

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

Complete all entries in accordance with the instructions to the Form 5500.

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, a single-employer plan, a DFE (specify) M, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: NEW YORK PRESBYTERIAN HOSPITAL MASTER TRUST - LONG TERM POOL
1b Three-digit plan number (PN): 001
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): THE NEW YORK PRESBYTERIAN HOSPITAL
2b Employer Identification Number (EIN): 13-4011699
2c Plan Sponsor's telephone number: 646-697-4727
2d Business code (see instructions)

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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
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.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 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 NEW YORK PRESBYTERIAN HOSPITAL MASTER TRUST - LONG TERM POOL	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-4011699	

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

3D OPPORTUNITY FUND	1 TEMASEK AVE #20-02A MILLENIA TWR SINGAPORE, SINGAPORE 039192 SN
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

A&E ASSET MANAGEMENT	80-0771163
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

ADVENT INTERNATIONAL CORP	04-2840139
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN PACIFIC GROUP LP	80 E. SIR FRANCIS DRAKE BLVD LARKSPUR, CA 94939
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

ASPEX MANAGEMENT

WALTERS CORP. LIMITED 190 ELGIN AVENUE
GEORGETOWN, GRAND CAYMAN 9008 KY

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

ATALAYA CAPITAL MANAGEMENT, LP

11-3774841

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

ATTESTOR

7 SEYMOUR STREET
LONDON, ENGLAND W1H7JW GB

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

AURELIUS CAPITAL INTERNATIONAL

33-1115695

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

BAYVIEW ASSET MANAGEMENT

26-2961971

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

BEDROCK FUND MANAGEMENT

82-1887747

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

BENTALLGREENOAK LP

27-3441977

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

BLS CAPITAL FONDSMAEGLERSELSAK A/S

STRANDVEJAN 724
KLAMENBORG, KLAMENBORG DK-2930 DK

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

BPEA REAL ESTATE FUND II, LP

98-1391002

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

BRACEBRIDGE CAPITAL, LLC

888 BOYLSTON STREET, 15TH FL
BOSTON, MA 02199

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

BREP ASIA III FEEDER

98-1607373

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

CAPITAL TODAY GROUP

98-0667660

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

CARMEL MANAGEMENT VI, LLC

47-5510143

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

CHAMBERS ENERGY MANAGEMENT LP

26-4076250

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

CITADEL ADVISORS LLC

46-1648666

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

COATUE MANAGEMENT LLC

13-4078032

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

CRESTONE CAPITAL

98-1639169

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

CROW HOLDINGS CAPITAL

27-4077052

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

D1 CAPITAL PARTNERS

82-2247965

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

DURABLE CAPITAL PARTNERS LP

4747 BETHESDA AVENUE #1002
BETHESDA, MD 20814

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

ELLIOT ASSOCIATES

22-2140975

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

FALLON CAPITAL MANAGEMENT

98-1274359

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

FIRST RESERVE CORPORATION

98-0579152

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

FIRSTMARK CAPITAL

641 6TH AVE FLR 6
NEW YORK, NY 10011

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

FIVE POINT ENRGY III

CITCENTRE BLDG 5
SUITE 700
HOUSTON, TX 77024

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

FORTRESS INVESTMENT GROUP

26-1701442

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

GENERATION INVESTMENT MGMT US LLP

81-5242102

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

GREENBRIAR EQUITY GROUP LP

ONE GREENWICH PLAZA SUITE 110
GREENWICH, CT 06830

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

HIMALAYA CAPITAL MANAGEMENT LLC

13-3978548

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

HOLOCENE ADVISORS, LP

36-4833999

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

INDEX VENTURES

5-8 LOWER JOHN ST
LONDON, ENGLAND W1F-9DY GB

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

KIMMERIDGE ENERGY

15 LITTLE W 12TH ST, 4TH FLOOR
NEW YORK, NY 10014

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

LIMERSTON CAPITAL LLP

12-18 GROSVENOR GARDENS
LONDON, ENGLAND SW1W 0DH GB

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

LONE STAR

75-2787141

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

MAP HERITAGE FUND, L.P.

87-4295580

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

MILL POINT CAPITAL

1177 AVENUE OF THE AMERICAS
45TH FLOOR
NEW YORK, NY 10036

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

MUDRICK CAPITAL MANAGEMENT, L.P.

27-0367034

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

ORION CAPITAL MANAGERS LLP

63 BROOK STREET
LONDON, LONDON W1K 4HS GB

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

PALATINE CAPITAL PARTNERS MGMT

47-2030500

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

PATRIA INVESTMENTOS S.A.

98-1008704

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

PERCHERON INVESTMENT MANAGEMENT LP

85-0967280

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

PRIMAVERA CAP FD III

INTERTRUST CAYMAN 190 ELGIN AVENUE, GEORGETOWN
GRAND CAYMAN, CAYMAN ISLANDS KY1-9005 KY

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

PRIMAVERA CAP FD IV

INTERTRUST CAYMAN 190 ELGIN AVENUE, GEORGETOWN
GRAND CAYMAN, CAYMAN ISLANDS KY1-9005 KY

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

SDC CAPITAL PARTNERS, LLC

30-0989930

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

SENTINEL CAPITAL PARTNERS

ONE VANDERBILT AVE, 53RD FLOOR
NEW YORK, NY 10017

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

SILCHESTER INTL

45-3056700

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

SOROBAN CAPITAL PARTNERS LP

32-0303386

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

STEADFAST CAPITAL MANAGEMENT LP

75 FORT STREET, PO BOX 1350 CLIFTON HOUSE
GEORGETOWN, GRAND CAYMAN KY1-1108 KY

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

TCI FUND MANAGEMENT LIMITED

45-5236423

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

TWO SIGMA ADVISERS, LP

35-2191456

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

VECTOR CAPITAL V

98-1254597

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

VERITAS CAPITAL FUND MGMT, LLC

13-4301934

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

WEISS ASSET MANAGEMENT LP

61-1451623

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

WESTLAKE BIOPARTNERS, LLC

3075 TOWNSGATE ROAD, SUITE 140
WESTLAKE VILLAGE, CA 91631

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

WHALE ROCK CAPITAL MGT LLC

56-2567478

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

WOODLINE MASTER FUND LP

98-1473231

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

XN LP

83-0594004

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

YORK CAPITAL MANAGEMENT

26-3971819

(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)

GOLDMAN SACHS ASSET MANAGEMENT

13-3575636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE	483137	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 type="checkbox"/>

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

BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 25 31 50	NONE	362808	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ARROWSTREET CAPITAL

04-3472863

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE	143849	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

OLD IRONSIDES ENERGY FUND III-B, LP

82-2344815

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE	118003	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 type="checkbox"/>

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

JAPAN EQUITY PARTNER

13-3575636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE	86911	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FIVE POINT ENERGY FUND II

82-2084668

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE	82589	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

OLD IRONSIDES ENERGY, LLC

47-1261511

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE	78112	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 type="checkbox"/>

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

PAYDEN & RYGEL

95-3921788

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE	67315	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BNY MELLON

25-6078093

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE	18414	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 type="checkbox"/>

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

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

VIKING GLOBAL INVESTORS LP

13-4055118

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE	12503	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SIXTH STREET PARTNERS

47-4572811

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE	12264	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 type="checkbox"/>

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

TSSP OPPORTUNITIES IV MGMT LLC

82-3632800

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE	11468	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 type="checkbox"/>

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

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

WHITE DEER MANAGEMENT LLC

700 LOUISIANA ST, SUITE 4770,
HOUSTON, TX 77002

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE	10344	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 type="checkbox"/>

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

TPG SIXTH STREET PARTNERS

1 LETTERMAN DR, BUILDING B
YODA FOUNTAIN
SAN FRANCISCO, CA 94129

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE	9420	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 type="checkbox"/>

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

RUSSELL OVERLAY

91-0604934

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE	7060	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 type="checkbox"/>

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

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

YORKTOWN PARTNERS LLC

13-3958089

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE	3607	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CROW HOLDINGS CAPITAL

27-4077052

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE	3030	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CENTERBRIDGE PARTNERS

61-1742348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE	2640	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 type="checkbox"/>

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

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

HAMMES REALTY ADVISORS, LLC

1400 NORTH WATER ST., SUITE 500
MILWAUKEE, WI 53202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE	949	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 type="checkbox"/>

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

DIGITALBRIDGE VALHALLA PARTNERS

555 SOUTH FLOWER STREET, SUITE 4600
LOS ANGELES, CA 90071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE	456	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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
ADDITION FLOOR 4 WILLOW HOUSE CRICKET SQUARE GRAND CAYMAN, CAYMAN ISLANDS KY1-9010 KY	28 51 52	DID NOT RESPOND TO REQUEST FOR INFORMATION REGARDING INDIRECT COMPENSATION
ARES MANAGEMENT LLC 800 CORPORATE POINTE, SUITE 300 CULVER CITY, CA 90230	28 51 52	DID NOT RESPOND TO REQUEST FOR INFORMATION REGARDING INDIRECT COMPENSATION
DIGITALBRIDGE VALHALLA PARTNERS 555 SOUTH FLOWER STREET, SUITE 4600 LOS ANGELES, CA 90071	28 51 52	DID NOT RESPOND TO REQUEST FOR INFORMATION REGARDING INDIRECT COMPENSATION
DRAGONEER INVESMENT GROUP 1 LETTERMAN DRIVE BLDG. D, SUITE M-500 SAN FRANCISCO, CA 94129	28 51 52	DID NOT RESPOND TO REQUEST FOR INFORMATION REGARDING INDIRECT COMPENSATION
FRA REAL ESTATE ADVISORS LLC 26-3312454	28 51 52	DID NOT RESPOND TO REQUEST FOR INFORMATION REGARDING INDIRECT COMPENSATION
FRANCISCO PARTNERS LP ONE LETTERMAN DRIVE, BUILDING C SUITE 410 SAN FRANCISCO, CA 94129	28 51 52	DID NOT RESPOND TO REQUEST FOR INFORMATION REGARDING 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
GOLDMAN SACHS ASST MGMT 13-3575636	28 51 52	DID NOT RESPOND TO REQUEST FOR INFORMATION REGARDING INDIRECT COMPENSATION
GRYPHON INVESTORS ONE MARITIME PLAZA, STE 2300 SAN FRANCISCO, CA 94111	28 51 52	DID NOT RESPOND TO REQUEST FOR INFORMATION REGARDING INDIRECT COMPENSATION
H.I.G. CAPITAL LLC 65-0863927	28 51 52	DID NOT RESPOND TO REQUEST FOR INFORMATION REGARDING INDIRECT COMPENSATION
JAPAN EQUITY PARTNER 13-3575636	28 51 52	DID NOT RESPOND TO REQUEST FOR INFORMATION REGARDING INDIRECT COMPENSATION
LONGVIEW PARTNERS 98-0364114	28 51 52	DID NOT RESPOND TO REQUEST FOR INFORMATION REGARDING INDIRECT COMPENSATION
MARSHALL WACE 98-0430284	28 51 52	DID NOT RESPOND TO REQUEST FOR INFORMATION REGARDING 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
PRETIUM PARTNERS 60 COLUMBUS CIRCLE NEW YORK, NY 10023	28 51 52	DID NOT RESPOND TO REQUEST FOR INFORMATION REGARDING INDIRECT COMPENSATION
RIVERSTONE LLC 26-2027078	28 51 52	DID NOT RESPOND TO REQUEST FOR INFORMATION REGARDING INDIRECT COMPENSATION
SAMSARA BIOCAPITAL 628 MIDDLEFIELD ROAD PALO ALTO, CA 94301	28 51 52	DID NOT RESPOND TO REQUEST FOR INFORMATION REGARDING INDIRECT COMPENSATION
SEQUOIA CHINA GROWTH HUAMAO CENTER, NO 77 JUANGUI CHAOYANG, BEIJING CH	28 51 52	DID NOT RESPOND TO REQUEST FOR INFORMATION REGARDING INDIRECT COMPENSATION
SEQUOIA CHINA SEED 98-1659899	28 51 52	DID NOT RESPOND TO REQUEST FOR INFORMATION REGARDING INDIRECT COMPENSATION
SEQUOIA CHINA VENTURE 98-1659586	28 51 52	DID NOT RESPOND TO REQUEST FOR INFORMATION REGARDING 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
SFC ENERGY PARTNERS 45-1007743	28 51 52	DID NOT RESPOND TO REQUEST FOR INFORMATION REGARDING INDIRECT COMPENSATION
SINOVAION FUND MANAGEMENT IV, L.P. PO BOX 472, 2ND FLR, HARBOUR PLACE 103 SOUTH CHURCH ST., GEORGE TOWN GRAND CAYMAN, CAYMAN ISLANDS KY1-1106 KY	28 51 52	DID NOT RESPOND TO REQUEST FOR INFORMATION REGARDING INDIRECT COMPENSATION
SIXTH STREET PARTNERS 47-4572811		DID NOT RESPOND TO REQUEST FOR INFORMATION REGARDING INDIRECT COMPENSATION
TPG SIXTH STREET PARTNERS 1 LETTERMAN DR, BUILDING B YODA FOUNTAIN SAN FRANCISCO, CA 94129	28 51 52	DID NOT RESPOND TO REQUEST FOR INFORMATION REGARDING INDIRECT COMPENSATION
TSSP OPPORTUNITIES IV MGMT LLC 82-3632800		DID NOT RESPOND TO REQUEST FOR INFORMATION REGARDING INDIRECT COMPENSATION
VARDE PARTNERS 901 MARQUETTE AVE SOUTH SUITE 3300 MINNEAPOLIS, MN 55402	28 51 52	DID NOT RESPOND TO REQUEST FOR INFORMATION REGARDING 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
AE ATLANTIC COINVEST 86-1200186	28 51 52	DID NOT RESPOND TO REQUEST FOR INFORMATION REGARDING INDIRECT COMPENSATION
ASNDANT CAP FUND II 92-1804446	28 51 52	DID NOT RESPOND TO REQUEST FOR INFORMATION REGARDING INDIRECT COMPENSATION
CRG MUSC PT III 92-3001198	28 51 52	DID NOT RESPOND TO REQUEST FOR INFORMATION REGARDING INDIRECT COMPENSATION
KLEINER PERKINS FUND III 99-3551066	28 51 52	DID NOT RESPOND TO REQUEST FOR INFORMATION REGARDING INDIRECT COMPENSATION
SEQUOIA CHINA EXP 98-1660350	28 51 52	DID NOT RESPOND TO REQUEST FOR INFORMATION REGARDING INDIRECT COMPENSATION
SIR HEDGED EQUITY 98-1225232	28 51 52	DID NOT RESPOND TO REQUEST FOR INFORMATION REGARDING 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
VY FUND III 98-1563003	21 51 52	DID NOT RESPOND TO REQUEST FOR INFORMATION REGARDING INDIRECT COMPENSATION

(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>NEW YORK PRESBYTERIAN HOSPITAL MASTER TRUST - LONG TERM POOL</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE NEW YORK PRESBYTERIAN HOSPITAL</u>	D Employer Identification Number (EIN) <u>13-4011699</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>DB SL BROAD MARKET SIF</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-106</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>210127606</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DB SL INTERNATIONAL SIF</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-034</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11780431</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DB SL EMERGING MKTS SIF</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-189</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SILCHESTER INT'L INVESTORS INT'L VA</u>		
b Name of sponsor of entity listed in (a): <u>SILCHESTER INTERNATIONAL INVESTORS LLP</u>		
c EIN-PN <u>36-7045783-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</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)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name NEWYORK-PRESYBTERIAN PENSION PLAN

b Name of plan sponsor THE NEW YORK AND PRESBYTERIAN HOSPITAL **c** EIN-PN 13-3957095-009

a Plan name NURSES DEFINED BENEFIT RETIREMENT PLAN OF NYP/LOWER MANHATTAN HOSPITAL

b Name of plan sponsor THE NEW YORK AND PRESBYTERIAN HOSPITAL **c** EIN-PN 13-3957095-005

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan NEW YORK PRESBYTERIAN HOSPITAL MASTER TRUST - LONG TERM POOL	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-4011699

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	30000000
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3439311	5769678
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	36565135	31122595
(2) U.S. Government securities	1c(2)	135561288	210990666
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	124268	135259
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	18096236	36300
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	328105414	221908037
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	53145064	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1856913802	2066316070

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	2431950518	2566278605
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	4558954
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	4558954
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2431950518	2561719651

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	15806	
(B) U.S. Government securities.....	2b(1)(B)	4884516	
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	101691	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5002013
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	97035	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2838886	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2935921
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	593182991	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	560344011	
(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)	73903846	
(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)		64696792
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-379540
c Other income	2c		77516609
d Total income. Add all income amounts in column (b) and enter total	2d		256514621

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	810365	
(6) Bank or trust company trustee/custodial fees	2i(6)	362808	
(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)		1173173
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1173173

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		255341448
l Transfers of assets:			
(1) To this plan	2l(1)		85864
(2) From this plan	2l(2)		125658179

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:

(2) EIN:

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.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
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?			
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?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.



Series of Transactions in Excess of Five Percent of Plan Assets

Report ID: T6500

Status: FINAL

TOTAL FUND - NPZG11110000

01/01/2024 - 12/31/2024

TOTAL - MASTER TRUST

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :		121,125,470.50					
1	26899D811	BNYM-M DB SL INTL SIF	59,079.860	40,000,000.00	0.00	0.00	0.00
6	26899D811	BNYM-M DB SL INTL SIF	143,093.090	0.00	93,125,000.00	89,303,945.64	3,821,054.36
74	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	85,935,218.330	85,935,218.33	0.00	0.00	0.00
71	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	85,419,620.220	0.00	85,419,620.22	85,419,620.22	0.00
233	999592116	DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97	482,257,263.150	482,257,263.15	0.00	0.00	0.00
178	999592116	DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97	488,897,727.860	0.00	488,897,727.86	488,897,727.86	0.00

New York-Presbyterian Hospital Master Trust - Long-term Pool
 EIN: #13-34011699 Plan: #001
 Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
 December 31 2024

shares

Identity of Issue, Borrower, Lessor or Similar Party	Account Number	Description of Investment Including Maturity Date, Rate of Interest, Principal, Par, or Maturity	Cost	Current Value	Adjusted Value
Fixed Income					
		# of shares:			
U S TREASURY BOND 4.500% 05/15/2038 DD 05/15/08	NPZF13000002	5021000 Shares	5,139,666	4,944,731	4,944,731
U S TREASURY BOND 3.625% 08/15/2043 DD 08/15/13	NPZF13000002	3385000 Shares	2,929,400	2,870,514	2,870,514
U S TREASURY BOND 3.625% 02/15/2044 DD 02/15/14	NPZF13000002	6568000 Shares	5,681,260	5,547,924	5,547,924
U S TREASURY BOND 3.000% 02/15/2047 DD 02/15/17	NPZF13000002	3018000 Shares	2,357,469	2,239,205	2,239,205
U S TREASURY BOND 3.000% 05/15/2047 DD 05/15/17	NPZF13000002	7971000 Shares	6,214,053	5,898,221	5,898,221
U S TREASURY BOND 3.375% 11/15/2048 DD 11/15/18	NPZF13000002	3049000 Shares	2,519,976	2,384,775	2,384,775
U S TREASURY BOND 1.125% 08/15/2040 DD 08/15/20	NPZF13000002	1548000 Shares	944,257	924,141	924,141
U S TREASURY BOND 1.125% 05/15/2040 DD 05/15/20	NPZF13000002	2228000 Shares	1,374,526	1,341,590	1,341,590
U S TREASURY BOND 2.375% 05/15/2051 DD 05/15/21	NPZF13000002	2915000 Shares	1,960,303	1,836,217	1,836,217
U S TREASURY BOND 2.875% 05/15/2052 DD 05/15/22	NPZF13000002	12103000 Shares	9,053,673	8,478,757	8,478,757
U S TREASURY BOND 2.375% 08/15/2042 DD 08/15/22	NPZF13000002	2018000 Shares	1,729,496	1,667,615	1,667,615
U S TREASURY BOND 3.625% 05/15/2053 DD 05/15/23	NPZF13000002	4163000 Shares	3,619,518	3,389,931	3,389,931
U S TREASURY BOND 4.625% 05/15/2054 DD 05/15/24	NPZF13000002	1451000 Shares	1,485,618	1,412,229	1,412,229
U S TREASURY NOTE 0.500% 05/31/2027 DD 05/31/20	NPZF13000002	13874000 Shares	12,433,425	12,684,443	12,684,443
U S TREASURY NOTE 0.375% 07/31/2027 DD 07/31/20	NPZF13000002	6603000 Shares	5,860,347	5,979,611	5,979,611
U S TREASURY NOTE 0.625% 12/31/2027 DD 12/31/20	NPZF13000002	4984000 Shares	4,460,804	4,475,084	4,475,084
U S TREASURY NOTE 1.250% 06/30/2028 DD 06/30/21	NPZF13000002	12194000 Shares	10,845,387	10,985,575	10,985,575
U S TREASURY NOTE 2.375% 03/31/2029 DD 03/31/22	NPZF13000002	5199000 Shares	4,787,045	4,797,481	4,797,481
U S TREASURY NOTE 2.750% 05/31/2029 DD 05/31/22	NPZF13000002	8064000 Shares	7,612,255	7,538,550	7,538,550
U S TREASURY NOTE 2.625% 05/31/2027 DD 05/31/22	NPZF13000002	7870000 Shares	7,513,066	7,575,505	7,575,505
U S TREASURY NOTE 3.875% 11/30/2027 DD 11/30/22	NPZF13000002	4240000 Shares	4,174,283	4,191,622	4,191,622
U S TREASURY NOTE 3.500% 01/31/2030 DD 01/31/23	NPZF13000002	7707000 Shares	7,437,544	7,393,017	7,393,017
U S TREASURY NOTE 4.500% 11/15/2033 DD 11/15/23	NPZF13000002	3716000 Shares	3,792,442	3,699,761	3,699,761
U S TREASURY NOTE 4.375% 11/30/2030 DD 11/30/23	NPZF13000002	8231000 Shares	8,284,242	8,200,134	8,200,134
U S TREASURY NOTE 4.125% 03/31/2029 DD 03/31/24	NPZF13000002	4169000 Shares	4,200,000	4,127,477	4,127,477
U S TREASURY NOTE 4.875% 04/30/2026 DD 04/30/24	NPZF13000002	2259000 Shares	2,293,101	2,276,462	2,276,462
U S TREASURY NOTE 4.625% 04/30/2031 DD 04/30/24	NPZF13000002	3552000 Shares	3,652,124	3,581,695	3,581,695
U S TREASURY NOTE 4.375% 05/15/2034 DD 05/15/24	NPZF13000002	7333000 Shares	7,545,007	7,221,832	7,221,832
U S TREASURY NOTE 4.875% 05/31/2026 DD 05/31/24	NPZF13000002	13724000 Shares	13,782,760	13,837,086	13,837,086
U S TREASURY NOTE 4.625% 05/31/2031 DD 05/31/24	NPZF13000002	15144000 Shares	15,662,170	15,267,121	15,267,121
U S TREASURY NOTE 4.250% 06/30/2029 DD 06/30/24	NPZF13000002	5301000 Shares	5,326,688	5,270,996	5,270,996
U S TREASURY NOTE 4.625% 06/30/2026 DD 06/30/24	NPZF13000002	9064000 Shares	9,135,755	9,112,130	9,112,130
U S TREASURY NOTE 4.375% 07/15/2027 DD 07/15/24	NPZF13000002	2579000 Shares	2,596,849	2,585,344	2,585,344
U S TREASURY NOTE 4.375% 07/31/2026 DD 07/31/24	NPZF13000002	8847000 Shares	8,915,417	8,861,155	8,861,155
U S TREASURY NOTE 3.625% 09/30/2031 DD 09/30/24	NPZF13000002	6709000 Shares	6,549,574	6,374,892	6,374,892
U S TREASURY NOTE 3.500% 09/30/2029 DD 09/30/24	NPZF13000002	1798000 Shares	1,756,151	1,729,802	1,729,802
U S TREASURY NOTE 3.875% 10/15/2027 DD 10/15/24	NPZF13000002	5018000 Shares	4,971,521	4,964,709	4,964,709
U S TREASURY NOTE 4.250% 11/15/2034 DD 11/15/24	NPZF13000002	1388000 Shares	1,363,487	1,352,217	1,352,217
U S TREASURY NOTE 4.250% 11/30/2026 DD 11/30/24	NPZF13000002	2837000 Shares	2,838,904	2,836,234	2,836,234
U S TREASURY NOTE 4.500% 12/31/2031 DD 12/31/24	NPZF13000002	1134000 Shares	1,135,063	1,134,885	1,134,885
Total Fixed Income Securities				\$ 210,990,666	210,990,666
Equities					
RAMACO RESOURCES INC	NPZF59990002	3,538	45,112	36,300	36,300
Total Equities				36,300	36,300
ALTERNATIVE INVESTMENTS/LIMITED PARTNERSHIP/OTHER					
YORK CREDIT OPPORTUNITIES MT	NPZF11010002	743,058	12,641,504	743,058	(1,105,430)
SIXTH STREET TAO PARTNERS (C)	NPZF18000002	15,806,548	124,675	15,806,548	16,087,052
OWL ROCK CAPITAL CORP	NPZF18010002	0	8,990,451	0	0
TSSP ADJACENT OPP PTNS 50 C LP	NPZF18011002	10,674,242	4,008,406	10,674,242	10,910,197
BLUE OWL A4	NPZF18013002	3,447,100	3,696,116	3,447,100	3,525,931
ARES PATHFINDER FUND II LP	NPZF18014002	4,126,488	17,743,307	4,126,488	4,266,442
ARES PATHFINDER FUND LP	NPZF18070002	20,947,309	63,542,133	20,947,309	21,444,093
SOROBAN LONG ONLY EQUITY	NPZF40100002	63,542	3,513,906	72,960,887	72,960,887
MEDICIX III LP	NPZF50001002	2,932,505	7,733,645	3,036,609	3,318,061
HIG MIDDLE MARKET LBO FD III	NPZF50001102	8,660,532	5,962,826	8,660,532	9,130,187
OAK HC/FT PARTNERS III LP	NPZF50001202	8,057,013	2,910,000	8,057,013	8,411,549
LUX VENTURES VI LP	NPZF50001302	5,623,986	7,112,471	5,623,986	5,932,393
HIG EUR MIDDLE MKT LBO FDR LP	NPZF50001702	7,244,194	12,540,160	7,501,362	7,629,743
CLAYTON DUBILIER RICE XI LP	NPZF50001802	13,749,568	3,543,113	13,749,568	13,912,161
INDEX VENTURES X JERSEY LP	NPZF50001902	7,115,196	5,863,879	7,115,196	6,716,211
INDEX VENTURES GROWTH V LP	NPZF50002002	7,172,166	7,606,243	7,172,166	7,167,860
VINTAGE VIII B OFFSHORE SCSP	NPZF50002502	16,002,267	6,636,326	16,002,267	16,209,957
HIG CAPITAL PARTNERS VI	NPZF50002602	6,557,579	6,811,203	6,557,579	6,574,547

New York-Presbyterian Hospital Master Trust - Long-term Pool
 EIN: #13-34011699 Plan: #001
 Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
 December 31 2024

shares

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Account Number, Principal, Par, or Maturity Value			Current Value	Adjusted Value
	Account Number	Principal, Par, or Maturity Value	Cost		
DRAGONEER OPP FUND V LP	NPZF50002702	5,567,852	4,972,262	5,567,852	5,694,841
HIG EUR CP III FEEDER FUND LP	NPZF50002802	7,682,540	6,671,372	7,955,271	8,278,132
OAK HC/FT PARTNERS IV LP	NPZF50002902	8,396,271	10,000,000	8,396,271	8,778,780
TIGER GBL PRIV INV PTNS XIV LP	NPZF50003002	5,988,706	3,693,750	5,988,706	6,122,546
GENERAL CATAL GR X HLTH ASRN	NPZF50003402	4,764,312	5,757,976	4,764,312	4,599,961
VISTRIA FUND IV LP	NPZF50003502	6,732,951	1,039,500	6,732,951	7,149,676
LUX VENTURES VII LP	NPZF50003602	1,389,490	2,017,630	1,389,490	1,720,690
INDEX VENT GROWTH VI JERSEY	NPZF50003702	1,705,906	1,174,251	1,705,906	1,775,486
INDEX VENTURES XI JERSEY LP	NPZF50003802	1,173,308	4,261,187	1,173,308	1,211,910
PRIMAVERA CAPITAL FD IV LP	NPZF50003902	3,296,251	1,693,332	3,296,251	3,338,830
VIKING GLOBAL OPP DRAWDOWN	NPZF50004002	1,926,499	3,562,500	1,926,499	2,101,830
TIGER GLOBAL PIP XV LP	NPZF50004102	2,513,669	2,381,356	2,513,669	2,557,972
DRAGONEER OPP FUND VI LP	NPZF50004202	2,324,791	5,918,945	2,324,791	2,364,619
AURELIUS LONG-TERM OPP FUND	NPZF50004302	18,822,060	7,106,437	18,822,060	20,988,214
REVERENCE CP OPP FUND III LP	NPZF50004502	9,396,957	1,636,217	9,396,957	9,367,849
NEW ENTERPRISE ASSOCIATES 18	NPZF50004602	2,103,693	2,800,000	2,103,693	2,750,429
NEA 18 VENT GR EQUITY LP	NPZF50004902	2,544,875	1,252,125	2,544,875	2,617,223
SIGNALFIRE FUND IV LP	NPZF50005002	1,231,018	1,971,546	1,231,018	1,209,891
SIGNALFIRE BREAKOUT FD III LP	NPZF50005102	2,444,609	12,456,833	2,444,609	2,407,571
VERITAS CAPITAL FUND VIII LP	NPZF50005202	14,047,606	2,275,106	14,047,606	14,960,459
REVERENCE CP OPP V COINV LP	NPZF50005402	2,592,846	5,693,664	2,592,846	4,833,182
ADVENT INTERNATIONAL GPE X LP	NPZF50005602	6,923,571	1,182,000	6,923,571	20,605,747
BEDROCK 4 LP	NPZF50005702	1,305,049	1,695,000	1,305,049	1,300,229
FRANCISCO PARTNERS VII LP	NPZF50005802	1,615,525	1,275,000	1,615,525	1,781,301
FIRSTMARK CAP VI LP	NPZF50006002	1,180,437	725,000	1,180,437	1,198,225
FIRSTMARK CAP OF IV LP	NPZF50006102	591,823	1,965,008	591,823	653,022
CENTERBRIDGE SEAPORT ACQ LP	NPZF50006302	2,294,774	825,000	2,294,774	2,293,335
HONGSHAN CAP EXPANSION FD I LP	NPZF50006502	789,349	1,888,036	789,349	801,411
OAK HC FT PARTNERS V LP	NPZF50006702	1,550,319	2,725,000	1,550,319	1,906,380
ACCEL LEADERS FD 4 LP	NPZF50006802	2,763,150	2,250,000	2,763,150	2,801,531
ADDITION FOUR	NPZF50006902	2,291,716	5,738,933	2,291,716	2,253,958
BUCKLEY VENTURES FD III LP	NPZF50007002	5,349,310	4,008,272	5,349,310	5,921,368
CLAYTON DUBILIER & RICE XII	NPZF50007402	4,742,966	2,242,916	4,742,966	5,160,270
GEN CATALYST XI HEALTH	NPZF50007502	2,492,530	5,202,599	2,492,530	2,541,407
SENTINEL CAP PARTNERS VII LP	NPZF50007602	4,965,283	1,269,694	4,965,283	4,749,693
HONGSHAN CAP GR FD VII LP	NPZF50007902	1,051,976	600,577	1,051,976	1,023,800
HONGSHAN CAP SEED FD III LP	NPZF50008002	521,678	1,000,090	521,678	543,875
HONGSHAN CAP VENT FD IX LP	NPZF50008102	867,457	572,437	867,457	883,342
HIG MIDDLE MKT LBO FD IV LP	NPZF50008202	292,264	1,834,260	292,264	210,585
AMERICAN PACIFIC GROUP FD II	NPZF50008602	1,562,348	2,381,198	1,562,348	1,549,672
ARCLINE CAP PARTNERS III LP	NPZF50008702	3,396,819	1,064,810	3,396,819	3,444,113
GREENBRIAR EQUITY FUND VI LP	NPZF50008802	1,104,637	495,000	1,104,637	1,163,377
WESTLAKE BIOPARTNER FD III LP	NPZF50009202	428,534	1,113,406	428,534	419,689
PERCHERON CAPITAL FUND II LP	NPZF50009302	743,123	1,279,145	743,123	831,723
WYNNCHURCH CAPITAL PARTNERS VI	NPZF50009402	1,279,254	2,094,435	1,279,254	1,385,037
LIMERSTON CAP PARTNERS II LP	NPZF50009702	1,545,925	2,118,838	1,936,116	2,094,723
VY FUND III LP	NPZF50009802	2,033,375	1,738,774	2,033,375	2,515,126
KLAR PARTNERS II SCSP	NPZF50010102	928,988	642,337	961,967	914,422
MILL POINT CAP PARTNERS III LP	NPZF50031002	642,337	490,000	642,337	547,036
KLEINER PERKINS SELECT III LLC	NPZF50080102	490,000	19,724	490,000	483,236
FORTRESS CREDIT OPPS FUND B LP	NPZF50190002	66,253	-	66,253	82,421
VARDE FUND IX-A LP	NPZF50210002	0	-	0	0
CAPITAL TODAY CHINA GRWTH II	NPZF50290002	1,341,730	6,433,091	1,341,730	1,436,838
CENTERBRIDGE CAPITAL PARTNERS	NPZF50340002	45,700	2,761,463	45,700	34,894
REVOLUTION GROWTH II LP	NPZF50380002	187,169	2,871,738	187,169	58,252
PATRIA - BRAZILIAN PRIVATE	NPZF50390002	2,476,899	1,818,505	2,476,899	1,858,836
HIG BAYSIDE LOAN OPPORTUNITY	NPZF50430002	562,284	2,001,397	562,284	571,513
HIG CAPITAL PARTNERS V L P	NPZF50440002	1,257,742	2,781,462	1,257,742	1,231,227
REVOLUTION VENTURES II	NPZF50450002	1,992,093	5,441,665	1,992,093	1,961,618
HIG EUROPE CAPITAL PARTNERS II	NPZF50460002	3,413,577	3,044,156	3,534,759	3,508,839
HIG MIDDLE MKT LBO FD II LP	NPZF50490002	2,295,639	5,070,384	2,295,639	2,154,481
PATRIA-BRAZILIAN PE FD V LP	NPZF50500002	7,799,191	11,246,624	7,799,191	7,226,137
CENTERBRIDGE CAPITAL PTNRSH	NPZF50520002	10,973,635	9,056,057	10,973,635	10,413,949
REVOLUTION GROWTH III LP	NPZF50570002	6,655,118	5,340,000	6,655,118	7,449,802
DEERFIELD HEALTHCARE	NPZF50580002	16,861,303	9,525,653	16,861,303	14,342,591
ADVENT INTL GPE VIII LP	NPZF50600002	13,073,518	7,529,623	13,073,518	12,961,156
DRIVE CAPITAL II LP	NPZF50610002	8,184,044	11,661,027	8,184,044	18,321,213
VECTOR CAPITAL V LP	NPZF50630002	17,288,768	11,446,302	17,288,768	16,512,615
DEERFIELD PRIV DESIGN IV LP	NPZF50650002	19,717,987	2,900,410	19,717,987	18,212,612
SIGNALFIRE BREAKOUT FUND LP	NPZF50660002	7,606,360	2,906,286	7,606,360	7,819,720

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SIGNALFIRE FUND II LP	NPZF50670002	5,848,768	-	5,848,768
MUDRICK DISTRESSED OPPORTUNITY	NPZF50680002	408,014	5,132,149	408,014
PANTHEON GLOBAL SECONDARY FUND	NPZF50700002	8,302,248	2,677,382	8,302,248
LUX VENTURES V LP	NPZF50720002	6,317,696	6,228,395	6,317,696
OAK HC/FT PARTNERS II LP	NPZF50730002	13,957,663	6,022,164	13,957,663
NEW ENTERPRISE ASSOCIATES 16	NPZF50740002	7,625,591	8,950,383	7,625,591
MEDICXI GROWTH I LP	NPZF50750002	5,570,653	9,310,462	5,768,412
VINTAGE VII B OFFSHORE LP	NPZF50770002	17,765,748	6,875,571	17,765,748
SAMSARA BIOCAPITAL LP	NPZF50830002	11,515,562	4,289,664	11,515,562
SINOVAION FUND IV LP	NPZF50840002	5,000,622	5,896,928	5,000,622
INDEX VENT GR IV (JERSEY) LP	NPZF50860002	12,443,791	3,945,877	12,443,791
INDEX VENTURES GROWTH IX LP	NPZF50870002	8,830,678	9,499,855	8,830,678
TOPS IV LP	NPZF50880002	9,983,314	24,455,293	9,983,314
PRIMAVERA CAPITAL FD III LP	NPZF50900002	32,284,372	6,000,000	32,284,372
SIGNALFIRE BREAKOUT FUND II	NPZF50910002	6,052,776	4,000,000	6,052,776
SIGNALFIRE FUND III	NPZF50920002	9,402,564	7,531,650	9,402,564
REVERENCE CAP PRTN OPP II CYMN	NPZF50930002	18,922,799	5,255,497	18,922,799
MUDRICK DIST OPP DRWD OFFSR II	NPZF50950002	9,539,258	13,340,223	9,539,258
VISTRIA FUND III LP	NPZF50960002	17,224,831	10,490,265	17,224,831
ADVENT INTL GPE IX LP	NPZF50980002	15,283,719	5,619,469	15,283,719
NEW ENTERPRISE ASSOCIATES 17	NPZF50990002	6,175,237	3,218,828	6,175,237
FIRST RESERVE FUND XII LP	NPZF70000002	2,250	1,683,513	2,250
RIVERSTONE/CARLYLE GLOBAL	NPZF70010002	695	534,990	695
RIVERSTONE/CARLYLE RENEWABLE	NPZF70020002	7,445	1,486,010	7,445
QUANTUM ENERGY PARTNERS V	NPZF70030002	24,247	4,224,132	24,247
BEP LEGACY C LLC	NPZF70040002	27,251	3,284,400	27,251
YORKTOWN IX	NPZF70050002	940,157	3,028,700	940,157
SFC ENERGY II LP	NPZF70060002	0	8,056,389	0
RIVERSTONE GLOBAL E&P FUND V	NPZF70080002	379,957	8,988,130	379,957
ENERVEST ENERGY INSTITUTIONAL	NPZF70090002	0	3,739,587	0
WHITE DEER ENERGY LP II	NPZF70100002	1,342,210	4,909,794	1,342,210
YORKTOWN ENERGY PARTNERS X LP	NPZF70110002	2,760,728	3,449,823	2,760,728
ENCAP FLATROCK MIDSTREAM III	NPZF70120002	3,023,122	12,899,421	3,023,122
RIVERSTONE GLOBAL ENERGY & OLD IRONSIDES ENERGY FUND II	NPZF70140002	6,795,408	5,403,149	6,795,408
ENCAP ENERGY CAPITAL FD X LP	NPZF70150002	1,173,395	4,315,252	1,173,395
CHAMBERS ENERGY CAPITAL III	NPZF70160002	4,017,789	1,737,860	4,017,789
ENCAP ENERGY CAPITAL XI	NPZF70170002	1,070,086	6,232,265	1,070,086
KIMMERIDGE ENERGY NET PROFITS	NPZF70180002	7,023,416	4,124,873	7,023,416
WHITE DEER ENERGY LP III	NPZF70200002	2,160,327	9,291,686	2,160,327
OLD IRONSIDES ENERGY FD III-B	NPZF70210002	10,849,983	6,217,113	10,849,983
KIMMERIDGE ENERGY IV CO-INVEST	NPZF70220002	4,794,722	4,876,832	4,794,722
ENCAP FLATROCK MIDSTREAM FD IV	NPZF70230002	3,349,845	7,868,523	3,349,845
FIVE POINT ENERGY FUND II LP	NPZF70240002	8,076,766	8,829,035	8,076,766
MAP RE 2018 LP	NPZF70250002	16,289,788	11,778,000	16,289,788
DIGITALBRIDGE PTNS LP	NPZF70260002	0	36,603,907	0
KIMMERIDGE ENERGY FUND V	NPZF70270002	49,793,660	5,663,691	49,793,660
CHAMBERS ENERGY CAPITAL IV LP	NPZF70280002	13,812,346	9,015,909	13,812,346
FIVE POINT ENERGY FUND III LP	NPZF70290002	9,666,653	8,711,919	9,666,653
ENCAP ENERGY TRANSITION I-B LP	NPZF70300002	36,021,740	4,967,414	36,021,740
MAP HERITAGE FUND LP	NPZF70310002	3,220,190	11,750,000	3,220,190
KIMMERIDGE FUND VI LP	NPZF70320002	3,286,835	6,230,398	3,286,835
ORION EUROPEAN REAL ESTATE III	NPZF70330002	5,763,336	831,581	5,763,336
FPA APARTMENT OPPORTUNITY FUND	NPZF77010002	160,883	1,533,168	166,594
BAYVIEW OPPORTUNITY FD IV LP	NPZF77011002	39,351	-	39,351
CROW HLDGS REALTY PTNRS VII LP	NPZF77012002	28,282	1,123,946	28,282
CROW HOLDINGS RETAIL FUND I	NPZF77013002	9,621	700,928	9,621
FPA APARTMENT OPP FUND V LP	NPZF77014002	58,624	2,717,341	58,624
REALTY ASSOCIATES FD XI LP	NPZF77015002	1	-	1
LONE STAR REAL ESTATE II	NPZF77016002	23,693	-	23,693
CARMEL PARTNERS INVEST FD	NPZF77020002	5,571	4,681,290	5,571
FPA CORE PLUS FUND III A LP	NPZF77021002	5,364,989	6,034,420	5,364,989
ORION EUROPEAN RE FUND V SLP	NPZF77022002	8,537,044	5,877,640	8,537,044
FPA APARTMENT OPP FD VI-A LP	NPZF77023002	5,412,931	6,339,998	5,605,090
HAMMES PARTNERS III LP	NPZF77024002	4,777,378	12,531,508	4,777,378
GREENOAK US III LP	NPZF77025002	11,239,746	13,108,629	11,239,746
A&E RE PARTNERSHIP II LLC	NPZF77026002	10,351,319	17,483,539	10,351,319
FPA CORE PLUS FUND IV-A LP	NPZF77027002	12,818,241	12,000,000	12,818,241
BPEA REAL ESTATE FUND II LP	NPZF77028002	13,815,087	9,907,395	13,815,087
CARMEL PARTNERS INVESTMENT	NPZF77029002	7,781,242	12,021,452	7,781,242
FPA APARTMENT OPP FD VII LP	NPZF77030002	13,406,855	12,946,611	13,406,855
	NPZF77033002	14,112,843	11,532,548	14,112,843

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VINTAGE REAL ESTATE PTNRS II	NPZF77034002	12,400,055	11,700,000	12,400,055	12,100,216
FPA CORE PLUS FUND V-A LP	NPZF77037002	11,247,385	12,374,911	11,247,385	11,479,234
CROW HLDGS REALTY PTNRS IX LP	NPZF77038002	11,438,933	4,800,711	11,438,933	11,398,346
METROPOLITAN PORT VI COI LLC	NPZF77043002	4,692,244	9,950,540	4,692,244	3,622,451
PRETIUM SINGLE-FAMILY RENTAL V	NPZF77044002	10,847,232	1,082,421	10,847,232	9,704,729
A&E RE PARTNERSHIP III LP	NPZF77045002	1,356,283	1,606,081	1,356,283	912,150
BREP ASIA III FEEDER LP	NPZF77046002	1,302,134	1,855,950	1,302,134	1,228,463
TPG REAL ESTATE PARTNERS IV LP	NPZF77047002	1,589,201	4,310,482	1,589,201	1,670,583
CARMEL PARTNERS INV FD VIII LP	NPZF77048002	5,052,794	5,960,000	5,052,794	5,391,137
FPA APARTMENT OPP FD VIII LP	NPZF77049002	5,752,930	2,087,225	5,752,930	5,849,177
CROW REALTY PARTNERS X LP	NPZF77051002	1,809,271	1,726,375	1,809,271	1,811,080
PALATINE RE FUND IV LP	NPZF77052002	1,743,723	2,603,426	1,743,723	1,833,854
PRIME SPECIAL SITUATIONS FD 2	NPZF77053002	2,772,288	857,158	2,772,288	2,837,085
ASCENDANT CAP FD II LP	NPZF77054002	857,158	131,716	857,158	626,182
REALTY ASSOCIATES X	NPZF77060002	1	1,734,388	1	0
CROW HOLDINGS REALTY PARTNERS	NPZF77070002	414,280	4,328,611	414,280	372,153
ORION EUROPEAN RE FD IV CV	NPZF77090002	1,244,306	3,845,775	1,288,479	1,394,440
MAP RE 2020 LP	NPZF78020002	0	8,933,769	0	0
DIGITALBRIDGE PARTNERS II LP	NPZF78060002	9,898,601	291,758	9,898,601	10,026,827
SDC DIGITAL INFRA OPP FUND IV	NPZF78070002	75,000	372,973	75,000	(41,890)
COURAGE MUSIC PTNS III LP	NPZF79000002	372,973	11,612,499	372,973	198,396
COATUE MASTER	NPZF80030002	46,464,185	71,411	46,464,185	46,567,650
SOROBAN CAYMAN CONVERTER	NPZF80100002	221,523	31,000,000	221,523	221,523
MARSHALL WACE MASTER	NPZF80120002	50,368,586	22,000,000	50,368,586	50,368,586
WHALE ROCK FLAGSHIP MASTER	NPZF80140002	30,924,075	10,000,000	30,924,075	30,944,024
NYPH MT HOLOCENE ADV OFFSHORE	NPZF80150002	16,642,684	8,760,363	16,642,684	16,642,684
DE SHAW COMPOSITE INTL FUND MT	NPZF80170002	19,529,310	11,608,316	19,529,310	18,162,004
D1 CAP PART OFFSHORE MASTER	NPZF80180002	19,362,795	17,000,000	19,362,795	19,381,457
TIGER GLOBAL MASTER	NPZF80190002	10,791,432	10,890,706	10,791,432	10,789,956
CITADEL KENSINGTON GLOBAL	NPZF80200002	24,768,991	10,000,000	24,768,991	24,787,046
XN EXPONENT ONSHORE LP MASTER	NPZF80210002	9,876,175	57,000,000	9,876,175	9,997,289
VIKING GLOBAL EQ III	NPZF80240002	63,398,381	20,000,000	63,398,381	63,398,381
WOODLINE	NPZF80250002	22,961,390	35,000,000	22,961,390	22,954,512
BROOKDALE GLOBAL OPPORTUNITY	NPZF80290002	36,802,525	5,903,509	36,802,525	36,833,605
FIDERA VECTA FUND SCSP	NPZF80300002	5,794,808	2,174,022	6,000,523	5,989,006
FIDERA VECTA US FED AGENCY REC	NPZF80310002	2,232,765	6,391,833	2,232,765	2,246,087
WHITEHAWK IV-PLUS OFFSHORE FD	NPZF80320002	6,580,341	25,000,000	6,580,341	6,653,044
ASPEX GLOBAL FUND	NPZF80330002	26,476,261	27,000,000	26,476,261	26,467,608
FARALLON EQTY PARTNERS MASTER	NPZF10170002	56,123,613	49,000,000	56,123,613	56,132,073
DURABLE CAPITAL FUND	NPZF10190002	57,143,319	15,000,000	57,143,319	57,205,871
3D OPPORTUNITY FUND DECEMBER	NPZF20011002	15,000	3,000,000	16,017,045	16,047,575
3 D INVESTMENT PARTNERS LTD	NPZF20011002	3,000	100,000,000	3,000,000	3,000,000
ARROWSTREET ACWI EXT	NPZF40011002	143,621	23,670,954	110,100,623	110,123,474
GENERATION INV MGMT MASTER	NPZF40040002	45,907,495	34,000,000	45,907,495	45,915,769
NYPH MT CHILDRENS INV FUND	NPZF40050002	66,915,089	40,000,000	66,915,089	66,876,700
HIMALAYA CAP INVEST MASTER	NPZF40060002	53,884,326	36,934,375	53,884,326	53,681,546
TWO SIGMA MASTER TRUST	NPZF80130002	52,800,181	24,000,000	52,800,181	52,800,181
ATTESTOR VALUE FUND LIMIT-NPZ	NPZF80230002	26,995,309	25,000,000	26,995,309	26,986,596
RESEARCH HEDGED EQUITY	NPZF80260002	26,031,700	7,500,000	26,031,700	26,031,700
ELLIOTT ASSOCIATES L.P.	NPZF80270002	7,762,950	7,500,000	7,762,950	7,763,512
S&P MID 400 EMINI (CME)	NPZF14030002	1	-	(4,910)	(4,910)
S&P500 EMINI FUTURE (CME)	NPZF14030002	17	-	(135,788)	(135,788)
MSCI EAFE FUTURE (NYF)	NPZF14030002	149	-	(16,223)	(16,223)
E-MINI RUSS 2000 FUTURE (CME)	NPZF14030002	4	-	(10,220)	(10,220)
APAX XI LP	NPZF50006602	2798799.63 shares	2,692,038	2,798,800	2,789,497
				2,033,284,526	2,066,316,070
CENTERBRIDGE CREDIT MASTER	NPZF13070002	170039 shares	131,840	170,039	135,259
Total Alternative Investments/ Limited Partnership/Other			1,674,000,584	2,033,454,564	2,066,451,329
Common Collective Trusts/					
Commingled Funds					
BNYM-M DB SL BROAD MKT SIF	NPZF10180002	281054 shares	133,428,400	210,127,606	210,127,606
BNYM-M DB SL INTL SIF	NPZF20090002	18189 Shares	11,719,646	11,780,431	11,780,431
BNYM-M DB SL EM SIF	NPZF30110002		-	-	-
Total CCT				221,908,037	221,908,037
Total Common Collective Trusts/					

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Commingled Funds			221,908,037	221,908,037
Real Assets				
Total Real Assets			-	-
Cash and Cash Equivalents				
CASH				
BNY MELLON CASH RESERVE	NPZF14000002	1541214.44 Shares	1,541,214.44	1,541,214
JAPAN EQUITY PARTNER	NPZF20100002	2696437 Shares	18,700.07	17,157
HIG EUROPE MID MKT	NPZF50001702	0.17 Shares	0.18	0
HIG EURO CAP PRT III	NPZF50002802	0.42 Shares	0.43	0
HIG EUR CAP PTRNS II	NPZF50460002	0.02 Shares	0.02	0
ORION	NPZF77010002	0.27 Shares	0.28	0
RUSSELL GLOBAL TRANS	NPZF99000102	22764.64 Shares	24,622.81	23,573
110110 CASH - BROKER			980,057.56	980,058
DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97	NPZF13000002	1662031.73 Shares	1,662,031.73	1,662,032
DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97	NPZF14000002	24837723.54 Shares	24,837,723.54	24,837,724
DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97	NPZF14030002	2036935.54 Shares	2,036,935.54	2,036,936
DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97	NPZF20100002	5839.19 Shares	5,839.19	5,839
DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97	NPZF99000002	2226.19 Shares	2,226.19	2,226
DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97	NPZF99000102	2.11 Shares	2.11	2
DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97	NPZF99900002	9711.17 Shares	9,711.17	9,711
2024 Drefus Ending balance transfer			6,122	6,122
Total Cash and Cash Equivalents			31,122,595	31,122,595
			2,497,512,162	2,530,508,927

New York-Presbyterian Hospital Master Trust - Long-term Pool
 EIN: #13-34011699 Plan: #001
 Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
 December 31 2024

shares

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Account Number, Denominal, Par, or Maturity Value	Cost	Current Value	Adjusted Value
	Accrued Income		5,769,678	5,769,678
	Due from Broker		-	-
	PAYABLE FOR INVESTMENTS PURCHASED		(4,476,217)	(4,476,217)
	PAYABLE FOR FORWARD FOREIGN EXCHANGE CONTRACTS		(82,737)	(82,737)
	Noninterest-bearing cash		30,000,000	30,000,000
			<u>31,210,724</u>	<u>31,210,724</u>
				<u>\$ 2,561,719,651</u>