

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

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>NYU LANGONE HEALTH 403(B) PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>005</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NYU LANGONE HOSPITALS</u></p> <p><u>ONE PARK AVENUE, 4TH FLOOR, HUMAN RESOURCES NEW YORK, NY 10016</u></p>	<p>1c Effective date of plan <u>07/01/2003</u></p> <p>2b Employer Identification Number (EIN) <u>13-3971298</u></p> <p>2c Plan Sponsor's telephone number <u>212-404-4002</u></p> <p>2d Business code (see instructions) <u>622000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	44670
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	32992
	6a(2)	34692
	6b	0
	6c	13298
	6d	47990
	6e	56
	6f	48046
	6g(1)	38854
6g(2)	42161	
6h	568	
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:
 2F 2G 2L 2M 2R 2S 2T 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)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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 HEALTH 403(B) PLAN		B Three-digit plan number (PN) ▶	005
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 Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	403400	9286	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	363679031
5	Current value of plan's interest under this contract in separate accounts at year end.....	398931734
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 348601510
c	Additions: (1) Contributions deposited during the year	7c(1) 16312893
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 13997016
	(4) Transferred from separate account	7c(4) 33721536
	(5) Other (specify below).....	7c(5) 1555220
	▶ MISCELLANEOUS CREDITS, INCLUDING INVESTMENT GAINS AND TRANSFERS FROM FULLY ALLOCATED CONTRACTS	
	(6) Total additions	7c(6) 65586665
d	Total of balance and additions (add lines 7b and 7c(6))	7d 414188175
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 26302554
	(2) Administration charge made by carrier.....	7e(2) 24685
	(3) Transferred to separate account	7e(3) 22380646
	(4) Other (specify below).....	7e(4) 1801259
▶ MISCELLANEOUS DEBITS, INCLUDING INVESTMENT LOSSES AND TRANSFERS TO FULLY ALLOCATED CONTRACTS		
	(5) Total deductions	7e(5) 50509144
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 363679031

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan NYU LANGONE HEALTH 403(B) PLAN	B Three-digit plan number (PN) ▶	005
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 Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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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)

TIAA

13-1624203

(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?
15 17 27 28 38 50 52 54 64 66	NONE	839076	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>NYU LANGONE HEALTH 403(B) PLAN</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NYU LANGONE HOSPITALS</u>	D Employer Identification Number (EIN) <u>13-3971298</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIAA REAL ESTATE</u>		
b Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>		
c EIN-PN <u>13-1624203-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>30762435</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan NYU LANGONE HEALTH 403(B) PLAN	B Three-digit plan number (PN) ▶ 005
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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4370541	5073550
(2) Participant contributions	1b(2)	8757584	9575635
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	28948112	30461517
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	18976088	26420355
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	37961800	30762435
(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)	2490221074	3116505272
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	348601510	363679031
(15) Other	1c(15)	4257380	5861728

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	2942094089	3588339523
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	24555	25300
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	24555	25300
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2942069534	3588314223

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)	123595503	
(B) Participants.....	2a(1)(B)	229956233	
(C) Others (including rollovers).....	2a(1)(C)	32768609	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		386320345
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1494438	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	1926928	
(F) Other.....	2b(1)(F)	13997016	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		17418382
(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)	72527946	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		72527946
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-1500902
(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)		308522926
c Other income	2c		1672786
d Total income. Add all income amounts in column (b) and enter total	2d		784961483

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	131331985	
(2) To insurance carriers for the provision of benefits	2e(2)	5427877	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		136759862
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		1117856
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	6934	
(3) Recordkeeping fees	2i(3)	832142	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		839076
j Total expenses. Add all expense amounts in column (b) and enter total	2j		138716794

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		646244689
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	69981
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>NYU LANGONE HEALTH 403(B) PLAN</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NYU LANGONE HOSPITALS</u>	D Employer Identification Number (EIN) <u>13-3971298</u>	

Part I	Distributions
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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
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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): 82-2826183

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	
----------------------------------------------------------------------------------------------------------------------------------	---	--

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.)
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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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

Health 403(b) Plan

**Financial Statements and Supplemental Schedules
December 31, 2024 and 2023**

NYU Langone Health 403(b) Plan Index

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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 Disclosure under the *Employee Retirement Income Security Act of 1974* ("ERISA") have been omitted because they are not applicable.

Independent Auditor's Report

Plan Administrator
NYU Langone Health 403(b) Plan
New York, New York

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

We were engaged to perform audits of the financial statements of NYU Langone Health 403(b) 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 statement of changes in net assets available for benefits for the year ended December 31, 2024, 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 year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Responsibilities of Management

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

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matter described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

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 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. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section it is inappropriate to and we do not express an opinion on these supplemental schedules.

Forvis Mazars, LLP

**San Antonio, Texas
October 8, 2025**

Federal Employer Identification Number: 44-0160260

NYU Langone Health 403(b) Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023
(In thousands)

	<u>2024</u>	<u>2023</u>
Assets		
Investments, at fair value (Note 3 and 4)	\$ 3,273,424	\$ 2,640,804
Investments, at contract value (Note 3)	<u>273,846</u>	<u>269,186</u>
Total investments	<u>3,547,270</u>	<u>2,909,990</u>
Receivables		
Employer contributions	5,074	4,371
Participant contributions	9,576	8,758
Notes receivable from participants (Note 1 and 3)	<u>26,420</u>	<u>18,976</u>
Total receivables	<u>41,070</u>	<u>32,105</u>
Total assets	<u>3,588,340</u>	<u>2,942,095</u>
Liabilities		
Accrued expenses	<u>25</u>	<u>25</u>
Total liabilities	<u>25</u>	<u>25</u>
Net assets available for benefits	<u>\$ 3,588,315</u>	<u>\$ 2,942,070</u>

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

NYU Langone Health 403(b) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2024
(In thousands)

Additions to net assets attributed to:

Net investment income (Note 3)	
Interest and dividend income	\$ 78,325
Net appreciation in fair value of investments	319,477
Net investment income	<u>397,802</u>

Contributions

Employer contributions	123,596
Participant contributions	229,956
Participant rollover contributions	32,769
Total contributions	<u>386,321</u>
Total additions, net	<u>784,123</u>

Deductions from net assets attributed to:

Benefits paid to participants and beneficiaries	<u>137,878</u>
Total deductions	<u>137,878</u>
Net increase in net assets available for benefits	646,245

Net assets available for benefits

Beginning of year	<u>2,942,070</u>
End of year	<u>\$ 3,588,315</u>

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

NYU Langone Health 403(b) Plan

Notes to Financial Statements

December 31, 2024 and 2023

(In thousands)

1. Description of the Plan

Effective January 1, 2023, the Plan was amended and renamed NYU Langone Health 403(b) Plan (the "Plan"). The following description of the Plan provides only 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, NYU Langone Hospitals ("NYULH").

General

The Plan was established effective July 1, 2003. NYULH is the sponsor of the Plan. The Plan is subject to the provisions of the *Employee Retirement Income Security Act* ("ERISA").

The Plan is a defined contribution 403(b) plan available to all employees of NYU Langone Hospitals and NYU Langone Health System. Employee participation begins according to employment status with NYULH. For purposes of employer contributions, each eligible employee's participation begins on the first day of the month following one year of service as an employee, except for employees who are members of the Brotherhood of Security Personnel, Officers and Guards International Union or Local One Security Officers, for whom participation begins on the first day of the month following two years of service.

The Plan assets are held by Teachers Insurance and Annuity Association of America and College Retirement Equities Fund ("TIAA-CREF"), as insurance companies of the Plan. TIAA, FSB (formerly TIAA-CREF Trust Company, FSB) is the custodian, record-keeper and trustee for the non-annuity assets, including mutual funds. TIAA is a nonprofit, legal reserve life insurance and annuity company. CREF is an open-end diversified management investment company. Plan assets can also be invested in mutual funds managed by The Vanguard Group ("Vanguard") and Allspring Global Investments ("Allspring"). Vanguard and Allspring are investment management companies that offer mutual funds, and financial products and services to both individual and institutional customers.

The Plan allows participants to purchase unallocated insurance contracts through TIAA-CREF. The Plan also allows participants to purchase unallocated investments, notably a pooled separate account and variable annuity contracts through CREF, and mutual funds and money market funds through Vanguard.

The balance in each participant's account consists of NYULH's contributions made on their behalf, the participant's contributions and investment returns less expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Contributions

Employer contributions range from 6% to 10% of the employee's eligible compensation, as defined in the Plan Document, depending on the employee's entrance into the plan and job type, as described in Schedule A of the Plan Document. An employee may make participant contributions by making a salary reduction election directly with TIAA-CREF, the custodian and recordkeeper.

Contributions for any year may not exceed the limitations specified in the Internal Revenue Code ("IRC"). Pre-tax contributions may not exceed the 2024 pre-tax limit of twenty-three thousand dollars as established by the IRC. Participants aged 50 and over are eligible to contribute extra pre-tax contributions ("catch-up contribution") above the annual Internal Revenue Service ("IRS") limitation up to seven thousand five hundred dollars in 2024. Participants can elect an amount to

NYU Langone Health 403(b) Plan
Notes to Financial Statements
December 31, 2024 and 2023
(In thousands)

be contributed from each paycheck as their catch-up contribution. This amount will be in addition to the pre-tax and post-tax contribution percentages that participants have elected. Effective January 1, 2024, the Plan was amended to introduce an after-tax Roth contribution.

Vesting

All participants are fully vested in their account balance for contributions they make immediately upon entering the Plan. Vesting in NYULH's contribution plus actual earnings thereon, is based on years of continuous service. Employees will earn a year of vesting service for each calendar year in which the employee is credited with at least 1,000 hours of service. A participant is 100% vested after five years of credited service as follows:

<u>Years of Service</u>	<u>Applicable Nonforfeitable Percentage</u>
Less than 2	0%
2 but less than 3	25%
3 but less than 4	50%
4 but less than 5	75%
5 or more	100%

Forfeited Accounts

Where a participant's employment with NYULH is terminated before they are 100% vested in employer contributions, the unvested portion of their employer contributions will be forfeited upon the earlier of the distribution of their vested Plan benefits or the expiration of five consecutive calendar years in which they are not credited with at least 501 hours of service. If they return to employment with NYULH before the expiration of that five-year period, their forfeited account balance will be restored (without interest). The balance in the forfeiture account will be used first to restore returning employees whose balances were forfeited or to fund administrative expenses and employer contributions required to be made to the Plan. NYULH utilized \$568 of forfeitures to fund employer contributions and pay administrative expenses in 2024. As of December 31, 2024 and 2023, the amounts available in the forfeiture account totaled \$319 and \$197, respectively.

Notes Receivable from Participants

Eligible participants may borrow against their annuity contract or custodial account for a minimum of one thousand dollars up to a maximum equal to the lesser of 50% of their individual vested account or fifty thousand dollars. At December 31, 2024, participant loans in the amount of \$26,420 are included in notes receivable from participants on the statements of net assets available for benefits. At December 31, 2023, participant loans in the amount of \$18,976 are included in notes receivable from participants on the statements of net assets available for benefits. For the participant loans outstanding, the range of interest rates was 4.25% to 9.50% for December 31, 2024 and 2023.

Plan Loans

Participants are no longer permitted to obtain loans directly from TIAA-CREF. Previously, participants were allowed to request loans not to exceed the lesser of 50% of their individual vested account or fifty thousand dollars. Plan loans outstanding will be repaid in accordance with the payment terms and schedule established at loan origination. Loan terms may not exceed five years, except for loans used to acquire the participant's principal residence (10 years). The interest rate charged on a loan must be at least equivalent to the prevailing interest rate charged by persons in the business of lending money which would be made under similar circumstances.

NYU Langone Health 403(b) Plan

Notes to Financial Statements

December 31, 2024 and 2023

(In thousands)

Principal and interest are paid ratably either monthly or quarterly depending on the election of the participant. Participants make payments directly to TIAA-CREF. Each loan is fully secured by the participant's interest in his or her TIAA Traditional Annuity account. To secure a plan loan, a participant must transfer 110% of the requested loan into the TIAA Traditional Annuities to be held as collateral. As of December 31, 2024 and 2023, there were \$5,808 and \$7,788, respectively, of plan loans with TIAA-CREF with \$6,389 and \$8,567, respectively, of Plan assets designated as collateral for these loans. If a Plan loan goes into default, the collateral associated with the loan would not be distributed to TIAA-CREF unless the participant was otherwise eligible for a distribution. The Plan loan interest rates ranged from 5.10% to 5.56% for active plan loans as of December 31, 2024, and ranged from 5.02% to 5.72% for active plan loans as of December 31, 2023.

Payment of Benefits

On termination of service due to a participant's retirement, death, or termination of employment at NYULH, Plan benefits may be paid. Participants have many withdrawal options including a lump sum withdrawal, a series of partial withdrawals, an annuity payout of equal monthly payments for a designated period, an annuity payout for the lives of the participant and the beneficiary, an annuity payout of monthly payments for life with a guaranteed minimum number of years for the participant and his/her beneficiary, or a combination of partial withdrawals and an annuity.

Investments

Upon enrollment in the Plan, participants allocate contributions made on their behalf between the investment options in whole percentages to purchase accumulation units or annuity contracts. The number of units purchased is based on the net asset value (NAV) per unit on the day their contributions are received. Investment return is allocated to participants' accounts based upon the number of units the participant owns in each investment.

The Plan allows participants to direct the investment of their accounts into the TIAA Traditional Annuity, the TIAA Real Estate Account, CREF Variable Annuity contracts, Allspring mutual funds, and Vanguard mutual and money market funds. Participants may change their investment options at their discretion.

2. Summary of Significant Accounting Policies

Basis of Presentation

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

Use of Estimates

The preparation of the Plan's financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingencies at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from these estimates and such differences could be material.

NYU Langone Health 403(b) Plan

Notes to Financial Statements

December 31, 2024 and 2023

(In thousands)

Valuation of Investments and Income Recognition

The Plan's investments are held by TIAA-CREF and are stated at fair value except for the fully benefit-responsive investment contracts that are stated at contract value. Shares of mutual and money market funds are valued at daily closing price as reported by the fund. These are open-end funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value to transact at that price and are deemed to be actively traded. Investments in pooled separate accounts and variable annuities are valued at current fair value, which represents the net asset value of the units held at year end. Investments in non-fully benefit-responsive investment contracts are valued at fair value based on discounted cash flows as more fully described in Note 4. Investments in fully benefit-responsive investment contracts are valued at contract value which equals the accumulated cash contributions and interest credited to the contracts, less any withdrawals.

Contributions to the TIAA Traditional Annuities are used to purchase a guaranteed amount of future retirement benefits. TIAA provides annuities, which are considered unallocated contracts. The TIAA Traditional Annuities are guaranteed annuities which guarantee principal and pay a guaranteed minimum interest, currently 3% during the accumulation phase and 2.5% during the payout phase. Additional amounts above the guaranteed minimum interest rate may be declared at the discretion of the TIAA Board of Trustees on a year-by-year basis. When declared, the additional amounts remain in effect for the declaration year that begins each March 1 and are not guaranteed for future years. Together the guaranteed minimum and additional amounts make up the crediting rate in the accumulation phase. TIAA groups premium dollars received over defined periods into vintages for the purpose of determining the crediting rate for the applicable declaration year during the accumulation period. The crediting rate for non-fully-benefit-responsive annuity contracts in the accumulation phase ranged from 4.75% to 6.00% in 2024 and ranged from 6.00% to 6.75% in 2023. For fully benefit-responsive contracts in the accumulation phase, the crediting rate ranged from 4.00% to 5.25% in 2024 and 5.25% to 6.00% in 2023.

TIAA Traditional Annuity investments are offered through Retirement Annuity ("RA") contracts (\$89,833 and \$79,416 at December 31, 2024 and 2023, respectively) and Group Supplemental Retirement Annuity ("GSRA") and Supplemental Retirement Annuity ("SRA") contracts (\$273,846 and \$269,186 at December 31, 2024 and 2023, respectively). The TIAA Traditional Annuity holdings within the RA contracts have restrictions, are non-fully benefit-responsive and are reported at fair value. The TIAA Traditional Annuity holdings within the GSRA and SRA contracts contain no liquidity restrictions, are fully benefit-responsive, and accordingly are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because it is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Distributions, withdrawals, and transfers out of these contracts can only be made in 10 annual installments through Transfer Payout Annuities.

The Plan presents in the statement of changes in net assets available for benefits the net appreciation or depreciation in the fair value of its investments, which consists of the net realized gains or losses and the net unrealized appreciation on those investments less expenses. Net appreciation in fair value of the TIAA Traditional Annuities is classified as interest income.

Purchases and sales of securities are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date and interest income is recorded on the accrual basis.

Payment of Benefits

Benefits are recorded when paid.

NYU Langone Health 403(b) Plan
Notes to Financial Statements
December 31, 2024 and 2023
(In thousands)

Expenses of the Plan

Custodian related expenses are deducted from the net assets of each account each valuation day for investment management, administration, and distribution.

Investment management and operating expenses charged to the Plan for investments in mutual funds and money market funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management and operating expenses are reflected as a reduction of net appreciation (depreciation) in the fair market value of such investments.

Other fees incurred for administration of the Plan, such as audit fees, are reflected separately as administrative expenses on the statement of changes in net assets available for benefits.

Risk and Uncertainties

The Plan invests in various types of investment securities, including mutual funds, a money market fund, variable annuities, a pooled separate account and fixed-dollar annuity contracts. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the value of participant account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

3. 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, TIAA-CREF, a qualified institution, has certified the following investment information included in the accompanying financial statements and ERISA-required supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) is complete and accurate:

	<u>2024</u>	<u>2023</u>
Statements of net assets available for benefits		
Investments, at fair value	\$ 3,273,424	\$ 2,640,804
Investments, at contract value	273,846	269,186
Total investments	<u>\$ 3,547,270</u>	<u>\$ 2,909,990</u>
Notes receivable from participants	<u>\$ 26,420</u>	<u>\$ 18,976</u>

Net investment income for the year ended December 31, 2024, consisted of the following:

Statement of changes in net assets available for benefits

Net investment income	
Interest and dividend income	\$ 78,325
Net appreciation in fair value of investments	<u>319,477</u>
Net investment income	<u>\$ 397,802</u>

NYU Langone Health 403(b) Plan

Notes to Financial Statements

December 31, 2024 and 2023

(In thousands)

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 information included in the financial statements and ERISA-required supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year).

4. Fair Value Measurements

Accounting standards establish a framework for measuring fair value. The 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 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 need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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 have been no changes in the methodologies used at December 31, 2024 and 2023.

NYU Langone Health 403(b) Plan
Notes to Financial Statements
December 31, 2024 and 2023
(In thousands)

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	Observable Inputs Level 2	Unobservable Inputs Level 3	Total 2024
Variable annuities ¹	\$ -	\$ 368,169	\$ -	\$ 368,169
Pooled separate accounts ²	-	30,762	-	30,762
Fixed income annuity	-	-	89,833	89,833
Mutual funds ³	2,754,198	-	-	2,754,198
Money market	30,462	-	-	30,462
Total investments, at fair value	<u>\$ 2,784,660</u>	<u>\$ 398,931</u>	<u>\$ 89,833</u>	<u>\$ 3,273,424</u>

	Active Markets Level 1	Observable Inputs Level 2	Unobservable Inputs Level 3	Total 2023
Variable annuities ¹	\$ -	\$ 329,023	\$ -	\$ 329,023
Pooled separate accounts ²	-	37,962	-	37,962
Fixed income annuity	-	-	79,416	79,416
Mutual funds ³	2,165,455	-	-	2,165,455
Money market	28,948	-	-	28,948
Total investments, at fair value	<u>\$ 2,194,403</u>	<u>\$ 366,985</u>	<u>\$ 79,416</u>	<u>\$ 2,640,804</u>

1. This category includes investments in CREF variable annuities. In an effort to reduce market timing and excessive trading, shareholders are not permitted to make electronic transfers back into the same account with a purchase or exchange for 90 calendar days, if a purchase, sale or repurchase within the account is made within a 60-day period.
2. This category includes investments in a pooled separate account investing in real estate and real estate-related investments. Although the underlying assets of the pooled separate account cannot be quickly sold and converted to liquid assets, the TIAA General Account provides a liquidating guarantee to meet participants' redemption, transfer, or cash withdrawal requests varying from one to three days. Redemptions out of this investment are limited to one per quarter. Internal transfers into the TIAA Real Estate Account are prohibited if the transfer causes the value of the participant's total accumulation in the account to exceed one hundred fifty dollars. The purpose of this limitation is to ensure more predictable account inflows and outflows, which is expected to facilitate efficient portfolio management over the long term. There are no redemption notice periods required by nor significant fees imposed by the insurance companies should the Plan choose to no longer allow Plan assets to be invested in a particular variable annuity or pooled separate account. Trade settlement terms are one to three days.
3. This category includes investments in the TIAA-CREF Self-Directed Account. Participants have the option to open a brokerage account to direct retirement plan contributions and account balances amongst a variety of mutual funds. The investment choices within this brokerage account consist only of mutual funds. There is a one thousand dollars minimum initial investment

NYU Langone Health 403(b) Plan
Notes to Financial Statements
December 31, 2024 and 2023
(In thousands)

for most funds and additional minimums may apply for subsequent investments. Once the account is open, participants can transfer/contribute up to 95% of their available balances.

There were no transfers between Level 1, Level 2, or Level 3 during the year ended December 31, 2024.

There were no unfunded commitments as of December 31, 2024 and 2023.

Level 3 Investments

The Level 3 investment assets consist of the TIAA Retirement Annuity contracts. The classification of an investment within Level 3 is based upon significance of the unobservable inputs to the overall fair value measurement.

Level 3 Investment Assets at Fair Value as of December 31, 2024	
Balance at January 1	\$ 79,416
Purchases	13,283
Sales	(6,631)
Investment return	3,765
Balance at December 31	<u>\$ 89,833</u>

The following tables present information about significant unobservable inputs relating to the Plan's investments in assets categorized as Level 3 at December 31, 2024 and 2023:

As of December 31, 2024

<u>Type</u>	<u>Fair Value</u>	<u>Valuation Technique</u>	<u>Significant Unobservable Inputs</u>	<u>Range</u>
TIAA Retirement Annuity-RA	\$ 89,833	Discounted cash flow	Risk-adjusted discount rate applied	3.65% – 6.50%

As of December 31, 2023

<u>Type</u>	<u>Fair Value</u>	<u>Valuation Technique</u>	<u>Significant Unobservable Inputs</u>	<u>Range</u>
TIAA Retirement Annuity-RA	\$ 79,416	Discounted cash flow	Risk-adjusted discount rate applied	4.00% – 6.75%

NYU Langone Health 403(b) Plan
Notes to Financial Statements
December 31, 2024 and 2023
(In thousands)

5. Plan Termination

Although the Plan has not expressed any intent to do so, NYULH has the right to discontinue its contributions and to terminate the Plan at any time subject to the provisions of ERISA and the IRC. In the event of plan termination, Plan assets will be distributed to the plan participants. In the event of plan termination, participants would become 100% vested in their employer contributions.

6. Tax Status

The Plan has been designed to qualify for tax-exempt status under Section 403(b) of the IRC. The terms of the Plan have been prepared to conform with the sample language provided by the IRS in Revenue Procedure 2007-71. The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for Plan participants under Section 403(b). NYULH believes that the Plan is currently designed and operating in accordance with the applicable requirements of Section 403(b) of the IRC and, therefore, believes the Plan is qualified and the related (custodial) accounts (and tax-deferred annuities) are tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

Certain assets of the Plan, as noted in Schedule H, Line 4i, are investments managed by TIAA-CREF and, therefore, these qualify as party-in-interest transactions. The total fair value of such investments managed by TIAA-CREF and notes receivable from participants were \$794,893 and \$738,820 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. Department of Labor's prohibited transaction exemptions.

8. Subsequent Events

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

Supplemental Schedules

NYU Langone Health 403(b) Plan
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
Year Ended December 31, 2024

	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
(a) \$	69,981	\$ -	\$ 69,981	\$ -	\$ -

(a) 2023 plan year

NYU Langone Health 403(b) Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)*
December 31, 2024

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
** TIAA-CREF Self Directed Acct	Self-Directed Account	***	\$ 5,861,728
** TIAA Traditional - GSRA & SRA	Guaranteed Insurance Contract	***	273,845,539
** TIAA Traditional - RA	Guaranteed Insurance Contract	***	89,833,492
** TIAA Real Estate	Pooled Separate Account	***	30,762,435
** CREF Stock R3	Variable Annuity	***	141,432,188
** CREF Money Market R3	Variable Annuity	***	23,606,460
** CREF Social Choice R3	Variable Annuity	***	24,263,808
** CREF Core Bond R3	Variable Annuity	***	22,944,956
** CREF Global Equities R3	Variable Annuity	***	32,226,905
** CREF Growth R3	Variable Annuity	***	89,854,024
** CREF Equity Index R3	Variable Annuity	***	27,318,422
** CREF Inflation-Linked Bond R3	Variable Annuity	***	6,522,536
Allspring Special Small Cap Value Fund - Class R6	Mutual Fund	***	4,775,720
Vanguard Equity Income Admiral	Mutual Fund	***	77,844,004
Vanguard Explorer Admiral	Mutual Fund	***	47,721,758
Vanguard Federal Money Market Fund Inv Class	Money Market Fund	***	30,461,517
Vanguard Inflation Protected Securities Institutional	Mutual Fund	***	20,491,789
Vanguard Institutional Index Institutional Plus	Mutual Fund	***	345,094,236
Vanguard Mid-Cap Growth Index Fund Admiral Shares	Mutual Fund	***	22,337,763
Vanguard Target Retirement 2020	Mutual Fund	***	37,735,382
Vanguard Target Retirement 2025	Mutual Fund	***	90,157,981
Vanguard Target Retirement 2030	Mutual Fund	***	115,129,620
Vanguard Target Retirement 2035	Mutual Fund	***	128,543,481
Vanguard Target Retirement 2040	Mutual Fund	***	142,443,878
Vanguard Target Retirement 2045	Mutual Fund	***	183,722,777
Vanguard Target Retirement 2050	Mutual Fund	***	243,910,381
Vanguard Target Retirement 2055	Mutual Fund	***	234,847,325
Vanguard Target Retirement 2060	Mutual Fund	***	146,472,699
Vanguard Target Retirement 2065	Mutual Fund	***	44,695,962
Vanguard Target Retirement 2070	Mutual Fund	***	1,964,974
Vanguard Institutional Target Retirement Income Institutional	Mutual Fund	***	22,663,936
Vanguard High-Yield Corp Admiral	Mutual Fund	***	23,696,221
Vanguard Wellesley Income Admiral	Mutual Fund	***	18,763,437
Vanguard Global Equity Inv	Mutual Fund	***	32,162,685
Vanguard US Growth Admiral	Mutual Fund	***	200,312,386
Vanguard Real Estate Index Institutional	Mutual Fund	***	33,672,638
Vanguard Growth Index Institutional	Mutual Fund	***	66,702,948
Vanguard Value Index Institutional	Mutual Fund	***	65,898,523
Vanguard Small-Cap Growth Index Institutional	Mutual Fund	***	10,071,443
Vanguard Small Cap Val Index Institutional	Mutual Fund	***	41,241,977
Vanguard Short-Term Bond Index Institutional	Mutual Fund	***	32,062,727
Vanguard Developed Markets Index Fund Institutional Plus Shares	Mutual Fund	***	150,260,057
Vanguard Emerging Markets Stock Index Fund Institutional Plus Shares	Mutual Fund	***	48,357,319
Vanguard Extended Market Index Fund Institutional Plus Shares	Mutual Fund	***	61,390,164
Vanguard Total Bond Market Index Fund Institutional Plus Shares	Mutual Fund	***	42,839,656
Vanguard Mid-Cap Value Index Fund Admiral Shares	Mutual Fund	***	10,350,128
	Total Investments		3,547,269,985
** Notes Receivable From Participants	Interest Rates Ranging From 4.25% – 9.50%; Maturity Dates Ranging From 2025 – 2034	***	26,420,355
	Total Investments and Notes Receivable		\$ 3,573,690,340

* The information in this schedule has been certified as to its completeness and accuracy by TIAA-CREF, as insurance companies.

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

*** Cost information is not required for participant-directed investments and, therefore, is not included.

Plan Name	NYU Langone Health 403(b) Plan
Plan Sponsor EIN	13-3971298
ERISA Plan #	005
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	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	X

Plan Name	NYU Langone Health 403(b) Plan
Plan Sponsor EIN	13-3971298
ERISA Plan #	005
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).

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