Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

 Complete all entries in accordance with the instructions to the Form 5500. OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I										
For cale	calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017									
A This	return/report is for:	ployer plan (Filers checking this imployer information in accordan								
		y)	,							
B This	return/report is:	/report								
	*	onths)								
C If the plan is a collectively-bargained plan, check here.										
D Chec	k box if filing under:	X Form 5558	automatic exter	nsion	the DFVC program					
		special extension (enter description)							
Part I	Basic Plan Info	rmation—enter all requested information	on							
	ne of plan	ER HSRP RETIREMENT PLAN			1b Three-digit plan number (PN) ▶ 003					
					1c Effective date of plan 01/01/1970					
Mail City	n sponsor's name (emplo ing address (include roor or town, state or provinc	2b Employer Identification Number (EIN) 13-1740114								
MONTER	FIORE MEDICAL CENTE	R			2c Plan Sponsor's telephone number 212-956-8340					
	ROADWAY, BUILDING A OWN, NY 10591				2d Business code (see instructions) 622000					
Caution	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.									
Under pe	enalties of perjury and oth	ner penalties set forth in the instructions, levell as the electronic version of this return	declare that I have	examined this return/report inclu	iding accompanying schedules					
SIGN	Filed with authorized/val	id electronic signature.	10/12/2018	PAUL KELLER						
HERE	Signature of plan adm	inistrator	Date	Enter name of individual signing as plan administrator						
SIGN										
HERE	Signature of employer	/plan sponsor	Date	Enter name of individual signin	g as employer or plan sponsor					
				or marriadal significant	g as simpleyer or plain spolisor					
SIGN										
HERE	Signature of DFE		Date	Enter name of individual sizai-	a co DEE					
Eas Dans	- grander of brid		Date	Enter name of individual signing	y as DFE					

3a		5500 (2017)		,	Page 2		
	Plan admir	istrator's name and address 🗴 S	Same as Plan Sponsor			3b Ad	dministrator's EIN
							dministrator's telephone umber
4	If the name	and/or EIN of the plan sponsor or	the plan name has shared a	in a shart a	45.45	41	D
•	enter the pl	an sponsor's name, EIN, the plan	4b EIN				
c	Sponsor's r Plan Name	4d Pi	4d PN				
5	Total numb	er of participants at the beginning	of the plan year			5	639
6	Number of 6a(2), 6b, 6	participants as of the end of the place, and 6d).	an year unless otherwise state	ed (welfare pla	ns complete only lines 6a(1),		
a(1) Total nur	nber of active participants at the b	eginning of the plan year			6a(1)	161
a(2	2) Total nur	nber of active participants at the e	nd of the plan year			6a(2)	142
b	Retired or s	eparated participants receiving be	nefits			6b	271
C	Other retired	d or separated participants entitled	I to future benefits	•••••		6с	200
d	Subtotal. Ac	d lines 6a(2) , 6b , and 6c				6d	613
е	Deceased p	articipants whose beneficiaries are	e receiving or are entitled to re	ceive benefits		6e	18
f	Total. Add I	ines 6d and 6e				6f	631
g	Number of p	articipants with account balances	as of the end of the plan year	(only defined	contribution plans	6g	
						1 1	
	less than 10	articipants who terminated employ		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	. 6h	0
,	Enter the tot	0% vestedal number of employers obligated	to contribute to the plan (only	multiemployer	plans complete this item)	7	
la b	less than 10 Enter the tot If the plan pr 1A 3H If the plan pr	0% vestedal number of employers obligated ovides pension benefits, enter the ovides welfare benefits, enter the	to contribute to the plan (only applicable pension feature co	multiemployer des from the I es from the Li	plans complete this item) List of Plan Characteristics Code st of Plan Characteristics Code	es in the ins	nstructions:
b	less than 10 Enter the tot If the plan pr 1A 3H If the plan pr	0% vestedal number of employers obligated ovides pension benefits, enter the	to contribute to the plan (only applicable pension feature co	multiemployer des from the I es from the Li	plans complete this item)	es in the ins	nstructions:
b b	less than 10 Enter the tot If the plan pr 1A 3H If the plan pr Plan funding (1)	20% vested	to contribute to the plan (only applicable pension feature co	multiemployer des from the Li es from the Li	plans complete this item) List of Plan Characteristics Code st of Plan Characteristics Code	es in the instant at apply)	nstructions: structions;
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b b	less than 10 Enter the tot If the plan pr 1A 3H If the plan pr Plan funding (1) X (2) (3) X (4)	20% vested	to contribute to the plan (only applicable pension feature coapplicable welfare feature code)	multiemployer des from the Lie es from the Lie 9b Plan be (1) (2) (3) (4)	plans complete this item) plans complete this item) plant of Plan Characteristics Code st of Plan Characteristics Code nefit arrangement (check all the lineurance Code section 412(e)(3) X Trust General assets of the section complete the section complete the section continue to	es in the instant at apply) insurance ponsor	nstructions: structions:
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Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
2520.	plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 101-2.)
11b Is the	plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)
Recei	the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the pt 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 pt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)
Rece	ipt Confirmation Code

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Form 5500 (2017)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

OMB No. 1210-0110

2017

6059 of the This Form is Open to Public Inspection

Pension behalf Guaranty Corporation	File as	an attachment to For	m 5500 or	5500.SE		•	rapection
For calendar plan year 2017 or fiscal plan	n year beginning	01/01/201		and endi	na	12/	31/2017
Round off amounts to nearest dollar					Section & Commission of Section 2		7272027
Caution: A penalty of \$1,000 will be a	assessed for late filing of	f this report unless reas	onable car	use is establishe	ed.		
A Name of plan				B Three-d	igit		
MONTEFIORE MEDICAL CENT	ER HSRP RETIREN	MENT PLAN		plan nur	nber (Pi	003	
Plan sponsor's name as shown on line	2a of Form 5500 or 550	00-SF		D Employer	Identific	ation Number (CIAN
MONTEFIORE MEDICAL CENTE				13-174		enon ranninet (EIN)
Type of plan: Single Multiple-A	Multiple-B	F Prior year	olan size:	100 or fewer	101-	500 X More t	han 500
Part I Basic Information							
1 Enter the valuation date:	Month 1 Da	ay 1 Year	2017	NT FAN STORMONIA (Document)			
2 Assets:				The second secon	***************************************		
a Market value	*******************************		************		2a		25, 296, 27
b Actuarial value	******************************	***********************		**************	2b		26, 458, 05
Funding target/participant count brea		and and the company of the company o	pai	Number of rticipants		sted Funding Target	(3) Total Funding Target
a For retired participants and benefic			-	201	10	678,269	10,678,269
b For terminated vested participants				273	5	.034.699	5.034.699
C For active participants			The second second second	161		486,459	7,285,752
d Total				635		,199,427	22,998,720
" The prest is it is that attends, thete to			lane lane				CALLED THE RESIDENCE OF THE PROPERTY OF THE PR
a Funding target disregarding prescri	ibed at-risk assumptions			P4780E09240EEEEEE	4a		
b Funding target reflecting at-risk ass	sumptions, but disregard	ing transition rule for pl	ans that ha	eve been in	4b		
at-risk status for fewer than five con Effective interest rate	iseculive years and dish	egarding loading factor	****************				
Target normal cost	111000000000000000000000000000000000000	######################################	**************	2100004100100101001010	5		5.92%
tement by Enrolled Actuary		999447888888889888898889999999999999999	**************	****************	0		611,107
To the best of my knowledge, the information supplies	ed in this schedule and accompa	mying schedules, statements a	nd attachment	s, if any, is complete	and accurs	nte Each prescribed	assumption was applied in
combination, offer my best estimate of anticipates ex	perience under he plan.	ar is residuable (raining into ac	count the expe	Mence of the plan an	d reasonat	le expectations) and	such other assumptions, in
SIGN /	1/1/					1 /	
HERE /	X				9	1/3/19	f .
Sign	ature of actuary			The second secon		Date	
GRANT ELMAN						17-04914	1
	orint name of actuary				Most re	cent enrollmen	NAME OF TAXABLE PARTY.
SI CONSULTING GROUP					(212)949-1	344
	Firm name			Tele	ephone r	umber (includir	ng area code)
O FIFTH AVENUE SUITE 37	00						
W YORK		NY 10118					
Add	dress of the firm						
ne actuary has not fully reflected any regul tructions	lation or ruling promulga	ted under the statute in	completin	g this schedule,	check th	ne box and see	

	art II	Beginning of Yea	ar Carryo	ver and Prefunding I	Balances								
~	0-1			· Control of the cont		(a)	Carryover balance	e	(b) F	refund	ding balance		
7	year)	it beginning of prior year	r after appli	cable adjustments (line 13 (rom prior		1,192	2,566			3,650,40		
8	Portion ele	ected for use to offset p	orior year's fi	unding requirement (line 35	from prior								
9					2,566								
9 Amount remaining (line 7 minus line 8)										-	3,650,40		
11											19748		
	a Present value of excess contributions (line 38a from prior year)									11400			
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of6.10%									114286			
				edule SB, using prior year's							69715		
	retu	m	***************	11345444444444444444444444									
	C Total ava	illable at beginning of cu	rrent plan ye	ar to add to prefunding balan	ce					and the same of th	1212584		
	d Portion	of (c) to be added to pro	efunding bal	lance	411::0000000000000000000000000000000000								
12	Other redu	ctions in balances due	to elections	or deemed elections							1212584		
	4.14.0010003776.0037	The state of the s	THE RESERVE OF THE PARTY OF THE	line 10 + line 11d - (ine 12)	MATERIAL PROPERTY AND ADDRESS OF THE PARTY O		1,257	094		-	E0.60470		
	art III	Funding Percen			And the constitution		1,231	,004		2-247772-1-3	5060478		
14	Funding ta	The second secon		******				-		14	07 570		
15	Adjusted fu	inding target attainmen	t percentage				dres17887751317131713171317131713171317131713171	************	***************************************	15	87.57%		
16	Prior year's	funding percentage fo	r purposes o	of determining whether carr	vover/orefun	ding balanc	as may be used to	raduan	numeral .	16	93.03%		
17	If the curre	nt value of the assets o	f the plan is	less than 70 percent of the	funding targ	et, enter su	ch percentage.	**************		17	93.03%		
	art IV	Contributions as								-	/0		
18													
	Contribution	ns made to the plan for			oyees:								
	Contribution (a) Date IM-DD-YYY	(b) Amount	the plan ye	ar by employer(s) and empl (c) Amount paid by employees	oyees: (a) [(MM-DD		(b) Amount pa				nt paid by		
(N	(z) Date	Y) (b) Amount employs	the plan ye	ar by employer(s) and empl (c) Amount paid by	(a) [-YYYY)	employer(s)		Amour emplo			
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	Part V	Assumpti	ione Head to De	tormine	Eundine Tourst on		4.00	-		The state of the latest to the state of the			The second second
2		rt V Assumptions Used to Determine Funding Target and Target Normal Cost											
_		Samuel											
	4.16			%				ent: %		N/A, full yield curve used			
	b Applic	able month (er			5.72 % 6.48				1b	had			
2	2 Weighter	d average retin	ement age			*********			22		-		
2	Weighted average retirement age Mortality table(s) (see instructions) Prescribed - combined Prescribed - senarate								-				6
-				11080	nibed - corribined	Presc	cribed - separate	U S	ubstitu	ute	- Inagenera		
PRINCIPAL		Miscellane											
24	Has a ch	ange been ma	de in the non-prescri	bed actuar	ial assumptions for the cu	rrent pl	an year? If "Yes," se	e instr	ction	s regarding	requin	ad	
-	attachme	nt	94.16.18.38.88.88.46.886.898.68.68.88.1 × + + +		*******************************								X No
25	Has a me	thod change b	sen made for the cui	ment plan	year? If "Yes," see instruc	tions re	ette berivoer oniman	chmos	•				
26	le the alex	a samuland to u	and a substant				Second todoller am	HIID	L	114941141140404040	L	Yes	M No
-	is the bidi	required to p	rovide a Schedule of	Active Par	rticipants? If "Yes," see in	structio	ns regarding required	dattaci	men		[3	Yes	No
27	If the plan	is subject to a	skemative funding rul	les, enter a	pplicable code and see in	structio	ons regarding	1 2	7				
ic.	art VII	Dece	A\$ \$ R R		pprocess some and see in	*********	900000000077000000100000100401104						
28		Reconcilia	tion of Unpaid I	Minimun	n Required Contrib	utions	For Prior Years	5	- 40 400				
29	Oisseunts	nimum require	ed contributions for al	f prior year	8 00,400,600,500,500,600,600,600,600,600,600,6	+04004444		2	8				(
23	(line 19s).	a employer co	ntributions allocated	toward unp	paid minimum required co	ntributio	ons from prior years	29					the Marie Towns Co. Supple of the
30	Remaining	amount of un	pald minimum neguir	ad contribu	utions (line 28 minus line 2	·····	6-y	4	+				(
P	art VIII	Minimum E	Pagetined Cantal	bardle e F	Source (into 20 minus into a	(9)	\$45740804140 6 04055100 90 468445544	30					(
31	Terret no	manufaction of	excess assets (see in	button F	or Current Year								
	h Evenes	Dillian Cost (nice	B 0)				00004000_4400004+1006001004740011	31	a			61	1,107
22	American	on installments	cable, but not greater	than line :	31a		2-401M4P4:00000+++40006807+440156	31	b				0
36					<u> </u>		Outstanding Bala	ence		1	nstallm	ent	
	a Net shor	Itali amortizatio	on installment	841-8964464		*******						ALCO DE PRINCIPAL DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACT	
20	D Waiver a	mortization in	stallment	44.504.4000.04.4	-440;-572p=111;22p1117-156700;120004p2+424p						ACCORDING NO.		
33	(Month	has been appr	roved for this plan year	ar, enter th	e date of the ruling letter	granting	the approval	33			and the second second	A CONTRACTOR OF THE PARTY OF TH	
24	-	The same of the sa	Year .) and the walved amoun	ıt	P300060300010001000000000000000000000000]					
34	i otal fundii	ng requirement	i before reflecting car	rryover/pre	funding balances (lines 3	la - 31t	+ 32a + 32b - 33)	34				611	,107
					Carryover balance		Prefunding balar	100	T	To	tal bala	The second second second	
35	Balances e	lected for use	to offset funding						-				
			**************************										0
36	Additional o	ash requireme	ent (line 34 minus line	35)	1498-4881-481-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4			36	_			611	,107
37	Contribution	ns allocated to	ward minimum requir	ed contribu	ution for rument wear selle	nt least te	to the same and the same		_			UZZ	1101
one of the last of	100/	**************	********************	FFF70UF5258478011			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	37			1	, 466	,920
			ontributions for curre					(Control of the State)					
A STATE OF THE PARTY OF THE PAR	a Total (exc	ess, if any, of	line 37 over line 36).		**************************************	*********		38a	T			855	,813
	D Portion in	cluded in line 3	38a attributable to us	e of prefun	ding and funding standard	carryo	ver balances	38b					0
39	Unpaid mini	mum required	contribution for curre	mt year (e)	cess, if any, of line 36 ove	ar line 3	171	39	+				0
HU .	Unpaid mini	mum required	contributions for all y	ears	00641080144141-20100140100000000000000000000000			40	-				0
Par	IX F	ension Fu	nding Relief Un	der Pen	sion Relief Act of 2	010 (5	ee Instructions						U
11	f an election	was made to	use PRA 2010 fundir	na relief for	this plan:	1							
		The second secon		NAME OF TAXABLE PARTY.					bard memoran				
-	Eligible of	in vestal land	distribution of matter the state of the stat	Ima 6.5	12000000000000000000000000000000000000				Contraction of the last	plus 7 year	l-ul	15 year	manage and the same
2	ment of	~ . lear(s) IOLA	which the election in I	III6 478 WE	s made	07000011040	***********************	[]	2008	2009	2010	201	1
3	ware let	tereration adju	usunent		\$ \$ 0 : \$ 5 4			42					
COLUMN TWO	acess instal	iment accelera	ation amount to be ca	arried over	to future plan years			43	1				