

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>NEW YORK PRESBYTERIAN HOSPITAL COLUMBIA UNIVERSITY MEDICAL CENTER NEW YORK STATE NURSES ASSOCIATION RETIREE MEDICAL PLAN AND TRUST</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRUSTEE NY PRES HOSP COLUM UNIV MED CTR NY ST NURSES ASSO RET MED PLAN</u></p> <p><u>466 LEXINGTON AVE</u> <u>NEW YORK, NY 10022</u></p>	<p>1c Effective date of plan <u>07/01/2008</u></p> <p>2b Employer Identification Number (EIN) <u>80-0496512</u></p> <p>2c Plan Sponsor's telephone number <u>212-585-6557</u></p> <p>2d Business code (see instructions) <u>622000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2025	RICHARD EINWECHTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	4364
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	3818
	6a(2)	3909
	6b	520
	6c	75
	6d	4504
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4Q

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

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

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

(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)

BASC 26301 CURTIS-WRIGHT PARKWAY
SUITE 105
RICHMOND HEIGHTS, OH 44143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	46597	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)

BDO USA, P.C.

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	40338	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)

PRINCIPAL 510 N VALLEY MILLS DRIVE
SUITE 400
WACO, TX 76710-6075

(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?
19 49 50	NONE	17730	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SEGAL SELECT INSURANCE SERVICES INC

333 WEST 34TH STREET
NEW YORK, NY 10001-2417

(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?
23 31 49 50	NONE	13283	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"/>

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan NEW YORK PRESBYTERIAN HOSPITAL COLUMBIA UNIVERSITY MEDICAL CENTER NEW YORK STATE NURSES ASSOCIATION RETIREE MEDICAL PLAN AND TRUST	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEE NY PRES HOSP COLUM UNIV MED CTR NY ST NURSES ASSO RET MED PLAN	D Employer Identification Number (EIN) 80-0496512

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	47902	123622
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	5950	5494
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6062	5626
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	19469433	19969855
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	19529347	20104597
Liabilities			
g Benefit claims payable.....	1g	937550	1054096
h Operating payables.....	1h	50577	52738
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	988127	1106834
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	18541220	18997763

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	338	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		338
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	587317	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		587317
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		1433582
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2021237

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1445575	
(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)		1445575
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	46597	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	40338	
(5) Investment advisory and investment management fees	2i(5)	13283	
(6) Bank or trust company trustee/custodial fees	2i(6)	17240	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1661	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		119119
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1564694

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		456543
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **BDO USA, P.C.**

(2) EIN: **13-5381590**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

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

**New York Presbyterian Hospital
Columbia University Medical Center/
New York State Nurses Association
Retiree Medical Plan and Trust**

Financial Statements and
ERISA-Required Supplemental Schedules
Years Ended December 31, 2024 and 2023

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.



**New York Presbyterian Hospital
Columbia University Medical Center/
New York State Nurses Association
Retiree Medical Plan and Trust**

Financial Statements and ERISA-Required Supplemental Schedules
Years Ended December 31, 2024 and 2023

**New York Presbyterian Hospital
Columbia University Medical Center/New York State Nurses Association
Retiree Medical Plan and Trust**

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Independent Auditor's Report

The Plan Trustees
New York Presbyterian Hospital
Columbia University Medical Center/New York State Nurses Association
Retiree Medical Plan and Trust
New York, New York

Opinion

We have audited the financial statements of the New York Presbyterian Hospital Columbia University Medical Center/New York State Nurses Association Retiree Medical Plan and Trust (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America (GAAP).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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



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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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



Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

BDO USA, P.C.

September 12, 2025

**New York Presbyterian Hospital
Columbia University Medical Center/New York State Nurses Association
Retiree Medical Plan and Trust**

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2024	2023
Assets		
Investments, at fair value (Notes 2 and 4)	\$ 19,969,855	\$ 19,469,433
Cash	129,248	53,964
Prepaid expenses	5,494	5,950
Total Assets	20,104,597	19,529,347
Liabilities		
Accounts payable and accrued expenses	52,738	50,577
Net Assets Available for Benefits	\$ 20,051,859	\$ 19,478,770

See accompanying notes to financial statements.

**New York Presbyterian Hospital
Columbia University Medical Center/New York State Nurses Association
Retiree Medical Plan and Trust**

Statements of Changes in Net Assets Available for Benefits

<i>Year ended December 31,</i>	2024	2023
Additions		
Investment income:		
Net appreciation in fair value of investments (Note 4)	\$ 1,433,582	\$ 1,841,658
Dividends and interest	587,655	578,499
Total Investment Income	2,021,237	2,420,157
Deductions		
Benefits paid directly to participants	1,329,029	1,103,462
Investment management fees	17,730	16,490
Administrative expenses	101,389	97,060
Total Deductions	1,448,148	1,217,012
Net Increase	573,089	1,203,145
Net Assets Available for Benefits, beginning of year	19,478,770	18,275,625
Net Assets Available for Benefits, end of year	\$ 20,051,859	\$ 19,478,770

See accompanying notes to financial statements.

New York Presbyterian Hospital Columbia University Medical Center/New York State Nurses Association Retiree Medical Plan and Trust

Notes to Financial Statements

1. Description of Plan

The following description of the New York Presbyterian Hospital Columbia University Medical Center/New York State Nurses Association Retiree Medical Plan and Trust (the Plan) provides only general information. Detailed information regarding governance of the Voluntary Employees' Beneficiary Association (VEBA) and its rules and powers are contained in the Agreement and Declaration of Trust (Plan Document) and the Collective Bargaining Agreement (CBA) between New York Presbyterian Hospital Columbia University Medical Center (NYPH) and New York State Nurses Association (NYSNA), as defined below. The details of the vesting and benefit provisions are contained in the CBA and the Plan Document and may be obtained from the Plan administrator, who also maintains a Summary Plan Description (SPD).

General

The Plan was formed effective July 1, 2008 to provide reimbursement for qualifying medical expenses as deductible under Internal Revenue Code (IRC) Section 213 for eligible former employees of NYPH, who were represented by NYSNA in a CBA. The Plan is a defined contribution plan funded through a VEBA established under Section 501(c)(9) of the IRC, as amended. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

A former employee who retires from NYPH employment may be eligible to receive benefits from the VEBA if he/she has attained age 65; has been previously employed by NYPH as a registered nurse for at least 20 years on a full-time equivalent basis in or out of a position covered by the current (or predecessor) CBA; was regularly employed full-time in a position covered by the current (or a predecessor) CBA for at least five years immediately prior to the attainment of age 60; separated from service with NYPH and is not receiving equivalent benefits from another source on or after attaining age 60; separated from service with NYPH on or after July 1, 2008; and is not suspended from active participation pursuant to the Agreement and Declaration of Trust (Trust Agreement). A spouse or dependent of a participant or of an eligible employee is not eligible for benefits under the Plan unless such individual is, in his or her own right, an eligible employee or a participant.

Contributions

NYPH makes monthly contributions into the Plan. The rate and amount of the employer contribution is governed by the CBA in force between NYPH and NYSNA, together with any amendments, supplements, or modifications thereto. Contributions are calculated on a monthly basis for all eligible employees employed with NYPH in the preceding month. By agreement, NYPH is not liable for any costs beyond the annual contribution set forth in the CBA. As per the amended CBA, the employer began contributing at a rate of \$775, per eligible employee from January 1, 2016 through March 31, 2019. On April 1, 2019, the employer's obligation to contribute to the VEBA was suspended in full for 48 months. Effective April 1, 2023, the employer's obligation to contribute to the VEBA was suspended for an additional full 38 months. Unless otherwise agreed, effective June 1, 2026, the employer will contribute to the VEBA \$775 per year multiplied by the number of full-time employees.

Participant Accounts

The benefit to which a participant is entitled to is limited to the annual benefit cap and the value of the Plan's assets.

**New York Presbyterian Hospital
Columbia University Medical Center/New York State Nurses Association
Retiree Medical Plan and Trust**

Notes to Financial Statements

Non-Vesting

The benefits provided by the Plan are not guaranteed or vested, and an active participant will be reimbursed for qualified medical expenses if, and only if, there remain adequate funds in the Trust at the time the claim for reimbursement is made.

Plan Benefits

The Board of Trustees (the Trustees) has determined that active participants will be eligible to receive reimbursement of their qualified medical expenses in the least of the following amounts:

- In the amount of the active participants' qualified medical expenses.
- In the amount of the then-current value of the active participants' individual accounts, as determined pursuant to the Trust Agreement.
- Such maximum reimbursement amount as may be determined annually in advance of the forthcoming Plan year by the Trustees and communicated to active participants and to those inactive participants expected to become active participants in the forthcoming Plan year. If there is a disagreement among the Trustees regarding the maximum reimbursement level for the forthcoming Plan year, no reimbursements beyond \$1,000 per active participant shall be made in that year until the disagreement has been resolved.
- The maximum annual reimbursement was \$4,250 for 2024 and 2023.

Forfeitures

If an eligible employee separates from service before attaining age 60 or if a participant dies, the balance in his or her account will be forfeited as of the December 31 coinciding with or immediately following the separation or death, and will first be used to pay the expenses and taxes, if any, of the Trust, as provided in the Trust Agreement, and any remaining amount will then be added to the amount available for allocation to the remaining participants' accounts. There were no forfeitures for the years ended December 31, 2024 and 2023.

Administrative Expenses

All administrative expenses are paid for and recognized by the Plan.

2. Summary of Significant Accounting Policies

Basis of Presentation

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

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**New York Presbyterian Hospital
Columbia University Medical Center/New York State Nurses Association
Retiree Medical Plan and Trust**

Notes to Financial Statements

Payment of Benefits

Benefits are recorded when paid.

Cash

Cash deposits with financial institutions are denominated in U.S. dollars. Deposits may exceed the amounts insured by the Federal Deposit Insurance Corporation in the U.S.

Risks and Uncertainties

The Plan provides for various investment options in any combination of funds offered by the Plan. These funds are exposed to various risks, such as interest rate, market, and credit. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits. As of December 31, 2024 and 2023, three investments comprise 99.59% and 99.95% of total net assets available for benefits, respectively.

Accounting for Uncertainty in Income Taxes

Under Accounting Standards Codification (ASC) 740-10, *Income Taxes*, a plan must recognize the tax benefit associated with tax positions taken for tax return purposes when it is more likely than not that the position will not be sustained upon examination by a taxing authority. The Plan has filed for and received income tax exemptions in the jurisdictions where it is required to do so. For the years ended December 31, 2024 and 2023, there were no interest or penalties recorded or included in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Valuation of Investments and Income Recognition

Financial instruments are carried at fair value. ASC 820-10, *Fair Value Measurement*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date in a principal or most advantageous market (an exit price). Fair value is a market-based measurement that is determined based on inputs, which refer broadly to assumptions that market participants use in pricing assets or liabilities. These inputs can be readily observable, market corroborated, or unobservable. ASC 820 establishes a fair value hierarchy, which prioritizes the inputs to valuation techniques used to measure fair value in three broad levels. Assessing the significance of a particular input may require judgment considering factors specific to the asset or liability and may affect the valuation of the asset or liability and their placement within the fair value hierarchy. The Plan classifies fair value balances based on the fair value hierarchy, as follows:

Level 1 - Valuations are based on unadjusted quoted prices in active markets for identical assets or liabilities. Valuation adjustments and block discounts are not applied to Level 1 instruments.

Level 2 - Valuations are based on quoted prices in markets that are not active or for which all significant inputs are observable, either directly or indirectly.

Level 3 - Valuations are based on inputs that are unobservable and significant to the overall fair value measurement.

**New York Presbyterian Hospital
Columbia University Medical Center/New York State Nurses Association
Retiree Medical Plan and Trust**

Notes to Financial Statements

The asset or liability’s fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Interest income is recognized when earned. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan’s gains and losses on investments bought and sold, as well as held, during the year. Purchases and sales of securities are recorded on a trade-date basis.

3. Tax Status

The Trust has been operating as a VEBA trust exempt from federal income tax under the provisions of IRC Section 501(c)(9). The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status of the Trust. The Trustees believe the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believe the related Trust is tax-exempt.

There was no unrelated business income for 2024 or 2023. In addition, the Plan has not taken a tax position that would require provisions of a liability under ASC 740-10 (see Note 2).

4. Fair Value Measurements

The Plan’s assets and liabilities recorded at fair value have been categorized based upon a fair value hierarchy, in accordance with ASC 820-10. See Note 2 for a discussion of the Plan’s policies regarding this hierarchy.

There have been no changes in the methodologies used at December 31, 2024 and 2023. A description of the valuation techniques applied to the Plan’s major categories of assets measured at fair value is as follows:

Mutual Funds - Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end.

The following tables present the level within the fair value hierarchy at which the Plan’s financial assets are measured on a recurring basis:

December 31, 2024

	Level 1	Level 2	Level 3	Total
Investments in the fair value hierarchy:				
Mutual funds	\$ 19,969,855	\$ -	\$ -	\$ 19,969,855

December 31, 2023

	Level 1	Level 2	Level 3	Total
Investments in the fair value hierarchy:				
Mutual funds	\$ 19,469,433	\$ -	\$ -	\$ 19,469,433

The Plan had no financial assets or financial liabilities that were measured at fair value on a non-recurring basis during the years ended December 31, 2024 and 2023. There were no transfers between levels during the years ended December 31, 2024 and 2023.

**New York Presbyterian Hospital
Columbia University Medical Center/New York State Nurses Association
Retiree Medical Plan and Trust**

Notes to Financial Statements

5. Plan Benefit Obligations

Plan obligations for claims payable include qualified medical expenses incurred in the current Plan year and reimbursed and paid subsequent to year-end. Total claims payable for 2024 and 2023 amounted to \$1,054,096 and \$937,550, respectively.

The following table presents the changes in the Plan's benefit obligations:

<i>December 31,</i>	2024	2023
Amounts Currently Payable		
Balance, beginning of year	\$ 937,550	\$ 801,360
Claims reported and approved for payment	1,445,575	1,239,652
Claims paid	(1,329,029)	(1,103,462)
Balance, end of year	\$ 1,054,096	\$ 937,550

6. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for Plan benefits per the financial statements to Form 5500:

<i>December 31,</i>	2024	2023
Net Assets Available for Benefits, per financial statements	\$ 20,051,859	\$ 19,478,770
Claims payable	(1,054,096)	(937,550)
Net Assets Available for Benefits, per Form 5500	\$ 18,997,763	\$ 18,541,220

The following is a reconciliation of benefits paid per the financial statements to Form 5500:

<i>Year ended December 31,</i>	2024	2023
Benefits Paid, per financial statements	\$ 1,329,029	\$ 1,103,462
Amounts previously payable	(937,550)	(801,360)
Amounts currently payable	1,054,096	937,550
Benefits Paid, per Form 5500	\$ 1,445,575	\$ 1,239,652

7. Plan Termination

NYPH shall cease to make contributions to the Trust when it is no longer obligated pursuant to a CBA. The Trust Agreement may be terminated at any time by the Trustees and upon such termination, the Trust assets shall be paid out by the Plan administrator as and when directed by the Trustees, in accordance with the terms of the Trust Agreement.

**New York Presbyterian Hospital
Columbia University Medical Center/New York State Nurses Association
Retiree Medical Plan and Trust**

Notes to Financial Statements

8. Related Party Transactions

Certain Plan investments are managed by the custodian, Principal Bank. Any purchases and sales of these funds are performed in the open market at fair value and qualify as party-in-interest transactions. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

9. Subsequent Events

The Plan has performed subsequent events procedures through September 12, 2025, which is the date the financial statements were available to be issued. There were no subsequent events requiring adjustment to the financial statements.

ERISA-Required Supplemental Schedules

**New York Presbyterian Hospital
Columbia University Medical Center/New York State Nurses Association
Retiree Medical Plan and Trust**

**Schedule H (Form 5500), Line 4(i) - Schedule of Assets (Held at End of Year)
EIN: 80-0496512 Plan No.: 501**

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
Interest-Bearing Cash				
*	Principal Deposit Sweep Program	Interest rate: 3.04%	\$ -	\$ 5,626
Mutual Funds				
	Pimco Low Duration Fund Class I	886,113 shares. There is no maturity date, rate of interest, collateral, par, or maturity value.	8,847,095	8,196,545
	Vanguard Total International Stock Index Fund	149,000 shares. There is no maturity date, rate of interest, collateral, par, or maturity value.	3,983,186	4,721,810
	Vanguard Total Stock Market Index Fund	50,000 shares. There is no maturity date, rate of interest, collateral, par, or maturity value.	2,305,898	7,051,500
Total Mutual Funds			15,136,179	19,969,855
Total			\$ 15,136,179	\$ 19,975,481

* Denotes a party-in-interest to the Plan, as described by ERISA.

**New York Presbyterian Hospital
Columbia University Medical Center/New York State Nurses Association
Retiree Medical Plan and Trust**

Schedule H (Form 5500), Line 4(j) - Schedule of Reportable Transactions

EIN: 80-0496512

Plan No.: 501

Year ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expenses Incurred	Cost of Asset		
** Category (iii) - a Series of Transactions								
* Principal	Principal Deposit Sweep Program	\$ 1,439,750	\$ -	\$ -	\$ -	\$ 1,439,750	\$ 1,439,750	\$ -
* Principal	Principal Deposit Sweep Program	-	1,440,185	-	-	1,440,185	1,440,185	-
Total Category (iii)		\$ 1,439,750	\$ 1,440,185	\$ -	\$ -	\$ 2,879,935	\$ 2,879,935	\$ -

* Party-in-interest as defined by ERISA.

** There were no category (i), (ii), or (iv) reportable transactions.

**New York Presbyterian Hospital
Columbia University Medical Center/New York State Nurses Association
Retiree Medical Plan and Trust**

Schedule H (Form 5500), Line 4(j) - Schedule of Reportable Transactions

EIN: 80-0496512

Plan No.: 501

Year ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expenses Incurred	Cost of Asset		
** Category (iii) - a Series of Transactions								
* Principal	Principal Deposit Sweep Program	\$ 1,439,750	\$ -	\$ -	\$ -	\$ 1,439,750	\$ 1,439,750	\$ -
* Principal	Principal Deposit Sweep Program	-	1,440,185	-	-	1,440,185	1,440,185	-
Total Category (iii)		\$ 1,439,750	\$ 1,440,185	\$ -	\$ -	\$ 2,879,935	\$ 2,879,935	\$ -

* Party-in-interest as defined by ERISA.

** There were no category (i), (ii), or (iv) reportable transactions.

**New York Presbyterian Hospital
Columbia University Medical Center/New York State Nurses Association
Retiree Medical Plan and Trust**

**Schedule H (Form 5500), Line 4(i) - Schedule of Assets (Held at End of Year)
EIN: 80-0496512 Plan No.: 501**

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
Interest-Bearing Cash				
* Principal Deposit Sweep Program	Interest rate: 3.04%	\$ -	\$ 5,626	
Mutual Funds				
Pimco Low Duration Fund Class I	886,113 shares. There is no maturity date, rate of interest, collateral, par, or maturity value.	8,847,095	8,196,545	
Vanguard Total International Stock Index Fund	149,000 shares. There is no maturity date, rate of interest, collateral, par, or maturity value.	3,983,186	4,721,810	
Vanguard Total Stock Market Index Fund	50,000 shares. There is no maturity date, rate of interest, collateral, par, or maturity value.	2,305,898	7,051,500	
Total Mutual Funds		15,136,179	19,969,855	
Total		\$ 15,136,179	\$ 19,975,481	

* Denotes a party-in-interest to the Plan, as described by ERISA.