "exempt" from prohibited transaction rules as defined by Department of Labor regulations.

**New York Community Hospital of Brooklyn, Inc.**  
**Employees' Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2018 and 2017**

**Note 8: Risks and Uncertainties**

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

Contributions are made and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**Note 9: Tax Status**

The Plan has received a determination letter from the Internal Revenue Service dated December 23, 2014 stating that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax. The Plan Administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

## **Supplemental Schedules**

**New York Community Hospital of Brooklyn, Inc.  
Employees' Pension Plan**

EIN # 11-1986351 PN 001

**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)  
December 31, 2018**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Number of Shares		
	<b>Mutual Funds</b>			
	Neuberger Berman High Income Bond FD CL R6	95,451	\$ 870,110	\$ 766,470
*	Vanguard Intermediate-Term Treasury Fund Admiral	153,040	1,726,800	1,671,199
*	Vanguard Short-Term Treasury Fund Admiral	51,476	550,508	538,957
*	Vanguard Reit Index Fund Inst	6,978	707,494	737,664
*	Vanguard Emerging Markets Stock Index Inst	13,840	470,050	439,552
*	Vanguard Developed Markets Index Fund Inst	156,093	2,026,806	1,866,868
*	Vanguard iShares North American Natural Resources	24,813	926,275	674,418
*	Vanguard Total Stock Market Inst Plus Shares	40,820	1,873,553	2,534,539
	Total mutual funds		9,151,596	9,229,667
	<b>Cash Equivalents</b>			
*	Vanguard Prime Money Market Fund	1,154,421	1,154,421	1,154,421
	Total assets held for investment purposes at end of year - Form 5500, Schedule H		\$ 10,306,017	\$ 10,384,088

\* Party-in-interest to the Plan, as defined by ERISA.



**New York Community Hospital of Brooklyn, Inc.  
Employees' Pension Plan**

EIN # 11-1986351 PN 001

**Schedule H, Line 4j – Schedule of Reportable Transactions  
Year Ended December 31, 2018**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Sale Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
	Number of Shares							
<b>Single Transactions</b>								
Vanguard Real Estate Index Fund Inst	43,523	\$ -	\$ 790,720	\$ -	\$ -	\$ 707,700	\$ 790,720	\$ 83,020
Vanguard Real Estate Index Fund Admiral	6,737	707,700	-	-	-	707,700	707,700	-
Vanguard Treasury Money Market Fund	659,456	659,456	-	-	-	659,456	659,456	-
Vanguard Developed Markets Index Fund Admiral	152,012	1,973,796	-	-	-	1,973,797	1,973,797	-
Vanguard Developed Markets Index Fund Inst Plus	97,113	-	2,190,562	-	-	1,973,797	2,190,562	216,765
Vanguard Total Stock Market Inst Plus Shares	21,446	-	2,683,922	-	-	1,833,649	2,683,922	850,273
Vanguard Total Stock Market Index Fund Admiral	40,222	1,833,649	-	-	-	1,833,649	1,833,649	-
<b>Series of Transactions</b>								
Vanguard Real Estate Index Fund Inst	43,523	-	790,720	-	-	707,700	790,720	83,020
Vanguard Treasury Money Market Fund	1,127,326	1,127,326	-	-	-	1,127,326	1,127,326	-
Vanguard Treasury Money Market Fund	710,431	-	710,431	-	-	710,431	710,431	-
Vanguard Developed Markets Index Fund Inst Plus	97,113	-	2,190,562	-	-	1,973,797	2,190,562	216,765
Vanguard Total Stock Market Inst Plus Shares	21,446	-	2,683,922	-	-	1,833,649	2,683,922	850,273

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment 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

**2018****This Form is Open to Public  
Inspection**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

<b>A</b> Name of plan THE NEW YORK COMMUNITY HOSPITAL OF BROOKLYN, INC. EMPLOYEES' PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶ 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE NEW YORK COMMUNITY HOSPITAL OF BROOKLYN	<b>D</b> Employer Identification Number (EIN) 11-1986351
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>			
<b>2</b> Assets:			
<b>a</b> Market value.....	<b>2a</b>	11,386,806	
<b>b</b> Actuarial value.....	<b>2b</b>	10,913,521	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	22	3,490,704	3,490,704
<b>b</b> For terminated vested participants.....	35	1,421,153	1,421,153
<b>c</b> For active participants.....	76	6,665,802	6,665,802
<b>d</b> Total.....	133	11,577,659	11,577,659
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>		
<b>5</b> Effective interest rate.....	<b>5</b>	5.57%	
<b>6</b> Target normal cost.....	<b>6</b>	565,218	

**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.

<b>SIGN HERE</b>	<u>NBG</u>	<u>9/10/2019</u>
	Signature of actuary	Date
NANCY B. GREEN	Type or print name of actuary	1706800
		Most recent enrollment number
ERNST & YOUNG LLP	Firm name	212-773-2176
		Telephone number (including area code)
5 TIMES SQUARE		
NEW YORK NY 10036-6530	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.****Schedule SB (Form 5500) 2018  
v. 171027**

<b>Part II</b>	<b>Beginning of Year Carryover and Prefunding Balances</b>
----------------	--

	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b> Amount remaining (line 7 minus line 8).....	0	0
<b>10</b> Interest on line 9 using prior year's actual return of <u>13.01%</u> .....	0	0
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38a from prior year).....		92
<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.74%</u> .....		5
<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		97
<b>d</b> Portion of (c) to be added to prefunding balance.....		0
<b>12</b> Other reductions in balances due to elections or deemed elections.....		0
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

<b>Part III</b>	<b>Funding Percentages</b>
-----------------	----------------------------

<b>14</b>	Funding target attainment percentage .....	<b>14</b>	94 . 26 %
<b>15</b>	Adjusted funding target attainment percentage.....	<b>15</b>	94 . 26 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	99 . 56 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....	<b>17</b>	%

## Part IV Contributions and Liquidity Shortfalls

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

(a) Date (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
04/13/2018	149,929	0			
07/13/2018	149,929	0			
10/15/2018	149,929	0			
01/15/2019	149,929	0			
07/24/2019	105,000	0			

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

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b>	675,257

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 66
<b>23</b> Mortality table(s) (see instructions)	Prior regulation:	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute
	Current regulation:	<input type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

**Part VI Miscellaneous Items**

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

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

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

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

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6) .....	<b>31a</b>	565,218	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	664,138	109,296	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	674,514	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	674,514	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	675,257	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	743	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

<b>41</b> If an election was made to use PRA 2010 funding relief for this plan:	
<b>a</b> Schedule elected .....	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years
<b>b</b> Eligible plan year(s) for which the election in line 41a was made .....	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011

**New York Community Hospital of Brooklyn, Inc.**  
**Employees' Pension Plan**  
**EIN# 11-1986351 Plan# 001**

**Attachment to 2018 Form 5500**  
**Schedule SB, line 22 – Description of Weighted Average Retirement Age**

(1) Assumed Retirement Age	(2) Expected Number of Actives	(3) Probability of Retirement	(4) Expected Number of Retirees	(5) = (1) x (4)
65	100,000	50.00%	50,000	3,250,000
66	50,000	100.00%	50,000	<u>3,300,000</u>
Total			100,000	6,550,000
Weighted Average of Assumed Retirement Age: (Sum of column (5)/Sum of column (4))				65.5

**New York Community Hospital of Brooklyn, Inc.  
Employees' Pension Plan  
EIN# 11-1986351 Plan# 001**

**Attachment to 2018 Form 5500  
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**

**Economic Assumptions**

<b>Effective interest rate</b>	5.57% per year
<b>1st segment rate</b>	3.92% per year
<b>2nd segment rate</b>	5.52% per year
<b>3rd segment rate</b>	6.29% per year
<b>Salary increases</b>	3.50% for 2018
<b>Expenses</b>	Expected administrative expenses of \$12,000 were added to the Target Normal Cost.

**Demographic Assumptions**

**Mortality**                      Generational Mortality Table for annuitants and non-annuitants determined in accordance with IRC §430(h)(3) and regulations thereunder, reflecting the option under §1.430(h)(3)-1(f)(2) to use the former methodology in effect prior to 2018.

**Retirement Incidence**                      The assumed rates of retirement are as follows:

<u>Age</u>	<u>Rate</u>
65	50%
66	100

**Turnover Incidence**                      Illustrative rates of withdrawal are shown below:

<u>Age</u>	<u>Rate</u>
25	13.6%
30	10.1
35	7.9
40	6.5
45	5.5
50	4.5
55	3.4
60	2.0

**Marital Status**                      100% of participants are assumed to be married.

**Form of Benefit**                      80% of participants are assumed to elect a lump sum and 20% are assumed to elect an annuity.

**New York Community Hospital of Brooklyn, Inc.**  
**Employees' Pension Plan**  
**EIN# 11-1986351 Plan# 001**

**Attachment to 2018 Form 5500**  
**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**  
**(continued)**

**Actuarial Methods**

**Actuarial Cost Method**

Unit Credit Cost Method--Under this method a projected benefit is determined at every age at which a participant could receive a benefit. This benefit is based on accrued service and current pay. Different benefits will be calculated in accordance with the plan provisions for the different decrements. The accrued liability is determined by discounting the benefits to which the employee is expected to become eligible with interest from the payment date to the valuation date. The normal cost is the difference between the accrued liability determined as if the participant had an additional year of service and compensation increase, and the otherwise calculated accrued liability.

**Asset Method**

Plan assets are based on the average of the market value on the valuation date and the market values on the two prior valuation dates adjusted for contributions, benefit payments, administrative expenses and expected investment earnings between the prior valuation dates and the current valuation date. The expected earnings adjustment rate is determined as the lesser of the expected rate of return on plan assets and the applicable limitation (the third segment rate used in the calculation of the Funding Target) for the year. The actuarial value of assets cannot be lower than 90% or greater than 110% of the fair market value of plan assets including receivable contributions as of the valuation date.

**Interest Rates for Funding Target**

The interest rates used for determining the Funding Target are the IRS 24-month average segment rates as adjusted to reflect the interest stabilization provisions of MAP-21, HATFA and BBA 2015. The applicable month for the determination of the segment rates is September of the prior plan year.

**Employees Valued**

All active and inactive participants are included in this valuation.

**Benefits Valued**

To the best of our knowledge, all benefits have been included in the liabilities, in accordance with the actuarial assumptions.

**Section 415 Limits**

Benefits were limited in accordance with section 415(b).

**Events and Trends Not Included**

We are not aware of any event or trend which has occurred that would have a material impact on this valuation.

**New York Community Hospital of Brooklyn, Inc.  
Employees' Pension Plan  
EIN# 11-1986351 Plan# 001**

**Attachment to 2018 Form 5500  
Schedule SB, Part V – Summary of Plan Provisions**

<b>Original Effective Date</b>	January 1, 1977, as amended and restated January 1, 2012.
<b>Plan Year</b>	January 1 to December 31.
<b>Participation Date</b>	January 1 nearest the attainment of age 20.5 and the completion of 18 months of service provided employee has completed 1,000 hours of service during any Applicable Computation Period.
<b>Years of Service</b>	One full year granted for each year from date of hire in which participant completes 1,000 hours of service. 190 hours of service are credited for each month in which an employee completes at least one day.
<b>Participation Service</b>	Years of Service measured from the Participation Date.
<b>Annual compensation</b>	W-2 earnings. No compensation over the 401(a)(17) limit is recognized.
<b>Final Average Compensation</b>	The average of the highest 5 consecutive years of service within the full 10 consecutive years of service immediately preceding retirement.
<b>Normal retirement:</b>	
<b>Eligibility</b>	The first day of the month coinciding with or next following the later of age 65 or the completion of 5 Years of Service.
<b>Amount</b>	1% times Final Average Earnings times Years of Service at Normal Retirement Date subject to a maximum of 30 years. In no event shall the Normal Retirement Benefit be less than \$100 per month.
<b>Deferred retirement:</b>	
<b>Eligibility</b>	The first day of the month following separation from service after Normal Retirement Date.
<b>Amount</b>	1% times Final Average Earnings times Years of Service at the Deferred Retirement Date subject to a maximum of 30 years. In no event shall the Deferred Retirement Benefit be less than \$100 per month.
<b>Termination:</b>	
<b>Eligibility</b>	Termination with vested rights.
<b>Amount</b>	1% times Final Average Earnings times Years of Service at Normal Retirement Date subject to a maximum of 30 years, multiplied by the ratio of Participation Service at date of termination to anticipated Participation Service at Normal Retirement Date. Benefit is payable commencing at Normal Retirement Date. Alternatively, the participant may elect to receive the benefit in the form of a lump sum or actuarially reduced immediate annuity at an earlier date.



**New York Community Hospital of Brooklyn, Inc.  
Employees' Pension Plan  
EIN# 11-1986351 Plan# 001**

**Attachment to 2018 Form 5500  
Schedule SB, Part V – Summary of Plan Provisions  
(continued)**

<b>Vesting schedule</b>	Members are 100% vested upon entry into the plan.
<b>Pre-retirement death:</b>	
<b>Eligibility</b>	Death of a participant prior to commencing retirement benefits or making a valid benefit election under the plan.
<b>Amount</b>	Lump sum equivalent of the accrued benefit payable upon the death of the participant. Surviving spouses are entitled to a Preretirement Survivor Annuity in the amount that would have been payable had the participant retired and immediately commenced receiving a retirement benefit on the day before the participant's death with the Statutory Joint and Survivor Annuity in effect.
<b>Normal form of payment:</b>	
<b>Non-Married</b>	Life annuity with 10 years certain.
<b>Married</b>	50% Joint and Survivor, actuarially reduced.
<b>Optional Forms</b>	Life Annuity Joint and Survivor (50%, 66-2/3%, 75% or 100%) Certain and Continuous Annuity (60 or 120 months) Lump Sum
<b>Actuarial Equivalence</b>	For determining annuities commencing prior to normal retirement and optional forms of annuity: 6% interest and the 1971 Group Annuity Mortality Table for males. For determining lump sums: The applicable interest rate and mortality table under IRC Section 417(e) with the applicable interest rate determined for the second calendar month preceding the beginning of the plan year.

**New York Community Hospital of Brooklyn, Inc.**  
**Employees' Pension Plan**  
**EIN# 11-1986351 Plan# 001**

**Attachment to 2018 Form 5500**  
**Schedule SB, line 26 – Schedule of Active Participant Data**

	YEARS OF CREDITED SERVICE										
Attained Age	0 to 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
	Avg. No. Comp	Avg. No. Comp	Avg. No. Comp	Avg. No. Comp	Avg. No. Comp	Avg. No. Comp	Avg. No. Comp	Avg. No. Comp	Avg. No. Comp	Avg. No. Comp	Avg. No. Comp
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	1	1	0	0	0	0	0	0	0	0	2
30 to 34	2	2	1	1	0	0	0	0	0	0	6
35 to 39	2	2	1	0	0	0	0	0	0	0	5
40 to 44	0	3	3	0	2	0	0	0	0	0	8
45 to 49	0	4	1	2	0	0	0	0	0	0	7
50 to 54	2	5	4	3	1	0	1	0	0	0	16
55 to 59	0	3	2	0	1	0	1	0	0	0	7
60 to 64	1	6	3	3	4	1	0	1	0	0	19
65 to 69	0	0	2	2	2	0	0	0	0	0	6
70 & up	0	0	0	0	0	0	0	0	0	0	0
	8	26	17	11	10	1	2	1	0	0	76

New York Community Hospital of Brooklyn, Inc.  
Employees' Pension Plan  
EIN# 11-1986351 Plan# 001

Attachment to 2018 Form 5500  
Schedule SB, line 32 – Schedule of Amortization Bases

<u>Type of</u> <u>Amortization</u> <u>Base</u>	<u>Date</u> <u>Established</u>	<u>Remaining</u> <u>Years</u>	<u>Present Value</u> <u>of</u> <u>Remaining</u> <u>Installments</u>	<u>Amortization</u> <u>Installment</u>
Shortfall	1/1/2017	6	\$ 39,990	\$ 7,404
Shortfall	1/1/2018	7	<u>624,148</u>	<u>101,892</u>
<b>Total</b>			<b>\$ 664,138</b>	<b>\$ 109,296</b>

**New York Community Hospital of Brooklyn, Inc.  
Employees' Pension Plan**

EIN # 11-1986351 PN 001

**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)  
December 31, 2018**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		<u>Number of Shares</u>		
	<b>Mutual Funds</b>			
	Neuberger Berman High Income Bond FD CL R6	95,451	\$ 870,110	\$ 766,470
*	Vanguard Intermediate-Term Treasury Fund Admiral	153,040	1,726,800	1,671,199
*	Vanguard Short-Term Treasury Fund Admiral	51,476	550,508	538,957
*	Vanguard Reit Index Fund Inst	6,978	707,494	737,664
*	Vanguard Emerging Markets Stock Index Inst	13,840	470,050	439,552
*	Vanguard Developed Markets Index Fund Inst	156,093	2,026,806	1,866,868
*	Vanguard iShares North American Natural Resources	24,813	926,275	674,418
*	Vanguard Total Stock Market Inst Plus Shares	40,820	<u>1,873,553</u>	<u>2,534,539</u>
	Total mutual funds		9,151,596	9,229,667
	<b>Cash Equivalents</b>			
*	Vanguard Prime Money Market Fund	1,154,421	<u>1,154,421</u>	<u>1,154,421</u>
	Total assets held for investment purposes at end of year - Form 5500, Schedule H		<u>\$ 10,306,017</u>	<u>\$ 10,384,088</u>

\* Party-in-interest to the Plan, as defined by ERISA.

**New York Community Hospital of Brooklyn, Inc.  
Employees' Pension Plan**

EIN # 11-1986351 PN 001

**Schedule H, Line 4j – Schedule of Reportable Transactions  
Year Ended December 31, 2018**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Sale Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
	Number of Shares							
<b>Single Transactions</b>								
Vanguard Real Estate Index Fund Inst	43,523	\$ -	\$ 790,720	\$ -	\$ -	\$ 707,700	\$ 790,720	\$ 83,020
Vanguard Real Estate Index Fund Admiral	6,737	707,700	-	-	-	707,700	707,700	-
Vanguard Treasury Money Market Fund	659,456	659,456	-	-	-	659,456	659,456	-
Vanguard Developed Markets Index Fund Admiral	152,012	1,973,796	-	-	-	1,973,797	1,973,797	-
Vanguard Developed Markets Index Fund Inst Plus	97,113	-	2,190,562	-	-	1,973,797	2,190,562	216,765
Vanguard Total Stock Market Inst Plus Shares	21,446	-	2,683,922	-	-	1,833,649	2,683,922	850,273
Vanguard Total Stock Market Index Fund Admiral	40,222	1,833,649	-	-	-	1,833,649	1,833,649	-
<b>Series of Transactions</b>								
Vanguard Real Estate Index Fund Inst	43,523	-	790,720	-	-	707,700	790,720	83,020
Vanguard Treasury Money Market Fund	1,127,326	1,127,326	-	-	-	1,127,326	1,127,326	-
Vanguard Treasury Money Market Fund	710,431	-	710,431	-	-	710,431	710,431	-
Vanguard Developed Markets Index Fund Inst Plus	97,113	-	2,190,562	-	-	1,973,797	2,190,562	216,765
Vanguard Total Stock Market Inst Plus Shares	21,446	-	2,683,922	-	-	1,833,649	2,683,922	850,273