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

2024

This Form is Open to Public Inspection

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
NYU LANGONE HOSPITAL-BROOKLYN UFT RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 006

1c Effective date of plan 01/01/1976

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)
NYU LANGONE HOSPITALS

ONE PARK AVENUE
4TH FLOOR HUMAN RESOURCES
NEW YORK, NY 10016

2b Employer Identification Number (EIN) 13-3971298

2c Plan Sponsor's telephone number 212-404-4002

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	MARGARET MEAGHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	MARGARET MEAGHER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1750
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1162
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1219
b	Retired or separated participants receiving benefits	**6b**	289
c	Other retired or separated participants entitled to future benefits	**6c**	321
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1829
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	21
f	Total. Add lines **6d** and **6e**.	**6f**	1850
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	110
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 3H

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

A Name of plan
NYU LANGONE HOSPITAL-BROOKLYN UFT RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
NYU LANGONE HOSPITALS

D Employer Identification Number (EIN)
13-3971298

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:

a Market value	**2a**	196217076
b Actuarial value	**2b**	204873919

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	288	79624488	79624488
b For terminated vested participants	300	25557248	25557248
c For active participants	1162	100834192	112382500
d Total	1750	206015928	217564236

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

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

5 Effective interest rate	**5**	5.27 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	9582747
b Expected plan-related expenses	**6b**	2066000
c Target normal cost	**6c**	11648747

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/03/2025
Date

SUZANNE HUGHES
Type or print name of actuary

23-07118
Most recent enrollment number

BUCK GLOBAL LLC
Firm name

201-902-2300
Telephone number (including area code)

200 JEFFERSON PARK
2ND FLOOR
WHIPPANY, NJ 07981
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 15.98 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		86992
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.40 %		4698
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		91690
	d Portion of (c) to be added to prefunding balance		91690
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	91690

Part III Funding Percentages

14	Funding target attainment percentage	14	94.12 %
15	Adjusted funding target attainment percentage	15	94.12 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	93.03 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/09/2024	2500000	0	08/27/2025	1300000	0
05/14/2024	200000	0			
07/10/2024	2700000	0			
10/10/2024	1900000	0			
01/08/2025	2500000	0			
04/10/2025	2255848	0			
			Totals ► 18(b)	13355848	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	12781567

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] 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:	2nd segment:	3rd segment:	
4.75 %	4.87 %	5.59 %	☐ N/A, full yield curve used

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

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	11648747
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	12782007	1224092
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	12872839

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	91272	91272

36 Additional cash requirement (line 34 minus line 35)	**36**	12781567
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	12781567

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

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

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan	**B** Three-digit plan number (PN) ▶	
NYU LANGONE HOSPITAL-BROOKLYN UFT RETIREMENT PLAN		006
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
NYU LANGONE HOSPITALS	13-3971298	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

CONDUENT HR SERVICES

04-3609848

(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	331197	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUCK GLOBAL LLC

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	145175	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAMBRIDGE ASSOCIATES LLC

04-3515240

(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?
26 27 50	NONE	93338	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SILCHESTER

36-7045783

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	87674	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JP MORGAN CHASE BANK, N.A.

13-4994650

(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 28 33 50 52 56 59 62 71 99	NONE	63793	Yes [X] No [ ]	Yes [X] No [ ]	10380	Yes [X] No [ ]

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

COMERICA

45-6721988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	57652	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

INCOME RESEARCH AND MANAGEMENT

04-2955404

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	53005	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FORVIS MAZARS, LLP

44-0160260

(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	21750	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

a	Name: MICHAEL J. ROZSA	**b** EIN:	13-3954297
c	Position: ENROLLED ACTUARY		
d	Address: 200 JEFFERSON PARK, 2ND FLOOR WHIPPANY, NJ 07981	**e** Telephone:	201-902-2300

Explanation: ENROLLED ACTUARY FROM BUCK GLOBAL, LLC HAS TERMINATED FROM EMPLOYMENT DURING THE 2024 PLAN YEAR.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan
NYU LANGONE HOSPITAL-BROOKLYN UFT RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 006

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
NYU LANGONE HOSPITALS

D Employer Identification Number (EIN)
13-3971298

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: CONESTOGA SMALL CAP GROWTH FUND

b Name of sponsor of entity listed in (a): COMERICA BANK & TRUST, NATIONAL ASSOCIATION

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
82-6178890-001	C	10669244

a Name of MTIA, CCT, PSA, or 103-12 IE: THE SILCHESTER INTL INV INTL VALUE

b Name of sponsor of entity listed in (a): SILCHESTER INTERNATIONAL INVESTORS LLP

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-7045783-001	C	10165101

a Name of MTIA, CCT, PSA, or 103-12 IE: SPRUCEGROVE INTERNATIONAL CIT FUND

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
82-3729482-112	C	8972156

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan
NYU LANGONE HOSPITAL-BROOKLYN UFT RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
NYU LANGONE HOSPITALS

D Employer Identification Number (EIN)
13-3971298

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	11800000	3800000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	395013	460827
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5244594	11430525
(2) U.S. Government securities	1c(2)	1588454	2328694
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	31521715	30901381
(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)	28790208	29806501
(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)	117364945	133603019
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	196704929	212330947
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	245789	116275
k Total liabilities (add all amounts in lines 1g through1j)	1k	245789	116275
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	196459140	212214672

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)	11100000	
(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)		11100000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1037	
(B) U.S. Government securities	2b(1)(B)	72365	
(C) Corporate debt instruments	2b(1)(C)	1433452	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	96624	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1603478
(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)	3819951	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3819951
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	9135147	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	9288632	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-153485
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	554888	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		554888

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		988625
(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)		9174706
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		27088163
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9230185	
(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)		9230185
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)	331197	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	26695	
(5) Investment advisory and investment management fees	2i(5)	291669	
(6) Bank or trust company trustee/custodial fees	2i(6)	63793	
(7) Actuarial fees	2i(7)	145175	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1243917	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2102446
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		11332631
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		15755532
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: FORVIS MAZARS, LLP **(2)** EIN: 44-0160260

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 546204.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan
NYU LANGONE HOSPITAL-BROOKLYN UFT RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
NYU LANGONE HOSPITALS

D Employer Identification Number (EIN)
13-3971298

Part I Distributions

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

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

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

EIN(s): 13-4994650

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☒ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 62.00 % Private Equity: 0.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 32.00 %
High-Yield Debt: 0.00 % Real Assets: 0.00 % Cash or Cash Equivalents: 6.00 % Other: 0.00 %

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

NYU Langone Hospital - Brooklyn UFT Retirement Plan

Financial Statements and Supplemental Schedules
December 31, 2024 and 2023

NYU Langone Hospital - Brooklyn UFT Retirement Plan
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* All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under the *Employee Retirement Income Security Act of 1974* ("ERISA") have been omitted because they are not applicable.

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Independent Auditor's Report

Plan Administrator
NYU Langone Hospital - Brooklyn UFT Retirement Plan
New York, New York

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

We have performed audits of the financial statements of NYU Langone Hospital - Brooklyn UFT Retirement Plan (Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Forvis Mazars, LLP

San Antonio, Texas
October 8, 2025

Federal Employer Identification Number: 44-0160260

NYU Langone Hospital - Brooklyn UFT Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023
(In thousands)

	2024	2023
Assets		
Investments, at fair value (Note 4 and 5)	$ 208,070	$ 184,510
Receivables		
Employer contributions	3,800	11,800
Accrued interest and dividends	461	395
Total receivables	4,261	12,195
Total assets	212,331	196,705
Liabilities		
Accrued expenses	116	182
Other liabilities	-	64
Total liabilities	116	246
Net assets available for benefits	$ 212,215	$ 196,459

The accompanying notes are an integral part of these financial statements.

NYU Langone Hospital - Brooklyn UFT Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023
(In thousands)

	2024	2023
Additions to net assets attributed to:		
Net investment income (Note 4)		
Net appreciation in fair value of investments	$ 10,565	$ 21,794
Interest and dividend income	5,423	4,760
Net investment income	15,988	26,554
Employer contributions	11,100	11,800
Total additions	27,088	38,354
Deductions from net assets attributed to:		
Benefits paid to participants and beneficiaries	9,230	13,543
Administrative expenses	2,102	1,769
Total deductions	11,332	15,312
Net increase in net assets available for benefits	15,756	23,042
Net assets available for benefits		
Beginning of year	196,459	173,417
End of year	$ 212,215	$ 196,459

The accompanying notes are an integral part of these financial statements.

1. Description of the Plan

The following brief description of the NYU Langone Hospital - Brooklyn UFT Retirement Plan (the "Plan") provides general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions. Copies are available from the Plan sponsor.

General

The Plan is a defined benefit pension plan covering certain employees of NYU Langone Hospitals - Brooklyn ("NYULH-B") which is one of five hospitals that comprise NYU Langone Hospitals ("NYULH"), the employer and Plan sponsor of the Plan. The Plan was amended and restated as of January 1, 2016. It is subject to the provisions of the *Employee Retirement Income Security Act of 1974* ("ERISA").

Effective January 31, 2003, all benefit accruals were frozen except for those nonunion employees whose respective positions require them to be registered+ nurses and whose duties are substantially associated with providing or overseeing direct patient care. Effective July 1, 2006, the Plan was frozen with respect to all participants who are nonunion employees whose respective positions require them to be registered nurses and whose duties are substantially associated with providing or overseeing direct patient care ("RN Managers") and no new RN Managers shall be admitted to the Plan. Effective July 31, 2011, the Plan was frozen with respect to all participants who are employees who are covered by a collective bargaining agreement with the Special Superior Officers Benevolent Association ("SSOBA Employees") and no new SSOBA Employees shall be admitted to the Plan. The Plan is available to eligible United Federation of Teachers ("UFT") Union members employed at NYULH-B.

Administration of the Plan

JPMorgan Chase Bank, N.A ("JPM") is the trustee, custodian, and recordkeeper of the Plan. The Vanguard Fiduciary Trust Company, Inc. ("Vanguard") and Cambridge Associates, LLC. ("Cambridge") are the asset managers of the Plan. JPM provides a certification of Plan records with respect to the investments as required under United States Department of Labor ("DOL") Regulation Section 2520.103-5. Vanguard and Cambridge are investment management companies that offer mutual funds, access to fund managers and financial products and services to institutional investors.

The Plan's administrative functions are performed by Conduent, Inc. ("Conduent"). Their functions are to process participant retirement applications and Qualified Domestic Relations Orders, process payments to participants, provide estimates upon request, answer participant questions relating to their plan benefits, and to disseminate required communications such as suspension of benefit notices.

Funding Policy

Employer contributions are determined annually by the Plan's independent consulting actuary, Arthur J. Gallagher & Co. ("Gallagher") formerly, Buck Global, LLC ("Buck"). The actuary determines the maximum amount permitted by law or regulation and the minimum amount necessary during any plan year to avoid an accumulated funding deficiency as defined by ERISA as amended under PPA. NYULH shall make contributions to the Plan at such times and in such amounts as the actuary shall determine, but in no event less than such amounts required to be contributed under ERISA as amended and the Internal Revenue Code ("IRC"). During 2024 and 2023, the minimum funding requirements of ERISA were met. Participant contributions are not permitted.

ERISA §4010 requires sponsors of defined benefit plans that are below 80% funded to report specific actuarial and financial information to the Pension Benefit Guaranty Corporation ("PBGC"). The information required to be filed includes financial statements of the members of the Plan's controlled group and actuarial information for all non-exempt plans in the group.

As of January 1, 2023, (the measurement date) the NYU Langone Hospitals Retirement Plan and the NYU Langone Hospital - Brooklyn UFT Retirement Plan (NYU Langone Plans) defined benefit plans were funded at 71.1% and 67.3%, respectively, requiring filing of ERISA §4010 information for the NYU Langone Plans and other plans of NYU that are members of the controlled group. The required 4010 filing for the 2023 plan year was completed timely in December 2024. As of January 1, 2024, the NYU Langone Plans were funded at 86.0% and 84.0%. Accordingly, ERISA §4010 information is not required for the 2024 plan year.

Pension Benefits
Participants with five or more years of service credit with NYULH-B are entitled to annual pension benefits beginning at normal retirement age (65). The benefit is equal to 1.76% of their final average compensation up to the taxable Social Security wage base and 2.09% of their final average compensation in excess thereof for each year of service credit, plus a past service benefit if applicable. Final average compensation is defined as the average of a participant's compensation during the 60 consecutive highest paid months out of the last 10 years of participation in the Plan. The Plan allows reduced early retirement benefits for those participants at ages 55–64 with five or more years of service credit (10 years prior to February 1, 2003). Participants may elect to receive their pension benefits in the form of a life annuity, various joint and survivor annuities, certain and continuous payment options, or a level income option. Participants may also elect to receive 25% or 50% of the value of their benefit in a single lump-sum payment with the balance paid as a monthly annuity. A participant whose pension has a current value upon termination or retirement of one thousand dollars or less (five thousand dollars prior to March 29, 2005) will automatically receive a single lump-sum payment. If the value of the pension is between one thousand dollars and seven thousand dollars, the participant may elect to receive a single lump-sum payment at retirement. If participants terminate before rendering five years of service, they may forfeit the right to receive their accumulated plan benefits.

Death and Disability Benefits
If an active participant dies before retirement and has accumulated at least five years of service credit, a monthly benefit for life will be provided to the participant's surviving spouse or other designated beneficiary. An unmarried participant must name a beneficiary to receive this death benefit. If the participant would have been eligible to begin collecting benefits or if the participant named a beneficiary other than their spouse, the beneficiary will receive their benefit on the first of the month following the date of the participant's death. If the participant was not yet eligible to receive a benefit, a spouse will receive a benefit on the date the participant would have been eligible to begin receiving pension benefits. The benefit paid to the survivor will equal 50% of the amount under the 50% joint and survivor annuity. If a participant dies after pension payments begin, benefits may be paid to their surviving spouse or other named beneficiary, in accordance with the payment method that had been elected. If an active participant qualifies for disability retirement, the benefit will be determined in the same way as normal retirement, based upon years of service credit and final average compensation. Disability retirement benefits will not be reduced for early payment if they begin before age 65 and are not eligible for the lump-sum option.

2. Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Investment Valuation and Income Recognition

The Plan's investments are held with the trustee and custodian of the Plan and are stated at fair value which is based on published market quotations as of December 31, 2024 and 2023 where a quoted market exists. Where no quoted market exists, fair value is determined by the trustee and custodian or independent appraisers.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are 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. There have been no changes in the methodologies used at December 31, 2024 and 2023. See Note 5 for discussion of fair value measurements.

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.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP 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. Actual results could differ from those estimates and such differences could be material.

Payment of Benefits

Benefit payments to participants and beneficiaries are recorded when paid.

Risks and Uncertainties

Investment securities are exposed to various risks such as interest rate, market, and credit risks. Because of 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 changes could materially affect the amounts reported in the accompanying statements of net assets available for benefits and the statements of changes in net assets available for benefits. Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions for services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are based, in part, on participants' final average compensation as defined in Note 1.

The accumulated plan benefits for active participants are based, in part, on their final average compensation ending on the date as of which the benefit information is presented (the "valuation date"). Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent that they are deemed attributable to participant services rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the 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 following is a summary of the actuarial present value of accumulated Plan benefits at January 1, 2024:

Vested benefits		
Participants currently receiving payments	$	68,025
Other participants		96,910
		164,935
Nonvested benefits		8,995
Total actuarial present value of accumulated plan benefits	$	173,930

A summary of the changes in the actuarial present value of accumulated plan benefits from January 1, 2023 to January 1, 2024, were as follows:

Actuarial present value of accumulated plan benefits as of January 1, 2023	$	167,161
Increase (decrease) during the year attributable to		
Benefits accumulated and other		9,452
Interest		11,235
Benefits paid		(13,543)
Change in actuarial assumption		(375)
Net increase		6,769
Actuarial present value of accumulated plan benefits as of January 1, 2024	$	173,930

The significant actuarial assumptions underlying the actuarial computations of the present value of the accumulated plan benefits as of January 1, 2024 and January 1, 2023, the valuation dates were as follows:

	2024	2023
Interest rate	7.0%	7.0%
Retirement	Retirement age varies between ages 55 and 70, based on years of service	

The mortality tables used in 2024 and 2023 are based on the Pri-2012 Total Employee and Retiree/Disabled Retiree/Contingent Survivor Mortality Tables (base year 2012) and projected with Gallagher Modified Mortality Improvement Scale MP-2021.

The mortality tables used for funding purposes were updated with projections specified by IRS Regulation Section 1.430(h)(3)-1, using separate tables for annuitants and non-annuitants.

The interest rate basis for computing funding was updated to the current rates as specified in IRS Regulation 1.430(h)(2)-1.

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024 and 2023. Had the valuations been performed as of December 31, there would be no material differences.

4. Certified Financial Data

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, JPMorgan Chase Bank N.A., a qualified institution, has certified the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate.

The following is a summary of the Plan's financial information included in the Plan's financial statements as of December 31, 2024 and 2023, and for the years then ended. Refer to the accompanying supplemental schedules included within the financial statements for the certified schedule of assets held at end of year as of December 31, 2024, and the certified schedule of reportable transactions for the year ended December 31, 2024.

	2024	2023
Statements of net assets available for benefits		
Investments, at fair value	$ 208,070	$ 184,510
Accrued interest and dividends	461	395
Statements of changes in net assets available for benefits		
Net investment income		
Net appreciation in fair value of investments	$ 10,565	$ 21,794
Interest and dividend income	5,423	4,760
Net investment income	$ 15,988	$ 26,554

The Plan's independent auditors did not perform auditing procedures with respect to this certified information, except for comparing such certified investment information to the related investment informtion included in the financial statements and ERISA-required supplemental schedules.

5. Investments

Fair Value Measurements

Accounting standards establish a framework for measuring fair value. That framework sets forth a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The levels of the fair value hierarchy are described below. Authoritative guidance on fair value measurements, Accounting Standards Codification Topic 820, *Fair Value Measurement*, establishes a hierarchy of valuation methodologies based on the extent to which asset valuations are observable in the marketplace.

The following describes the hierarchy of methodologies used to measure the fair value of investments:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; or other inputs that are observable or can be corroborated by observable market data for substantially the full terms of the assets or liabilities.

Level 3 Inputs to the valuation methodology are unobservable.

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 maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2024 and 2023.

Cash equivalents consist of highly liquid financial instruments purchased with a maturity of three months or less. Mutual funds, common collective trusts and bonds (corporate and government) are valued at the quoted prices at year-end. Prices quoted are the net asset value of the shares of investments held, which are based on the fair value of the underlying securities.

The methods 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 methods are 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 estimate of fair value at the reporting date. There were no changes in valuation methodology in 2024 and 2023.

The following tables provide a summary of investments measured at fair value, by classification within the fair value hierarchy at December 31, 2024 and 2023:

	Active Markets Level 1	2024 Observable Inputs Level 2	Total 2024
Cash equivalents	$ 11,431	$ -	$ 11,431
Mutual funds	133,602	-	133,602
Common collective trusts	-	29,807	29,807
Corporate and government bonds	-	33,230	33,230
Total investments, at fair value	$ 145,033	$ 63,037	$ 208,070

	Active Markets Level 1	2023 Observable Inputs Level 2	Total 2023
Cash equivalents	$ 5,245	$ -	$ 5,245
Mutual funds	117,365	-	117,365
Common collective trusts	-	28,790	28,790
Corporate and government bonds	-	33,110	33,110
Total investments, at fair value	$ 122,610	$ 61,900	$ 184,510

There were no unfunded commitments as of December 31, 2024 and 2023. There were no transfers between Level 1, Level 2, and Level 3 investments during the years ended December 31, 2024 and 2023.

6. Tax Status

The Internal Revenue Service ("IRS") has issued a favorable determination letter dated August 13, 2014, that the Plan and related trust are designed in accordance with the applicable sections of the IRC, and its related trust is, therefore, exempt from Federal income tax under the IRC. The Plan has been amended since receiving its determination letter. In the opinion of the Plan Administrator, the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is qualified and the related trust is tax-exempt.

7. Plan Termination

Although it has not expressed any intent to do so, the Plan sponsor, may terminate the Plan at any time. Under provisions of ERISA, if the Plan is terminated, NYULH may be obligated to make termination payments to the Plan subject to certain limits, and participants would be eligible for continuation of benefits under insurance provided by the PBGC, a U.S. Government agency established by ERISA.

In the event the Plan terminates, the 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) 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.

b) Other vested benefits insured by the PBGC, up to the applicable limitation discussed below.

c) All other vested benefits, that is, vested benefits not insured by the PBGC.

d) 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; however, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during the years ended December 31, 2024 and December 31, 2023, the ceiling was seven thousand one hundred and eight dollars and six thousand seven hundred and fifty dollars per month, respectively. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of NYULH and level of benefits guaranteed by the PBGC. Assets not required to meet the obligations to the participants would be paid to NYULH.

8. Administrative Expenses

The Plan's expenses consist of the trustees' administrative fees, investment management fees, audit fees, and the actuary's consulting fees. The Plan's expenses are paid either by the Plan or the Plan sponsor, as provided by the Plan Document. Expenses that are paid directly by the Plan sponsor are excluded from these financial statements.

9. Party-in-Interest and Related-Party Transactions

The Plan holds investments that are managed by the trustee and, therefore, these qualify as party-in-interest transactions. The fair value of investments managed by the trustee were $12,275 and $6,215 at December 31, 2024 and 2023, respectively. The Plan Administrator and the Plan's counsel believe that the Plan's transactions with related parties are permitted by the U.S. DOL's prohibited transaction exemptions.

10. Subsequent Events

NYULH has evaluated subsequent events through October 8, 2025, the date the financial statements were available to be issued and has determined that there were no subsequent events requiring recognition or disclosure in the financial statements.

Supplemental Schedules

NYU Langone Hospital - Brooklyn UFT Retirement Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)*
December 31, 2024

Identity of Issue, Borrower, Lessor or Similar Party, and Description of Investment	Number of Shares, Par Value, or Face Amount	Cost	Current Value
Cash equivalents			
**JPMORGAN US TREAS PLUS MMKT FUND CAPITAL SHARES -	11,430,525	$ 11,430,525	$ 11,430,525
Total Cash Equivalents		11,430,525	11,430,525
Common collective trusts			
CONESTOGA SMALL CAP GROWTH CIF	477,585	7,676,787	10,669,244
SILCHESTER INTERNATIONAL INVESTORS INSTITUTIONAL	54,097	6,704,220	10,165,101
SPRUCEGROVE INTERNATIONAL CIT FUND	770,142	6,500,000	8,972,156
Total Common Collective Trusts		20,881,007	29,806,501
Corporate and government bonds			
ABBVIE INC CALLABLE NOTES FIXED 4.25% 21/NOV/2049	215,000	205,828	175,066
ABBVIE INC CALLABLE NOTES FIXED 5.4% 15/MAR/2054	193,000	192,060	185,837
ADVOCATE HEALTH & HOSPITALS CORP CALLABLE BOND	98,000	126,262	81,612
AEP TRANSMISSION CO LLC CALLABLE NOTES FIXED 2.75%	73,000	72,718	43,886
AEP TRANSMISSION CO LLC CALLABLE NOTES FIXED 4%	151,000	186,462	118,916
AIA GROUP LTD CALLABLE NOTES FIXED 3.2%	200,000	199,678	149,255
ALABAMA POWER CO CALLABLE NOTES FIXED 3%	41,000	40,928	26,364
ALABAMA POWER CO CALLABLE NOTES FIXED 3.7%	268,000	317,561	200,208
ALABAMA POWER CO CALLABLE NOTES FIXED 3.85%	88,000	105,994	70,004
ALLINA HEALTH SYSTEM CALLABLE BOND FIXED 3.887%	153,000	186,432	116,990
ALPHABET INC CALLABLE NOTES FIXED 2.05%	96,000	58,574	53,276
AMAZON.COM INC CALLABLE NOTES FIXED 3.25%	160,000	175,409	104,319
AMAZON.COM INC CALLABLE NOTES FIXED 3.875%	189,000	239,887	166,978
AMAZON.COM INC CALLABLE NOTES FIXED 3.95%	86,000	85,641	67,928
AMAZON.COM INC CALLABLE NOTES FIXED 4.05%	196,000	256,104	162,140
AMEREN ILLINOIS CO CALLABLE BOND FIXED 2.9%	178,000	177,258	112,053
AMEREN ILLINOIS CO CALLABLE BOND FIXED 5.9%	59,000	58,818	60,557
AMERICAN MUN PWR OHIO INC REV REV BDS 2009C	80,000	88,146	81,277
ANALOG DEVICES INC CALLABLE NOTES FIXED 2.95%	126,000	124,958	80,163
ANHEUSER-BUSCH COS LLC / ANHEUSER-BUSCH INBEV	538,000	537,242	489,655
APPLE INC CALLABLE NOTES FIXED 2.85% 05/AUG/2061	139,000	138,835	83,449
APPLE INC CALLABLE NOTES FIXED 3.85% 04/AUG/2046	354,000	413,313	285,776
APPLE INC CALLABLE NOTES FIXED 4.65% 23/FEB/2046	219,000	308,085	200,722
APPLIED MATERIALS INC CALLABLE NOTES FIXED 4.35%	84,000	115,670	71,224
ARTHUR J GALLAGHER & CO CALLABLE NOTES FIXED 5.55%	106,000	105,339	102,311
ASCENSION HEALTH CALLABLE NOTES FIXED 3.945%	76,000	97,489	60,679
ASTRAZENECA PLC CALLABLE NOTES FIXED 3%	132,000	132,624	86,463
ASTRAZENECA PLC CALLABLE NOTES FIXED 4.375%	130,000	146,705	111,577
ASTRAZENECA PLC CALLABLE NOTES FIXED 6.45%	139,000	156,057	152,519
BAE SYSTEMS PLC CALLABLE NOTES FIXED 3%	200,000	131,832	129,535
BANK OF AMERICA CORP CALLABLE MEDIUM TERM NOTE	683,000	747,637	542,848
BANK OF AMERICA CORP CALLABLE NOTES VARIABLE	537,000	435,154	401,952
BANNER HEALTH CALLABLE NOTES FIXED 2.913%	95,000	95,000	60,380
BAYLOR SCOTT & WHITE HOLDINGS CALLABLE BOND FIXED	72,000	89,120	59,984
BERKSHIRE HATHAWAY ENERGY CO CALLABLE BOND FIXED	232,000	337,041	244,191
BERKSHIRE HATHAWAY ENERGY CO CALLABLE NOTES FIXED	212,000	253,157	157,459
BERKSHIRE HATHAWAY FINANCE CORP CALLABLE NOTES	127,000	124,868	79,841
BHP BILLITON FINANCE USA LTD CALLABLE NOTES FIXED	230,000	302,315	215,091

NYU Langone Hospital - Brooklyn UFT Retirement Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)*, continued
December 31, 2024

Identity of Issue, Borrower, Lessor or Similar Party, and Description of Investment	Number of Shares, Par Value, or Face Amount	Cost	Current Value
BLACKSTONE HOLDINGS FINANCE CO LLC CALLABLE NOTES	166,000	$ 183,848	$ 112,862
BP CAPITAL MARKETS AMERICA INC CALLABLE NOTES	257,000	257,044	163,006
BRISTOL-MYERS SQUIBB CO CALLABLE NOTES FIXED 3.7%	127,000	126,450	92,581
BRISTOL-MYERS SQUIBB CO CALLABLE NOTES FIXED 4.25%	144,000	158,456	116,541
BRISTOL-MYERS SQUIBB CO CALLABLE NOTES FIXED 5.55%	122,000	121,523	118,386
BURLINGTON NORTHERN SANTA FE LLC CALLABLE BOND	43,000	42,762	36,069
BURLINGTON NORTHERN SANTA FE LLC CALLABLE NOTES	511,000	607,564	422,894
CALIFORNIA HEALTH FACS FING AUTH REV TAXABLE SR	105,000	105,000	93,157
CALIFORNIA ST GO BDS 15/OCT/2009 01/OCT/2039 7.3%	30,000	33,533	34,158
CALIFORNIA ST GO BDS 28/APR/2009 01/APR/2034 7.5%	315,000	526,198	359,371
CANADIAN NATIONAL RAILWAY CO CALLABLE NOTES FIXED	278,000	426,295	297,609
CANADIAN PACIFIC RAILWAY CO CALLABLE NOTES FIXED	45,000	69,347	45,101
CARLYLE HOLDINGS II FINANCE LLC CALLABLE NOTES	58,000	73,445	55,902
CATERPILLAR INC CALLABLE BOND FIXED 3.803%	150,000	187,454	121,993
CHICAGO ILL MET WTR RECLAMATION DIST GTR CHICAGO	155,000	220,523	155,622
CHILDREN'S HOSPITAL OF PHILADELPHIA/THE CALLABLE	75,000	75,000	46,428
CHUBB INA HOLDINGS LLC CALLABLE NOTES FIXED 2.85%	126,000	128,456	79,766
CHUBB INA HOLDINGS LLC CALLABLE NOTES FIXED 3.05%	52,000	51,712	31,646
CHUBB INA HOLDINGS LLC CALLABLE NOTES FIXED 4.35%	55,000	72,130	46,908
CISCO SYSTEMS INC CALLABLE NOTES FIXED 5.3%	39,000	38,843	37,938
CISCO SYSTEMS INC CALLABLE NOTES FIXED 5.9%	163,000	251,118	172,332
CITIGROUP INC CALLABLE NOTES VARIABLE 24/APR/2048	89,000	77,047	72,707
CITIGROUP INC CALLABLE NOTES VARIABLE 24/JAN/2039	355,000	308,934	296,137
CLEVELAND CLINIC FOUNDATION/THE CALLABLE BOND	40,000	59,651	33,309
CME GROUP INC CALLABLE NOTES FIXED 4.15%	106,000	143,167	87,594
COMCAST CORP CALLABLE NOTES FIXED 2.937%	582,000	545,814	339,973
COMCAST CORP CALLABLE NOTES FIXED 2.987%	713,000	713,817	403,071
COMCAST CORP CALLABLE NOTES FIXED 4.049%	125,000	142,524	94,137
COMMONWEALTH EDISON CO CALLABLE BOND FIXED 3.75%	279,000	335,814	208,563
CONNECTICUT LIGHT AND POWER CO/THE CALLABLE BOND	63,000	75,870	49,462
CONOCOPHILLIPS CO CALLABLE NOTES FIXED 4.025%	351,000	479,072	253,942
CONSOLIDATED EDISON CO OF NEW YORK INC CALLABLE	454,000	494,376	362,352
CONSUMERS ENERGY CO CALLABLE BOND FIXED 2.65%	38,000	37,968	22,961
CONSUMERS ENERGY CO CALLABLE BOND FIXED 4.35%	130,000	177,219	108,168
CSL FINANCE PLC CALLABLE NOTES FIXED 4.75%	95,000	94,728	82,059
CSX CORP CALLABLE NOTES FIXED 4.9% 15/MAR/2055 USD	179,000	178,776	160,413
CUMMINS INC CALLABLE NOTES FIXED 5.45% 20/FEB/2054	133,000	132,220	129,627
DALLAS FORT WORTH TEX INTL ARPT REV TAXABLE JT REF	210,000	209,622	172,310
DEERE & CO CALLABLE NOTES FIXED 2.875% 07/SEP/2049	80,000	89,452	52,328
DEERE & CO CALLABLE NOTES FIXED 3.9% 09/JUN/2042	70,000	91,256	58,640
DIAMONDBACK ENERGY INC CALLABLE NOTES FIXED 5.75%	65,000	64,972	61,117
DOMINION ENERGY INC CALL/PUT NOTES FIXED 5.25%	53,000	67,687	52,316
DOMINION ENERGY INC CALLABLE NOTES FIXED 4.9%	234,000	310,775	209,625
DUKE ENERGY CAROLINAS LLC CALLABLE BOND FIXED 5.3%	300,000	431,286	293,701
DUKE ENERGY CAROLINAS LLC CALLABLE OTHER SECURED	302,000	330,557	234,133
DUKE ENERGY FLORIDA LLC CALLABLE BOND FIXED 5.95%	70,000	69,553	71,269
DUKE ENERGY FLORIDA LLC CALLABLE BOND FIXED 6.2%	83,000	82,495	87,597
DUKE ENERGY FLORIDA LLC CALLABLE BOND FIXED 6.4%	50,000	71,267	53,849
EASTERN ENERGY GAS HOLDINGS LLC CALLABLE NOTES	128,000	127,907	120,911

NYU Langone Hospital - Brooklyn UFT Retirement Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)*, continued
December 31, 2024

Identity of Issue, Borrower, Lessor or Similar Party, and Description of Investment	Number of Shares, Par Value, or Face Amount	Cost	Current Value
ELEVANCE HEALTH INC CALLABLE NOTES FIXED 5.65%	96,000	$ 95,611	$ 92,132
ELI LILLY & CO CALLABLE NOTES FIXED 4.95%	93,000	91,740	83,580
ELI LILLY & CO CALLABLE NOTES FIXED 5.1%	93,000	92,889	85,155
ELI LILLY & CO CALLABLE NOTES FIXED 5.2%	87,000	86,970	81,097
EMERSON ELECTRIC CO CALLABLE NOTES FIXED 2.8%	125,000	124,723	77,384
ENTERPRISE PRODUCTS OPERATING LLC CALLABLE NOTES	405,000	405,176	395,707
EOG RESOURCES INC CALLABLE NOTES FIXED 3.9%	166,000	195,757	147,661
EQUINOR ASA CALLABLE BOND FIXED 4.8% 08/NOV/2043	80,000	108,274	73,676
EXELON CORP CALLABLE NOTES FIXED 4.95% 15/JUN/2035	100,000	127,423	94,736
EXXON MOBIL CORP CALLABLE NOTES FIXED 2.995%	150,000	163,656	113,465
EXXON MOBIL CORP CALLABLE NOTES FIXED 3.452%	153,000	170,993	107,415
EXXON MOBIL CORP CALLABLE NOTES FIXED 4.114%	149,000	132,324	120,985
EXXON MOBIL CORP CALLABLE NOTES FIXED 4.327%	118,000	150,678	97,172
FLORIDA POWER & LIGHT CO CALLABLE BOND FIXED	197,000	164,170	123,351
FLORIDA POWER & LIGHT CO CALLABLE BOND FIXED 5.69%	185,000	277,612	188,897
GENERAL DYNAMICS CORP CALLABLE NOTES FIXED 4.25%	190,000	201,172	157,109
GOLDMAN SACHS GROUP INC/THE CALLABLE MEDIUM TERM	459,000	584,252	406,097
HEALTH CARE SERVICE CORP A MUTUAL LEGAL RESERVE CO	98,000	97,697	95,021
HOME DEPOT INC/THE CALLABLE NOTES FIXED 2.375%	110,000	108,522	62,366
HOME DEPOT INC/THE CALLABLE NOTES FIXED 3.35%	150,000	178,043	104,748
HOME DEPOT INC/THE CALLABLE NOTES FIXED 4.25%	246,000	312,008	205,361
HOME DEPOT INC/THE CALLABLE NOTES FIXED 5.3%	62,000	61,030	59,470
HOME DEPOT INC/THE CALLABLE NOTES FIXED 5.875%	100,000	152,478	105,261
HONEYWELL INTERNATIONAL INC CALLABLE NOTES FIXED	187,000	186,579	175,429
HORMEL FOODS CORP CALLABLE NOTES FIXED 3.05%	83,000	82,402	53,990
INTERCONTINENTAL EXCHANGE INC CALLABLE NOTES FIXED	178,000	191,801	143,252
JOHNSON & JOHNSON CALLABLE NOTES FIXED 3.4%	31,000	36,714	25,934
JOHNSON & JOHNSON CALLABLE NOTES FIXED 3.625%	151,000	132,187	130,993
JOHNSON & JOHNSON CALLABLE NOTES FIXED 3.75%	94,000	102,856	74,166
JOHNSON & JOHNSON CALLABLE NOTES FIXED 4.85%	150,000	216,333	144,737
**JPMORGAN CHASE & CO CALLABLE NOTES VARIABLE	1,052,000	1,193,966	844,728
KAISER FOUNDATION HOSPITALS CALLABLE BOND FIXED	92,000	92,000	65,176
KANSAS ST DEV FIN AUTH REV TAXABLE BDS 2015 H	110,000	135,428	105,353
KKR GROUP FINANCE CO III LLC CALLABLE BOND FIXED	161,000	205,201	147,217
KLA CORP CALLABLE NOTES FIXED 4.95% 15/JUL/2052	128,000	126,947	116,510
LAM RESEARCH CORP CALLABLE NOTES FIXED 2.875%	132,000	126,880	83,531
LOCKHEED MARTIN CORP CALLABLE BOND FIXED 3.6%	101,000	122,173	88,598
LOCKHEED MARTIN CORP CALLABLE NOTES FIXED 4.09%	127,000	119,892	100,586
LOCKHEED MARTIN CORP CALLABLE NOTES FIXED 4.3%	103,000	102,224	81,722
LOCKHEED MARTIN CORP CALLABLE NOTES FIXED 4.7%	120,000	168,252	107,412
LOWE'S COS INC CALLABLE NOTES FIXED 3.7%	80,000	94,290	59,275
LSEGA FINANCING PLC CALLABLE NOTES FIXED 3.2%	200,000	199,004	149,092
MARS INC CALLABLE NOTES FIXED 3.95% 01/APR/2049	115,000	145,608	88,384
MARSH & MCLENNAN COS INC CALLABLE NOTES FIXED 2.9%	48,000	47,885	29,927
MARSH & MCLENNAN COS INC CALLABLE NOTES FIXED 4.9%	97,000	139,343	86,943
MARSH & MCLENNAN COS INC CALLABLE NOTES FIXED 5.4%	69,000	68,668	66,222
MARSH & MCLENNAN COS INC CALLABLE NOTES FIXED 5.7%	53,000	52,841	53,200
MASSACHUSETTS ELECTRIC CO CALLABLE NOTES FIXED	75,000	108,961	74,542
MASTERCARD INC CALLABLE NOTES FIXED 3.85%	80,000	104,600	61,999
MERCK & CO INC CALLABLE NOTES FIXED 2.9%	104,000	103,707	59,760

NYU Langone Hospital - Brooklyn UFT Retirement Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)*, continued
December 31, 2024

Identity of Issue, Borrower, Lessor or Similar Party, and Description of Investment	Number of Shares, Par Value, or Face Amount	Cost	Current Value
META PLATFORMS INC CALLABLE NOTES FIXED 5.4%	132,000	$ 131,473	$ 127,912
METLIFE INC CALLABLE BOND FIXED 4.721% 15/DEC/2044	290,000	261,310	256,286
METLIFE INC CALLABLE NOTES FIXED 5% 15/JUL/2052	46,000	45,921	41,698
MICROSOFT CORP CALLABLE NOTES FIXED 2.921%	68,000	67,522	45,077
MICROSOFT CORP CALLABLE NOTES FIXED 3.041%	200,000	276,050	128,075
MICROSOFT CORP CALLABLE NOTES FIXED 3.7%	310,000	397,218	248,363
MICROSOFT CORP CALLABLE NOTES FIXED 4.1%	170,000	223,747	158,791
MIDAMERICAN ENERGY CO CALLABLE BOND FIXED 2.7%	96,000	95,319	58,189
MIDAMERICAN ENERGY CO CALLABLE BOND FIXED 3.15%	110,000	126,154	73,929
MIDAMERICAN ENERGY CO CALLABLE BOND FIXED 4.25%	80,000	68,341	64,963
MOODY'S CORP CALLABLE NOTES FIXED 4.875%	100,000	136,902	89,028
MORGAN STANLEY CALLABLE MEDIUM TERM NOTE FIXED	400,000	521,133	329,997
MORGAN STANLEY CALLABLE NOTES VARIABLE 22/APR/2039	130,000	168,851	116,460
MORGAN STANLEY CALLABLE NOTES VARIABLE 22/APR/2042	30,000	30,000	22,228
MYMICHIGAN HEALTH CALLABLE BOND FIXED 3.409%	130,000	130,000	90,569
NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORP	189,000	249,066	152,968
NATIONWIDE CHILDREN'S HOSPITAL INC CALLABLE BOND	150,000	150,000	131,231
NEW YORK LIFE INSURANCE CO CALLABLE NOTES FIXED	190,000	263,292	196,771
NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV FUTURE	180,000	244,857	178,778
NEW YORK ST URBAN DEV CORP REV INCOME TAX REV BDS	70,000	88,583	70,691
NIAGARA MOHAWK POWER CORP CALLABLE BOND FIXED	135,000	169,040	121,668
NIAGARA MOHAWK POWER CORP CALLABLE NOTES FIXED	60,000	60,000	58,201
NORFOLK SOUTHERN CORP CALLABLE NOTES FIXED 4.05%	164,000	155,618	126,040
NORTHERN STATES POWER CO/MN CALLABLE BOND FIXED	387,000	369,718	297,589
NORTHERN STATES POWER CO/WI CALLABLE BOND FIXED	120,000	119,561	120,017
NSTAR ELECTRIC CO CALLABLE BOND FIXED 4.4%	100,000	133,102	84,501
NSTAR ELECTRIC CO CALLABLE NOTES FIXED 3.1%	88,000	87,200	57,547
ONCOR ELECTRIC DELIVERY CO LLC CALLABLE BOND FIXED	110,000	101,231	98,418
ONCOR ELECTRIC DELIVERY CO LLC CALLABLE NOTES	194,000	273,645	188,536
ORACLE CORP CALLABLE NOTES FIXED 3.8% 15/NOV/2037	162,000	189,519	135,372
ORACLE CORP CALLABLE NOTES FIXED 4% 15/JUL/2046	27,000	32,345	20,801
PACCAR FINANCIAL CORP MEDIUM TERM NOTE FIXED 5%	106,000	105,670	106,651
PECO ENERGY CO CALLABLE BOND FIXED 3.05%	171,000	138,257	110,723
PEPSICO INC CALLABLE NOTES FIXED 4.2% 18/JUL/2052	95,000	94,887	77,634
PEPSICO INC CALLABLE NOTES FIXED 4.65% 15/FEB/2053	79,000	78,949	69,099
PFIZER INC CALLABLE NOTES FIXED 3.9% 15/MAR/2039	200,000	252,228	168,863
PFIZER INC CALLABLE NOTES FIXED 4% 15/DEC/2036 USD	303,000	379,056	270,206
PFIZER INC CALLABLE NOTES FIXED 2.55% 28/MAY/2040	240,000	171,466	166,370
PG&E WILDFIRE RECOVERY FUNDING LLC BOND FIXED	265,000	251,120	242,592
PG&E RECOVERY FUNDING LLC NOTES FIXED 5.529%	93,000	93,000	92,386
PORT AUTH N Y & N J CONSOLIDATED BDS 192	125,000	172,583	112,231
PPL ELECTRIC UTILITIES CORP CALLABLE BOND FIXED	378,000	382,404	302,111
PROLOGIS LP CALLABLE NOTES FIXED 2.125%	105,000	49,622	55,136
PROLOGIS LP CALLABLE NOTES FIXED 5.25% 15/JUN/2053	95,000	94,837	88,793
PRUDENTIAL FINANCIAL INC CALLABLE NOTES FIXED	85,000	95,375	64,850
PRUDENTIAL FINANCIAL INC MEDIUM TERM NOTE FIXED	250,000	363,048	256,726
PUBLIC SERVICE ELECTRIC AND GAS CO CALLABLE MEDIUM	259,000	324,043	208,906
RAYMOND JAMES FINANCIAL INC CALLABLE NOTES FIXED	95,000	76,244	76,694
RIO TINTO FINANCE USA LTD CALLABLE NOTES FIXED	154,000	222,347	148,627
ROCHE HOLDINGS INC CALLABLE NOTES FIXED 5.218%	200,000	207,356	191,348

NYU Langone Hospital - Brooklyn UFT Retirement Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)*, continued
December 31, 2024

Identity of Issue, Borrower, Lessor or Similar Party, and Description of Investment	Number of Shares, Par Value, or Face Amount	Cost	Current Value
RTX CORP CALLABLE NOTES FIXED 3.75% 01/NOV/2046	55,000	$ 64,225	$ 41,566
RTX CORP CALLABLE NOTES FIXED 4.5% 01/JUN/2042 USD	17,000	21,459	14,729
RTX CORP CALLABLE NOTES FIXED 5.375% 27/FEB/2053	57,000	56,899	54,209
S&P GLOBAL INC CALLABLE NOTES FIXED 3.25%	100,000	118,537	69,085
SAN DIEGO GAS & ELECTRIC CO CALLABLE BOND FIXED	88,000	96,025	59,519
SAN DIEGO GAS & ELECTRIC CO CALLABLE BOND FIXED 6%	150,000	221,853	155,992
SECURIAN FINANCIAL GROUP INC CALLABLE NOTES FIXED	86,000	106,123	72,569
SHELL FINANCE US INC CALLABLE NOTES FIXED 3.75%	246,000	286,030	185,020
SHELL INTERNATIONAL FINANCE BV CALLABLE NOTES	282,000	378,320	260,647
SIMON PROPERTY GROUP LP CALLABLE NOTES FIXED 4.25%	191,000	214,277	155,972
SIMON PROPERTY GROUP LP CALLABLE NOTES FIXED 5.85%	107,000	106,043	107,970
SNAP-ON INC CALLABLE NOTES FIXED 4.1% 01/MAR/2048	240,000	271,385	193,344
STANFORD HEALTH CARE CALLABLE BOND FIXED 3.795%	130,000	164,239	99,919
SUTTER HEALTH CALLABLE BOND FIXED 5.547%	66,000	66,000	65,960
T-MOBILE USA INC CALLABLE NOTES FIXED 5.5%	99,000	98,897	93,267
TEACHERS INSURANCE & ANNUITY ASSOCIATION OF	150,000	179,808	120,203
TEXAS INSTRUMENTS INC CALLABLE NOTES FIXED 5.05%	187,000	185,442	168,803
TEXAS NAT GAS SECURITIZATION FIN CORP REV TAXABLE	138,000	139,797	135,901
TEXAS ST G O BDS 2009A 26/AUG/2009 01/APR/2039	100,000	148,707	99,970
TRANSCANADA PIPELINES LTD CALLABLE BOND FIXED 6.1%	60,000	83,786	61,014
TRAVELERS COS INC/THE CALLABLE NOTES FIXED 3.75%	221,000	265,701	169,277
TRINITY HEALTH CORP CALLABLE BOND FIXED 4.125%	43,000	52,810	35,125
UNION PACIFIC CORP CALLABLE NOTES FIXED 2.95%	156,000	155,680	98,682
UNION PACIFIC CORP CALLABLE NOTES FIXED 3.5%	121,000	99,719	85,395
UNION PACIFIC CORP CALLABLE NOTES FIXED 3.839%	245,000	240,402	175,177
UNITED PARCEL SERVICE INC CALLABLE NOTES FIXED	128,000	127,332	117,531
UNITED STATES OF AMERICA BOND FIXED 3.875%	20,000	18,626	17,621
UNITED STATES OF AMERICA BOND FIXED 4.25%	287,000	286,106	262,476
UNITED STATES OF AMERICA BOND FIXED 4.375%	101,000	97,614	95,133
UNITED STATES OF AMERICA BOND FIXED 4.5%	773,000	759,872	738,577
UNITED STATES OF AMERICA BOND FIXED 4.625%	507,000	514,178	492,028
UNITED STATES OF AMERICA NOTES FIXED 3.875%	740,000	729,217	699,878
UNITED STATES OF AMERICA NOTES FIXED 4%	24,000	23,222	22,981
UNITEDHEALTH GROUP INC CALLABLE NOTES FIXED 4.2%	84,000	108,031	67,944
UNITEDHEALTH GROUP INC CALLABLE NOTES FIXED 4.45%	474,000	589,141	390,827
UNITEDHEALTH GROUP INC CALLABLE NOTES FIXED 5.75%	160,000	159,035	156,026
UNITEDHEALTH GROUP INC CALLABLE NOTES FIXED 5.875%	134,000	144,190	134,550
VERIZON COMMUNICATIONS INC CALLABLE NOTES FIXED	132,000	135,741	95,752
VIRGINIA ELECTRIC AND POWER CO CALLABLE NOTES	204,000	195,197	144,001
VISA INC CALLABLE NOTES FIXED 2% 15/AUG/2050 USD	289,000	275,896	156,106
WALMART INC CALLABLE NOTES FIXED 4.5% 15/APR/2053	190,000	189,474	165,594
WALT DISNEY CO/THE CALLABLE NOTES FIXED 3.6%	235,000	274,104	173,116
WALT DISNEY CO/THE CALLABLE NOTES FIXED 3.8%	125,000	148,158	90,961
WASTE MANAGEMENT INC CALLABLE NOTES FIXED 5.35%	138,000	137,943	132,772
WELLS FARGO & CO CALLABLE MEDIUM TERM NOTE	500,000	608,765	444,461
WELLS FARGO & CO NOTES FIXED 3.9% 01/MAY/2045 USD	230,000	278,382	178,729
WISCONSIN ELECTRIC POWER CO CALLABLE NOTES FIXED	124,000	123,312	112,854
WYETH LLC CALLABLE NOTES FIXED 5.95% 01/APR/2037	24,000	33,036	25,063
XL GROUP LTD CALLABLE BOND FIXED 5.25% 15/DEC/2043	95,000	132,467	88,128
YALE-NEW HAVEN HEALTH SERVICES CORP CALLABLE BOND	79,000	77,659	45,461
Total Corporate and Government Bonds		44,664,740	33,230,075

NYU Langone Hospital - Brooklyn UFT Retirement Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)*, continued
December 31, 2024

Identity of Issue, Borrower, Lessor or Similar Party, and Description of Investment	Number of Shares, Par Value, or Face Amount	Cost	Current Value
Mutual Funds			
COMERICA SHORT TERM FUND 20035Y102	458	$ 458	$ 458
FIRST EAGLE OPPORTUNITY FUND LP- FOUNDERS SERIES	10,564	10,283,587	11,929,296
PIMCO LONG-TERM CREDIT BOND FUND OPEN-END FUND USD	4,017,146	49,941,959	34,868,829
VANGUARD INSTITUTIONAL TOTAL STOCK MARKET INDEX	623,716	59,954,260	61,810,272
VANGUARD TOTAL INTERNATIONAL STOCK INDEX FUND	197,239	26,621,319	24,994,164
Total Mutual Funds		146,801,583	133,603,019
Total Investments		$ 223,777,855	$ 208,070,120

* The information in this schedule has been certified as to its completeness and accuracy by JPMorgan Chase Bank, N.A., the trustee of the Plan.

** These are permitted party-in-interest transactions as defined by ERISA.

NYU Langone Hospital - Brooklyn UFT Retirement Plan
Schedule H, Line 4j – Schedule of Reportable Transactions*
Year Ended December 31, 2024

	(a) Identity of Party Involved	(b) Description of Asset Involved	Number of Transactions	(c) Purchase Price	Number of Transactions	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	Series of Transactions										
**	JPM US TREAS PLUS MMKT FUND CAPITAL SHARES	N/A	173	$ 47,832,459	-	$ -	N/A	N/A	$ 47,832,459	$ 47,832,459	$ -
**	JPM US TREAS PLUS MMKT FUND CAPITAL SHARES	N/A	-	-	111	41,650,396	N/A	N/A	41,650,396	41,650,396	-
	VANGUARD INSTITUTIONAL TOTAL STOCK MARKET INDEX	N/A	6	59,954,260	-	-	N/A	N/A	59,954,260	59,954,260	-
	VANGUARD INSTITUTIONAL TOTAL STOCK MARKET INDEX	N/A	-	-	6	59,842,730	N/A	N/A	36,561,612	59,842,730	23,281,118
	VANGUARD TOTAL INTERNATIONAL STOCK INDEX FUND	N/A	4	26,621,319	-	-	N/A	N/A	26,621,319	26,621,319	-
	VANGUARD TOTAL INTERNATIONAL STOCK INDEX FUND	N/A	-	-	3	24,992,973	N/A	N/A	19,496,699	24,992,973	5,496,274

* The information in this schedule has been certified as to its completeness and accuracy by the trustees of the Plan.

** These are permitted party-in-interest transactions as defined by ERISA.

Plan Name	**NYU Langone Hospital-Brooklyn UFT Retirement Plan**
Plan Sponsor EIN	**13-3971298**
ERISA Plan #	**006**
Plan Year Ending	**December 31, 2024**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	**NYU Langone Hospital-Brooklyn UFT Retirement Plan**
Plan Sponsor EIN	**13-3971298**
ERISA Plan #	**006**
Plan Year Ending	**December 31, 2024**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
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5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	**NYU Langone Hospital-Brooklyn UFT Retirement Plan**
Plan Sponsor EIN	**13-3971298**
ERISA Plan #	**006**
Plan Year Ending	**December 31, 2024**

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Form/Schedule	Line #	Description	Attachment
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5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

A Name of plan
NYU Langone Hospital-Brooklyn UFT Retirement Plan

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
NYU Langone Hospitals

D Employer Identification Number (EIN)
13-3971298

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:

a Market value	**2a**	196,217,076
b Actuarial value	**2b**	204,873,919

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	288	79,624,488	79,624,488
b For terminated vested participants	300	25,557,248	25,557,248
c For active participants	1,162	100,834,192	112,382,500
d Total	1,750	206,015,928	217,564,236

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.27%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	9,582,747
b Expected plan-related expenses	**6b**	2,066,000
c Target normal cost	**6c**	11,648,747

Statement by Enrolled Actuary

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

SIGN HERE Suzanne Hughes SH

Signature of actuary

October 3, 2025

Date

Suzanne Hughes

Type or print name of actuary

2307118

Most recent enrollment number

Buck Global LLC

Firm name

201-902-2300

Telephone number (including area code)

200 Jefferson Park
2nd Floor
Whippany NJ 07981

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 15.98%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		86,992
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.40%		4,698
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		91,690
	d Portion of (c) to be added to prefunding balance		91,690
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	91,690

Part III Funding Percentages

14	Funding target attainment percentage	**14**	94.12%
15	Adjusted funding target attainment percentage	**15**	94.12%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	**16**	93.03%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	**17**	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/09/2024	2,500,000	0			
05/14/2024	200,000	0			
07/10/2024	2,700,000	0			
10/10/2024	1,900,000	0			
01/08/2025	2,500,000	0			
04/10/2025	2,255,848	0			
08/27/2025	1,300,000	0			
			Totals ► **18(b)**	13,355,848	**18(c)** 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	**19a**	0
b Contributions made to avoid restrictions adjusted to valuation date	**19b**	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	**19c**	12,781,567

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:	2nd segment:	3rd segment:	
4.75 %	4.87 %	5.59%	☐ N/A, full yield curve used

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

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	11,648,747
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	12,782,007	1,224,092
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	12,872,839

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	91,272	91,272

36 Additional cash requirement (line 34 minus line 35)	**36**	12,781,567
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	12,781,567

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

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

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

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

NYU Langone Hospital-Brooklyn UFT Retirement Plan
EIN/PN: 13-3971298 / 006

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Funding assumptions selection and rationale

Actuarial Standard of Practice No. 27 ("ASOP 27") provides guidance to actuaries when selecting or advising plan sponsors to select economic assumptions for measuring pension obligations. Actuarial Standard of Practice No. 35 ("ASOP 35") provides guidance to actuaries when selecting or advising plan sponsors to select demographic and other noneconomic assumptions for measuring pension obligations. Under these ASOPs, for each assumption that has a significant effect on the measurement that is not prescribed by law or regulation and that the actuary has selected or advised the plan sponsor to select, the actuary should disclose the information and analysis that led the actuary to select or advise the plan sponsor to select the assumption for the purpose of the measurement. For any assumption that the plan sponsor selected without the actuary's advice, the ASOPs require the actuary to disclose the information and analysis used to support the actuary's determination that the assumption does not significantly conflict with what, in the actuary's professional judgment, is reasonable for the purpose of the measurement.

The interest rate and mortality assumptions have a significant effect on the measurement and are prescribed by law and regulation.

The economic assumption that has a significant effect on the measurement and was selected by the plan's enrolled actuary is the expected return on assets. The long-term expected rate of return is based on the plan's asset allocation and forward-looking expected rates of return by asset category provided by the plan's investment consultant.

The demographic assumptions that have a significant effect on the measurement and were selected by the plan's enrolled actuary are the retirement rates, withdrawal rates and frequency of optional forms of payment. These demographic assumptions were set in 2021 based on results of an experience study using valuation data from 2016 – 2021. I monitor these assumptions annually through gain/loss analyses. Recent experience has not revealed significant gains or losses from the current assumptions.

Use of Models

Actuarial Standard of Practice No. 56 ("ASOP 56") provides guidance to actuaries when performing actuarial services with respect to designing, developing, selecting, modifying, using, reviewing, or evaluating models. Gallagher uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules specified in this report. Further, the model applies those funding rules to the liabilities derived and other inputs, such as plan assets and contributions, to generate many of the exhibits found in this report. Gallagher has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Gallagher also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding rules as well as the manner in which the model generates its output.

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the actuarial assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law, or regulations. An analysis of the potential range of such future differences is beyond the scope of this report. However, in accordance with ASOP 51, an assessment of risks for the plan was performed.

NYU Langone Hospital-Brooklyn UFT Retirement Plan
EIN/PN: 13-3971298 / 006

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

Interest rates

	2024 Plan Year	2023 Plan Year
Funding Rates – Constrained*		
First Segment Rate	4.75%	4.75%
Second Segment Rate	4.87%	5.00%
Third Segment Rate	5.59%	5.74%
Effective Interest Rate	5.27%	5.40%
Funding Rates – Unconstrained**		
First Segment Rate	3.62%	1.41%
Second Segment Rate	4.46%	3.09%
Third Segment Rate	4.52%	3.58%
Effective Interest Rate	4.48%	3.37%
PBGC Premium Funding Target Rates		
First Segment Rate	5.01%	4.84%
Second Segment Rate	5.13%	5.15%
Third Segment Rate	5.15%	4.85%
Effective Interest Rate	5.14%	4.96%

* Used for minimum funding and benefit restriction purposes.

** Used for maximum tax-deduction and low-default-risk obligation measure purposes.

The interest rates used for funding purposes are the Segment Rates with four-month lookback, constrained in accordance with relevant legislation.

Mortality

Mortality tables mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, applied on a fully generational basis using the IRS 2024 Adjusted Scale MP-2021 Rates mortality improvement scale.

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan expenses to be paid from plan assets during the year.

NYU Langone Hospital-Brooklyn UFT Retirement Plan
EIN/PN: 13-3971298 / 006

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary.

Salary increases

Current year:	3.50%
Prior year:	3.50%

Based on discussions with the Plan sponsor regarding future compensation expectations.

Expenses

Expected plan expenses of $2,066,000 were added to the Target Normal Cost. This equals prior year actual expenses less PBGC premiums increased by 2% for inflation plus this year's PBGC premiums, rounded up to the next $1,000.

Lump sum actuarial equivalency factors

Mortality

Current year:	2024 IRS Applicable Mortality Table under IRC 417(e)(3) issued in IRS Notice 2023-73 as of the date of decrement.
Prior year:	2023 IRS Applicable Mortality Table under IRC 417(e)(3) issued in IRS Notice 2022-22 as of the date of decrement.
Interest:	Same segment rates as used to calculate the funding liability.

Marital Percentage

100% of participants are assumed to be married at the time of death. Husbands are assumed to be 3 years older than their wives.

Frequency of Optional Payment Forms

Probability	Payment Form
49.2%	Single Life Annuity
27.0%	Lump Sum
0.8%	5-year Certain Life Annuity
2.3%	10-year Certain Life Annuity
6.6%	100% Joint and Survivor Annuity
1.2%	75% Joint and Survivor Annuity
12.9%	50% Joint and Survivor Annuity

NYU Langone Hospital-Brooklyn UFT Retirement Plan
EIN/PN: 13-3971298 / 006

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Retirement rates

Age	Over 20 Years of Service at Age 62	Under 20 Years of Service at Age 62
55	3%	3%
56	2%	2%
57	2%	2%
58	2%	2%
59	3%	2%
60	2%	2%
61	3%	2%
62	24%	14%
63	18%	11%
64	22%	9%
65	29%	40%
66	24%	25%
67	16%	20%
68	21%	20%
69	16%	20%
70	20%	20%
71	20%	20%
72	20%	20%
73	20%	20%
74	20%	20%
75+	100%	100%

Vested terminated participants are assumed to commence benefits at age 65.

Withdrawal rates[1]

Age	Less than 1 Year	1 to 2 years	2 to 3 years	More than 3 years
25	10%	10%	10%	10%
30	7%	7%	7%	7%
35	5%	5%	5%	5%
40	6%	6%	6%	4.5%
45	12%	12%	9%	4%
50	11.5%	11.5%	8.5%	3.5%
55	14%	14%	11%	6%
60	14%	14%	11%	6%
65	100%	100%	100%	100%

[1] For active participants not eligible for retirement.

NYU Langone Hospital-Brooklyn UFT Retirement Plan
EIN/PN: 13-3971298 / 006

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Disability rates

Age	Disability %
25	0.10%
30	0.10%
35	0.10%
40	0.10%
45	0.16%
50	0.44%
55	0.90%
56	1.00%
57	1.10%
58	1.52%
59	1.94%
60	2.36%
61	2.78%
62	3.20%
63	3.62%
64	4.04%

Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including the discounted value of accrued contributions, reduced by 2/3 of the gain/(loss) for the immediately preceding plan year and reduced by 1/3 of the gain/(loss) for the plan year before that. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by current law and regulation to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

	Actuary's Assumption	Third Segment Rate	Reflecting PPA Limit
2024 Expected Return	7.00%	5.59%	5.59%
2023 Expected Return	7.00%	5.74%	5.74%
2022 Expected Return	7.00%	5.92%	5.92%

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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Summary of Changes from the January 1, 2023 Valuation

- The mortality assumption was updated according to the projection specified in IRS Regulation 1.430(h)(3)-1, applied on a generational basis.
- The interest rate basis was updated to the current rates as specified in IRS Regulation 1.430(h)(2)-1.
- The lump sum mortality was updated to the IRS 2024 Applicable mortality under 417(e)(3) issued in IRS Notice 2023-73.
- The above changes increased the Funding Target by $3.7 million.
- The expense load increased from $1,926,000 to $2,066,000.

NYU Langone Hospital-Brooklyn UFT Retirement Plan
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Schedule SB, Line 19 – Discounted Employer Contributions

Date	Amount	Plan Year	Days Discounted at Effective Rate of 5.27%	Days Discounted at Penalty Rate of 10.27%	Discounted Value
Line 19c - Contributions Allocated Toward Minimum Required Contribution for Current Year					
4/9/2024	2,500,000	2024	99	0	2,465,510
5/14/2024	174,425	2024	105	29	170,548
5/14/2024	25,575	2024	134	0	25,098
7/10/2024	2,700,000	2024	191	0	2,628,596
10/10/2024	1,900,000	2024	283	0	1,826,027
1/8/2025	627,415	2024	288	85	589,039
1/8/2025	1,872,585	2024	373	0	1,777,093
4/10/2025	802,106	2024	380	85	743,385
4/10/2025	1,453,742	2024	465	0	1,361,913
8/27/2025	1,300,000	2024	604	0	1,194,358
Total	**13,355,848**				**12,781,567**

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Schedule SB, Line 22 – Description of Weighted Average Retirement Age

This table calculates the weighted average retirement age for all active persons in the plan.

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	394.7479	0.0297	11.7403	645.7145
56	391.6446	0.0199	7.8007	436.8365
57	395.2179	0.0199	7.8701	448.5933
58	402.1392	0.0200	8.0258	465.4987
59	405.1523	0.0285	11.5660	682.3931
60	397.7136	0.0199	7.9239	475.4352
61	395.3863	0.0288	11.3885	694.6972
62	380.9769	0.2300	87.6116	5,431.9162
63	295.1527	0.1725	50.9184	3,207.8601
64	245.7335	0.2061	50.6494	3,241.5619
65	193.3693	0.3006	58.1229	3,777.9866
66	136.7433	0.2409	32.9388	2,173.9637
67	103.3342	0.1630	16.8480	1,128.8148
68	89.0971	0.2181	19.4363	1,321.6711
69	69.2958	0.1622	11.2392	775.5067
70	58.7401	0.2000	11.7480	822.3615
71	46.6957	0.2000	9.3391	663.0784
72	37.0956	0.2000	7.4191	534.1764
73	29.4464	0.2000	5.8893	429.9180
74	23.3540	0.2000	4.6708	345.6390
75	18.5036	1.0000	18.5036	1,387.7704
76	1.0000	1.0000	1.0000	76.0000
Total			**452.6498**	**29,167.3931**
Weighted Average Retirement Age = 29,167.3931 / 452.6498				**64.44**
Rounded Weighted Average Retirement Age				**64**

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	$ 3,440,049	$ 497,922	$ 6,791,812	$ 10,729,783
2025	$ 3,813,846	$ 498,418	$ 6,690,897	$ 11,003,161
2026	$ 4,215,542	$ 559,884	$ 6,583,481	$ 11,358,907
2027	$ 4,621,019	$ 624,534	$ 6,468,734	$ 11,714,287
2028	$ 5,260,863	$ 691,617	$ 6,345,269	$ 12,297,749
2029	$ 5,533,547	$ 712,416	$ 6,210,678	$ 12,456,641
2030	$ 5,823,092	$ 782,287	$ 6,064,317	$ 12,669,696
2031	$ 6,111,649	$ 980,971	$ 5,912,249	$ 13,004,869
2032	$ 6,260,023	$ 1,129,439	$ 5,741,989	$ 13,131,451
2033	$ 6,592,980	$ 1,150,282	$ 5,558,930	$ 13,302,192
2034	$ 6,942,127	$ 1,375,883	$ 5,375,751	$ 13,693,761
2035	$ 7,183,635	$ 1,424,443	$ 5,184,404	$ 13,792,482
2036	$ 7,356,085	$ 1,554,483	$ 4,984,354	$ 13,894,922
2037	$ 7,383,225	$ 1,603,643	$ 4,776,059	$ 13,762,927
2038	$ 7,574,725	$ 1,764,888	$ 4,560,046	$ 13,899,659
2039	$ 7,529,323	$ 1,837,794	$ 4,336,932	$ 13,704,049
2040	$ 7,684,331	$ 1,885,267	$ 4,107,462	$ 13,677,060
2041	$ 7,714,434	$ 1,979,629	$ 3,872,551	$ 13,566,614
2042	$ 7,840,109	$ 2,069,379	$ 3,633,291	$ 13,542,779
2043	$ 7,760,788	$ 2,126,589	$ 3,390,930	$ 13,278,307
2044	$ 7,802,820	$ 2,152,573	$ 3,146,859	$ 13,102,252
2045	$ 8,007,678	$ 2,163,892	$ 2,902,680	$ 13,074,250
2046	$ 7,962,036	$ 2,139,030	$ 2,660,258	$ 12,761,324
2047	$ 8,098,498	$ 2,232,237	$ 2,421,720	$ 12,752,455
2048	$ 8,321,081	$ 2,235,593	$ 2,189,408	$ 12,746,082
2049	$ 8,176,724	$ 2,329,864	$ 1,965,752	$ 12,472,340
2050	$ 8,220,109	$ 2,366,014	$ 1,753,056	$ 12,339,179
2051	$ 7,884,288	$ 2,379,401	$ 1,553,413	$ 11,817,102
2052	$ 7,858,290	$ 2,459,141	$ 1,368,574	$ 11,686,005
2053	$ 7,650,420	$ 2,480,601	$ 1,199,792	$ 11,330,813
2054	$ 7,626,472	$ 2,512,833	$ 1,047,792	$ 11,187,097
2055	$ 7,304,828	$ 2,554,527	$ 912,740	$ 10,772,095
2056	$ 7,063,797	$ 2,546,846	$ 794,288	$ 10,404,931
2057	$ 6,967,211	$ 2,488,370	$ 691,656	$ 10,147,237
2058	$ 6,722,342	$ 2,412,739	$ 603,705	$ 9,738,786
2059	$ 6,428,719	$ 2,330,779	$ 529,021	$ 9,288,519
2060	$ 6,064,108	$ 2,253,463	$ 466,034	$ 8,783,605
2061	$ 5,677,966	$ 2,151,957	$ 413,127	$ 8,243,050
2062	$ 5,546,012	$ 2,049,848	$ 368,706	$ 7,964,566
2063	$ 5,303,263	$ 1,947,816	$ 331,277	$ 7,582,356
2064	$ 4,990,145	$ 1,846,109	$ 299,505	$ 7,135,759
2065	$ 4,614,595	$ 1,745,107	$ 272,229	$ 6,631,931
2066	$ 4,291,663	$ 1,645,313	$ 248,497	$ 6,185,473
2067	$ 3,993,359	$ 1,547,066	$ 227,539	$ 5,767,964
2068	$ 3,741,867	$ 1,450,639	$ 208,757	$ 5,401,263
2069	$ 3,502,972	$ 1,356,290	$ 191,711	$ 5,050,973
2070	$ 3,275,631	$ 1,264,219	$ 176,082	$ 4,715,932
2071	$ 3,058,132	$ 1,174,612	$ 161,649	$ 4,394,393
2072	$ 2,851,700	$ 1,087,494	$ 148,257	$ 4,087,451
2073	$ 2,651,672	$ 1,002,908	$ 135,799	$ 3,790,379

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Schedule SB, Line 26a - Schedule of Active Participant Data

	Years of Credited Service									
	Under 1		1 - 4		5 - 9		10 - 14		15 - 19	
Attained Age	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp
Under 25	64	70,378	56	95,423	0		0		0	
25 - 29	66	73,567	141	102,142	10		0		0	
30 - 34	29	76,840	71	98,432	57	108,593	9		0	
35 - 39	12		29	104,062	38	106,307	32	112,863	8	
40 - 44	5		22	105,161	27	110,936	15		19	
45 - 49	0		8		15		9		14	
50 - 54	2		7		7		7		24	128,937
55 - 59	1		1		9		1		24	128,133
60 - 64	0		2		6		6		12	
65 - 69	0		0		2		2		2	
70 +	0		0		0		0		0	

	20 - 24		25 - 29		30 - 34		35 - 39		40 & up	
Attained Age	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp
Under 25	0		0		0		0		0	
25 - 29	0		0		0		0		0	
30 - 34	0		0		0		0		0	
35 - 39	0		0		0		0		0	
40 - 44	1		0		0		0		0	
45 - 49	10		1		0		0		0	
50 - 54	19		4		4		0		0	
55 - 59	16		7		14		2		0	
60 - 64	9		5		10		8		3	
65 - 69	1		1		1		0		1	
70 +	0		0		0		0		0	

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Schedule SB, Line 26a - Schedule of Fro en Active Participant Data

	Years of Credited Service									
	Under 1		1 - 4		5 - 9		10 - 14		15 - 19	
Attained Age	No.	Avg Annual Accrued Benefit	No.	Avg Annual Accrued Benefit	No.	Avg Annual Accrued Benefit	No.	Avg Annual Accrued Benefit	No.	Avg Annual Accrued Benefit
Under 25	1		1		0		0		0	
25 - 29	5		32	3,453	5		0		0	
30 - 34	3		16		23	9,334	0		0	
35 - 39	5		12		20	10,415	4		2	
40 - 44	5		5		5		4		0	
45 - 49	0		2		3		4		1	
50 - 54	0		1		1		2		3	
55 - 59	0		0		3		1		1	
60 - 64	0		0		0		0		0	
65 - 69	0		1		0		0		0	
70 +	0		0		0		0		1	

	20 - 24		25 - 29		30 - 34		35 - 39		40 & up	
Attained Age	No.	Avg Annual Accrued Benefit	No.	Avg Annual Accrued Benefit	No.	Avg Annual Accrued Benefit	No.	Avg Annual Accrued Benefit	No.	Avg Annual Accrued Benefit
Under 25	0		0		0		0		0	
25 - 29	0		0		0		0		0	
30 - 34	0		0		0		0		0	
35 - 39	0		0		0		0		0	
40 - 44	0		0		0		0		0	
45 - 49	0		0		0		0		0	
50 - 54	0		0		0		0		0	
55 - 59	0		1		1		0		0	
60 - 64	0		0		0		0		0	
65 - 69	0		0		0		0		0	
70 +	0		0		0		0		0	

NYU Langone Hospital-Brooklyn UFT Retirement Plan
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Schedule SB, Part V – Summary of Plan Provisions

The following summary describes the main participation, benefit, and contribution provisions of the Amended and Restated Plan effective January 1, 2016. The Plan was last amended on May 28, 2020.

Effective as of December 31, 2019, the Non-UFT participants of the NYU Lutheran Medical Center Defined Benefit Retirement Plan were spun off from the Plan and consolidated with the NYU Langone Hospitals Retirement Plan by transferring all of the Non-UFT participant's assets and liabilities to the NYU Langone Hospitals Retirement Plan.

Effective May 1, 2020, the Plan was renamed to NYU Langone Hospital-Brooklyn UFT Retirement Plan.

Definitions

Eligibility

Employees regularly scheduled to work at least half-time will become participants upon completion of two consecutive months of service. Employees not scheduled to work at least half-time but who work at least 1,000 hours in the year following their date of hire will become plan participants on the first of the month following completion of 1,000 hours. Effective July 1, 2001, employees of Shore Road Community Services, Inc. and Shore Hill Housing Company, Inc. who meet the above eligibility requirements shall become participants. Effective January 31, 2003, the Plan was closed to new participation for all non-union employees except for registered nurses. Effective July 1, 2006, the Plan was closed to new participation for all non-union registered nurses. Effective July 31, 2011, the Plan was closed to new participation for all employees who are covered by a collective bargaining agreement with the Special Superior Officers Benevolent Association.

Earnings

W-2 pay plus any amounts paid under Internal Revenue Code Section 403(b) but not including overtime, bonuses, on call pay or premium payments for holiday work.

Final Average Earnings Hired Prior to March 1, 2010

The average of the highest 60 consecutive calendar months of compensation during the 10-year period ending on the earliest of termination, early retirement or normal retirement dates, limited as required by IRC Section 401(a)(17).

Final Average Earnings Hired After to February 28, 2010

The average of the highest 84 consecutive calendar months of compensation during the 10-year period ending on the earliest of termination, early retirement or normal retirement dates, limited as required by IRC Section 401(a)(17).

Vesting Service

An employee will be credited with one year of Vesting Service for each 1,000-hour Plan Year.

Benefit Accrual Service

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

NYU Langone Hospital-Brooklyn UFT Retirement Plan
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Schedule SB, Part V – Summary of Plan Provisions (continued)

Benefits

Normal Retirement Benefit

Condition for Benefit:

All participants on the later of age 65 or completion of 5 years of service credit including any related plan service credit.

Amount of Benefit:

The sum of (i) and (ii):

(i) Current Service Benefit:

1.76% (1.60% if hired after 2/28/2010) of average monthly compensation multiplied by years of current service credit.

(ii) Past Service Benefit:

1.50% of past service compensation base multiplied by years of past service credit.

Effective July 1, 2001, employees of Shore Road Community Services, Inc. and Shore Hill Housing Company, Inc. who meet the above eligibility requirements shall become participants. Effective January 31, 2003, the Plan was frozen for all non-union employees except for registered nurses. Effective July 1, 2006, the Plan was frozen for all non-union registered nurses. Effective July 31, 2011, the Plan was frozen for all employees who are covered by a collective bargaining agreement with the Special Superior Officers Benevolent Association.

Early Retirement Benefit

Condition for Benefit:

On the first of the month on or next following attainment of age 55 and completion of 5 years of service credit including any related plan service credit.

The participant's benefit described in normal retirement pension above, based on service credit and average monthly compensation at retirement, reduced by 0.5% for each month that commencement of payments precedes the participant's 65th birthday, unless the participant retires after age 62 with 20 years of service, then the benefit is unreduced.

Deferred Vested Benefit

Condition for Benefit:

All participants who terminate employment after completing 5 years of service credit including any related plan service credit.

Amount of Benefit:

The participant's benefit described in normal retirement pension above, based on service credit and average monthly compensation at termination reduced by 0.5% for each month that commencement of payments precedes the participant's 65th birthday.

Disability Retirement Benefit

Condition for Benefit:

At least 5 years of service credit including any related plan service credit and is totally disabled.

Amount of Benefit:

The participant's benefit described in normal retirement pension above, based on service credit and average monthly compensation at disability. Payment of benefit commences immediately without reduction.

NYU Langone Hospital-Brooklyn UFT Retirement Plan
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Schedule SB, Part V – Summary of Plan Provisions (continued)

Preretirement Spousal Death Benefit

Condition for Benefit:

Spouses or designated beneficiaries of all vested participants who elected coverage and who die before payments have commenced.

Amount of Benefit:

(a) If eligible for early retirement, the amount which would have been payable to the spouse had the participant retired on the first day of the month in which his death occurred, having elected a 50% joint and survivor annuity. Monthly payments will begin as of the first day of the month following the participant's death and will continue for the life of the beneficiary.

(b) If not eligible for early retirement, the amount which would have been payable to the beneficiary had the participant terminated on the day he dies, survived to his earliest retirement age, retired (having elected a 50% joint and survivor annuity) and then died the day after retirement. Monthly payments will begin on what would have been the participant's earliest retirement date and will continue for the life of the spouse.

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

Participant's Age	Reduction Per Month
35 - 44	1/120%
45 - 54	1/60%
55 - 64	1/20%
65 and over	1/10%

Normal Form of Benefit

Single Life Annuity:

If you are single the normal form is a Single Life Annuity. You will be paid your accrued benefit in monthly installments for the rest of your lifetime only. When you die, no further benefits are payable on your behalf under the Plan.

50% Joint and Survivor Annuity:

If you are married the normal form is a 50% Joint and Survivor Annuity. This pays you a reduced benefit for your lifetime so that when you die your surviving spouse will receive 50% of that benefit for the rest of his or her life. However, if your spouse dies first, your benefit will continue without change. (Generally, you must have been married for at least one year prior to your retirement date for this to be your normal form of payment.)

Optional Benefits in Lieu of Regular Benefits

Actuarially equivalent 50%, 75%, or 100% joint and survivor, 5 or 10 years certain and continuous annuities and level income options. In addition, any participant may elect to take 25% or 50% of the benefit in a lump sum, with the remaining 75% or 50% of the benefit taken in one of the forms listed above.

Contributions

NYU Langone Hospitals makes all contributions for the support of the Plan.

Summary of changes from January 1, 2023 valuation

None.

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Schedule SB, Line 32 – Schedule of Amortization Bases

Date Established	Type Of Base	Years Remaining	Shortfall Amortization Installment	Present Value of Remaining Installments as of January 1, 2024
January 1, 2024	Shortfall	15	$ (84,449)	$ (928,208)
January 1, 2023	Shortfall	14	1,308,541	13,710,215
Total			$ 1,224,092	$ 12,782,007