

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: NEW YORK STATE NURSES ASSOCIATION RETIREE MEDICAL PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 04/01/2009
2a Plan sponsor's name (employer, if for a single-employer plan): NYSNA RETIREE HEALTH FUND
2b Employer Identification Number (EIN): 61-1617397
2c Plan Sponsor's telephone number: 212-785-0157
2d Business code (see instructions): 525920

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 rows 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	
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:		4b EIN	
a Sponsor's name			
c Plan Name		4d PN	
5 Total number of participants at the beginning of the plan year		5	3055
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	2643
a(2) Total number of active participants at the end of the plan year		6a(2)	2805
b Retired or separated participants receiving benefits.....		6b	390
c Other retired or separated participants entitled to future benefits		6c	56
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	3251
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	
f Total. Add lines 6d and 6e		6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	1

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

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

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

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

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

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 STATE NURSES ASSOCIATION RETIREE MEDICAL PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 NYSNA RETIREE HEALTH FUND	D Employer Identification Number (EIN) 61-1617397	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

CIUNI & PANICHI

34-1322309

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50		26550	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)

BENEFITS ADMINISTRATIVE SERVICES CO

34-1627054

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 38 50		16186	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)

THE SEGAL CO.

13-1835864

(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?
16 50		9479	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)

MILLIMAN

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50		7000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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 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 STATE NURSES ASSOCIATION RETIREE MEDICAL PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 NYSNA RETIREE HEALTH FUND	D Employer Identification Number (EIN) 61-1617397

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
Assets			
a Total noninterest-bearing cash	1a	97659	115527
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	90554	186476
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3996254	4327153
(2) U.S. Government securities	1c(2)	431306	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	2149	1896

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	4617922	4631052
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	3942	54531
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3942	54531
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4613980	4576521

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)	1091967	
(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)		1091967
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	185768	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		185768
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-4487	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-4487

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1273248

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1251397	
(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)		1251397
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)	16186	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	26550	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	16479	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	95	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		59310
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1310707

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-37459
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **CIUNI & PANICHI, INC.**

(2) EIN: **34-1322309**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 _____.



Where Relationships Count.

Independent Auditor's Report

To the Board of Trustees
New York State Nurses Association
Retiree Medical Plan

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

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Independent Member of
Geneva Group International

To the Board of Trustees
New York State Nurses Association Retiree Medical Plan

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

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

To the Board of Trustees
New York State Nurses Association Retiree Medical Plan

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

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

Cimini & Panelli, Inc.

Cleveland, Ohio
October 7, 2025

New York State Nurses Association Retiree Medical Plan

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>Assets</u>	
	<u>2024</u>	<u>2023</u>
Investments, at fair value:		
Bank deposit sweep	\$ 301,279	\$ 16,818
Government securities	-	431,306
Certificates of deposit	4,025,874	3,979,436
Total investments, at fair value	<u>4,327,153</u>	<u>4,427,560</u>
Other assets:		
Cash	115,527	97,659
Employers' contribution receivable	186,476	90,554
Prepaid expenses	1,896	2,149
Total assets	<u>4,631,052</u>	<u>4,617,922</u>
	<u>Liabilities</u>	
Administrative expenses payable	<u>54,531</u>	<u>3,942</u>
Total liabilities	<u>54,531</u>	<u>3,942</u>
Net assets available for benefits	\$ <u><u>4,576,521</u></u>	\$ <u><u>4,613,980</u></u>

The accompanying notes are an integral part of these financial statements

New York State Nurses Association Retiree Medical Plan

Statements of Changes in Net Assets Available for Benefits

For the years ended December 31, 2024 and 2023

	2024	2023
Additions:		
Contributions:		
Employers' contributions	\$ 1,091,967	\$ 1,315,802
Investment income:		
Interest	185,768	165,091
Net (depreciation) appreciation in fair value of investments	(4,487)	10,047
Total investment income	181,281	175,138
Total additions	1,273,248	1,490,940
Deductions:		
Claims paid	1,251,397	1,150,280
Administrative expenses	59,310	76,250
Total deductions	1,310,707	1,226,530
Net (decrease) increase	(37,459)	264,410
Net assets available for benefits:		
Beginning of year	4,613,980	4,349,570
End of year	\$ 4,576,521	\$ 4,613,980

The accompanying notes are an integral part of these financial statements

New York State Nurses Association Retiree Medical Plan

Statements of Plan Benefit Obligations

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Amounts currently payable to or for participants	\$ <u>986,525</u>	\$ <u>898,560</u>
Total plan benefit obligations	\$ <u><u>986,525</u></u>	\$ <u><u>898,560</u></u>

The accompanying notes are an integral part of these financial statements

New York State Nurses Association Retiree Medical Plan

Statements of Changes in Plan Benefit Obligations

For the years ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Amounts currently payable to or for participants:		
Balance at beginning of year	\$ 898,560	\$ 687,305
Claims reported and approved for payment	1,339,362	1,361,535
Claims paid	<u>(1,251,397)</u>	<u>(1,150,280)</u>
Total plan benefit obligations	<u>\$ 986,525</u>	<u>\$ 898,560</u>

The accompanying notes are an integral part of these financial statements

New York State Nurses Association Retiree Medical Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 1: Description of Plan

The following description of the New York State Nurses Association Retiree Medical Plan (the “Plan”) provides only general information. Participants should refer to the plan agreement for a complete description of the Plan’s provisions.

The Plan provides retiree medical and welfare benefits to certain former employees represented by NYSNA of New York Methodist Hospital and Maimonides Medical Center (together, the “Employers”) eligible to participate in the Plan (as defined in the plan agreement). The Plan was established on April 1, 2009, pursuant to collective bargaining agreements between the Employers and the NYSNA Retiree Health Fund (the “Trust”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan provides for reimbursement of qualified medical expenses from the Trust. Qualified medical expenses generally include the following:

- (i) Deductible under Code Section 213;
- (ii) Not covered by insurance;
- (iii) Not subject to reimbursement from any other source;
- (iv) Incurred on or after the attainment of age 65;
- (iv) Incurred on or after April 1, 2009

To be eligible for benefits, a participant is any eligible employee who satisfies each of the following criteria:

- (i) has attained age 65;
- (ii) has been previously employed by one of the Employers and
 - a. accrued at least 15 years of seniority at Maimonides Medical Center in a position covered by the current (or a predecessor) Collective Bargaining Agreement; or
 - b. employed by New York Methodist Hospital for at least 20 years in a position covered by the current (or a predecessor) Collective Bargaining Agreement;
- (iii) separated from service with one of the Employers on or after attaining age 60;
- (iv) separated from service with one of the Employers on or after April 1, 2009; and
- (iv) is not suspended from active participation pursuant to the plan document.

For the years ended December 31, 2024 and 2023, retirees from New York Methodist Hospital are entitled to reimbursements up to the annual maximum of \$6,000 and \$5,300, respectively. For the years ended December 31, 2024 and 2023, Retirees from Maimonides Medical Center are entitled to reimbursements up to the annual maximum of \$7,500 for each year depending on their age at the time of retirement. Currently, benefits are paid directly out of plan assets rather than through an insurance policy.

New York State Nurses Association Retiree Medical Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 1: Description of Plan (continued)

In accordance with the respective collective bargaining agreements, the Employers agreed to make contributions in amounts determined by the provisions of these agreements (as defined). Maimonides Medical Center makes contributions of \$750 per participant, annually and New York Methodist makes contributions of \$600 per participant, annually. Total contributions made by Maimonides Medical Center for the years ended December 31, 2024 and 2023 were \$1,091,967 and \$1,059,228, respectively. Total contributions made by New York Methodist Hospital for the years ended December 31, 2024 and 2023 were \$0 and \$256,574, respectively. New York Methodist has suspended contributions from June 1, 2023 through March 31, 2026.

Note 2: Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements are prepared in accordance with U.S. generally accepted accounting principles (GAAP).

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gain and losses on investments bought and sold as well as held during the year.

Use of Estimates

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

Cash

The Plan maintains its cash account at a national financial institution. The balance, at times, may exceed federally insured limits.

New York State Nurses Association Retiree Medical Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 2: Summary of Significant Accounting Policies (continued)

Employers' Contribution Receivables

Contributions due from employers at year-end represent amounts received subsequent to year-end for the prior year-end. Therefore, the carrying amount of these receivables are not reduced by an allowance for amounts that will not be collected. In addition, it is impractical to estimate a recognition of revenue amounts due but erroneously unreported by employers.

Payment of Benefits

Reimbursement of qualified medical expenses paid by the Plan are recorded as claims paid in the accompanying statements of changes in net assets available for benefits.

Administrative Expenses

The Plan pays administrative expenses that consist primarily of administrative fees paid to third-party claims administrators, the trustee, and the actuary, as well as professional fees. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses.

Subsequent Events

Management has evaluated subsequent events for the plan through October 7, 2025, the date the financial statements were available to be issued.

Note 3: Plan Termination

Although it has not expressed any intent to do so, the Board of Trustees has the right under the Plan to terminate the Plan subject to the provisions of ERISA and in accordance with the plan document. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the Employers or be used for purposes other than for the exclusive benefit of the Plan's participants.

Note 4: Risks and Uncertainties

Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and statements of changes in net assets available for benefits.

New York State Nurses Association Retiree Medical Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 5: Fair Value Measurements

Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, provides for a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described as follows:

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

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Bank deposit sweep: Valued at \$1 per unit including applicable interest and fees.

Government securities: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit rating.

Certificates of deposit: Valued at cost, plus any accrued and unpaid interest, which approximates fair value.

New York State Nurses Association Retiree Medical Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 5: Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of December 31, 2024:

	Level 1	Level 2	Level 3	Total
Bank deposit sweep	\$ 301,279	\$ -	\$ -	\$ 301,279
Certificates of deposit	-	4,025,874	-	4,025,874
	\$ 301,279	\$ 4,025,874	\$ -	\$ 4,327,153

The following table sets forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of December 31, 2023:

	Level 1	Level 2	Level 3	Total
Bank deposit sweep	\$ 16,818	\$ -	\$ -	\$ 16,818
Government securities	-	431,306	-	431,306
Certificates of deposit	-	3,979,436	-	3,979,436
	\$ 16,818	\$ 4,410,742	\$ -	\$ 4,427,560

Note 6: Benefit Obligations

The Plan’s benefit obligation represents the amount that is to be funded by contributions from the Plan’s participating Employers and from existing plan assets. The Plan has reported its net benefit obligations currently payable to or for participants in the accompanying statements of plan benefit obligations.

Note 7: Income Tax Status

The Trust funding the Plan has received an exemption letter from the Internal Revenue Service (IRS) dated November 24, 2010, stating that the Trust is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (IRC) as a Voluntary Employee Beneficiary Association. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan is administered by its Trustees (“Plan Administrator”). The Plan Administrator believes the Plan is designed and operated in compliance with the applicable requirements of the IRC and therefore, believes the Plan is qualified, and the related Trust is tax exempt. Therefore, no provision for income taxes has been included on the Plan’s financial statements.

New York State Nurses Association Retiree Medical Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 7: Income Tax Status (continued)

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8: Parties in Interest Transactions

The plan investments are held with Wells Fargo, the custodian of the Plan. Certain plan investments are managed by the custodian of the Plan. The Plan pays administrative fees to third-party service providers. These transactions qualify as party in interest transactions.

Form 5500 Department of the Treasury Internal Revenue Service	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b), and 6058(a) of the Internal Revenue Code (the Code)	OMB Nos. 1210-0110 1210-0089
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	▶ Complete all entries in accordance with the Instructions to the Form 5500.	<h1 style="margin: 0;">2024</h1>
		This Form is Open to Public Inspection

Part I Annual Report Identification Information		
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions)	
B This return/report is:	<input type="checkbox"/> a single-employer plan <input type="checkbox"/> the first return/report <input type="checkbox"/> an amended return/report	<input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the final return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	▶ <input checked="" type="checkbox"/>	
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> special extension (enter description)	<input type="checkbox"/> the DFVC program
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	▶ <input type="checkbox"/>	

Part II Basic Plan Information --- enter all requested information		
1a Name of plan NEW YORK STATE NURSES ASSOCIATION RETIREE MEDICAL PLAN		1b Three-digit plan number (PN) ▶ 501
		1c Effective date of plan 04/01/2009
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (If foreign, see instructions) NYSNA RETIREE HEALTH FUND 131 W. 33RD STREET US NEW YORK NY 10001		2b Employer Identification Number (EIN) 61-1617397
		2c Plan Sponsor's telephone number (212) 785-0157
		2d Business code (see instructions) 525920

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

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

SIGN HERE	<i>Nancy Kaleda</i>	10/9/25	NANCY KALEDA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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	
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 and 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	3,055
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	2,643
a(2) Total number of active participants at the end of the plan year	6a(2)	2,805
b Retired or separated participants receiving benefits	6b	390
c Other retired or separated participants entitled to future benefits	6c	56
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	3,251
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	1

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

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

4A

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

New York State Nurses Association Retiree Medical Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

EIN: 61-1617397, Plan No. 501
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value	
Bank deposit sweep:				
*	Wells Fargo	Bank deposit sweep	\$ <u>301,279</u>	\$ <u>301,279</u>
			301,279	301,279
Certificates of deposit:				
	Santander Bank NA	Certificate of deposit 1/15/2025	243,000	243,080
	Cross River Bank	Certificate of deposit 1/21/2025	243,000	243,129
	Washington Trust Western	Certificate of deposit 1/29/2025	170,000	170,111
	Ally Bank	Certificate of deposit 2/18/2025	243,000	243,231
	Comenity Capital Bank	Certificate of deposit 2/20/2025	247,000	247,044
	Ameris Bank	Certificate of deposit 2/24/2025	243,000	243,083
	Fulton Bank	Certificate of deposit 3/3/2025	80,000	80,025
	Southstate Bank NA	Certificate of deposit 3/12/2025	238,000	238,157
	First Horizon Bank	Certificate of deposit 3/14/2025	184,000	184,359
	First Source Bank	Certificate of deposit 4/3/2025	247,000	246,984
	Valley National Bank	Certificate of deposit 4/16/2025	170,000	170,355
	Park Street Bank	Certificate of deposit 5/6/2025	244,000	244,061
	Bank of America California	Certificate of deposit 5/7/2025	100,000	100,163
	Bank of America California	Certificate of deposit 6/25/2025	142,000	142,017
	Mizuho Bank USA	Certificate of deposit 6/26/2025	100,000	100,011
	City National Bank of Florida	Certificate of deposit 7/16/2025	242,000	241,935
	US Bank National Association	Certificate of deposit 7/16/2025	242,000	241,872
	Associated Bank Green	Certificate of deposit 9/18/2025	226,000	226,411
	Regions Bank	Certificate of deposit 9/25/2025	181,000	180,899
	Bank of India NY	Certificate of deposit 12/3/2025	239,000	238,947
			<u>4,024,000</u>	<u>4,025,874</u>
	Total investments		\$ <u><u>4,325,279</u></u>	\$ <u><u>4,327,153</u></u>

* Indicates a parties in interest

New York State Nurses Association Retiree Medical Plan

Schedule H, Line 4j – Schedule of Reportable Transactions

EIN: 61-1617397, Plan No. 501
For the year ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (including interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain (loss)
<u>Single Transactions:</u>								
Wells Fargo	US Treasury	\$ 255,000	\$ 255,000	\$ -	\$ -	\$ 255,000	\$ 255,000	\$ -
Wells Fargo	City National Bank of Florida	143,000	143,000	-	-	143,000	143,000	-
Wells Fargo	Flagstar Bank	100,000	-	-	-	100,000	100,000	-
Wells Fargo	Zions Bancorp	119,000	-	-	-	119,000	119,000	-
Wells Fargo	TIAA FSB	243,000	243,000	-	-	243,000	243,000	-
Wells Fargo	Bank of America	243,000	243,000	-	-	243,000	243,000	-
Wells Fargo	Fifth Third Bank	243,000	243,000	-	-	243,000	243,000	-
Wells Fargo	Synchrony Bank	100,000	100,000	-	-	100,000	100,000	-
Wells Fargo	US Treasury	75,000	75,000	-	-	75,000	75,000	-
Wells Fargo	Washington Trust Weste	10,000	10,000	-	-	10,000	10,000	-
Wells Fargo	Firstbank Puerto Rico	245,000	245,000	-	-	245,000	245,000	-
Wells Fargo	BankUnited	169,000	-	-	-	169,000	169,000	-
Wells Fargo	Wex Bank	243,000	-	-	-	243,000	243,000	-
Wells Fargo	Bank of America	243,000	-	-	-	243,000	243,000	-
Wells Fargo	US Treasury	104,000	104,000	-	-	104,000	104,000	-
Wells Fargo	Zions Bancorp	119,000	119,000	-	-	119,000	119,000	-
Wells Fargo	Citizens Business Bk	206,000	-	-	-	206,000	206,000	-
Wells Fargo	Nexbank	243,000	243,000	-	-	243,000	243,000	-
Wells Fargo	California Bank of Comm	243,000	243,000	-	-	243,000	243,000	-
Wells Fargo	Bank Hapoalim BM	243,000	243,000	-	-	243,000	243,000	-
Wells Fargo	Simmons Bank/Pine Blu	160,000	160,000	-	-	160,000	160,000	-
Wells Fargo	State Bank of India	243,000	243,000	-	-	243,000	243,000	-
Wells Fargo	Israel Discount BK	243,000	-	-	-	243,000	243,000	-
Wells Fargo	Ally Bank	243,000	-	-	-	243,000	243,000	-
Wells Fargo	Truist Bank	243,000	-	-	-	243,000	243,000	-
Wells Fargo	Washington Trust Weste	170,000	-	-	-	170,000	170,000	-

New York State Nurses Association Retiree Medical Plan

Schedule H, Line 4j – Schedule of Reportable Transactions

EIN: 61-1617397, Plan No. 501
For the year ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (including interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain (loss)
Wells Fargo	Independent Bank	230,000	-	-	-	230,000	230,000	-
Wells Fargo	First NATL BK Omaha	207,000	207,000	-	-	207,000	207,000	-
Wells Fargo	Associated BK Green B	208,000	208,000	-	-	208,000	208,000	-
Wells Fargo	Mountainone Bank	243,000	243,000	-	-	243,000	243,000	-
Wells Fargo	State Bank of India	191,000	-	-	-	191,000	191,000	-
Wells Fargo	First Horizon Bank	184,000	-	-	-	184,000	184,000	-
Wells Fargo	Cross River Bank	243,000	-	-	-	243,000	243,000	-
Wells Fargo	Simmons Bank/Pine Blu	241,000	-	-	-	241,000	241,000	-
Wells Fargo	Midland States Bank	240,000	240,000	-	-	240,000	240,000	-
Wells Fargo	Mizrahi Tefahot Bank	243,000	243,000	-	-	243,000	243,000	-
Wells Fargo	Midfirst Bank	170,000	-	-	-	170,000	170,000	-
Wells Fargo	Santander Bank	243,000	-	-	-	243,000	243,000	-
Wells Fargo	Valley NATL BK Wayne	170,000	-	-	-	170,000	170,000	-
Wells Fargo	Truist Bank	243,000	243,000	-	-	243,000	243,000	-
Wells Fargo	Bank of America Calif	100,000	-	-	-	100,000	100,000	-
Wells Fargo	Ameris Bank	243,000	-	-	-	243,000	243,000	-
Wells Fargo	Bank of India NY	240,000	240,000	-	-	240,000	240,000	-
Wells Fargo	BankUnited	169,000	169,000	-	-	169,000	169,000	-
Wells Fargo	Wex Bank	243,000	243,000	-	-	243,000	243,000	-
Wells Fargo	SouthState Bank	238,000	-	-	-	238,000	238,000	-
Wells Fargo	Bank of America Calif	142,000	-	-	-	142,000	142,000	-
Wells Fargo	Regions Bank	181,000	-	-	-	181,000	181,000	-
Wells Fargo	Bank of America	243,000	243,000	-	-	243,000	243,000	-
Wells Fargo	Israel Discount BK	243,000	243,000	-	-	243,000	243,000	-
Wells Fargo	Midfirst Bank	170,000	170,000	-	-	170,000	170,000	-
Wells Fargo	City National Bank of Florida	242,000	-	-	-	242,000	242,000	-
Wells Fargo	US Bank Natl Assoc	242,000	-	-	-	242,000	242,000	-
Wells Fargo	Park St Bk	244,000	-	-	-	244,000	244,000	-

New York State Nurses Association Retiree Medical Plan

Schedule H, Line 4j – Schedule of Reportable Transactions

EIN: 61-1617397, Plan No. 501
For the year ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (including interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain (loss)
Wells Fargo	Citizens Business Bk	206,000	206,000	-	-	206,000	206,000	-
Wells Fargo	Flagstar Bank	100,000	100,000	-	-	100,000	100,000	-
Wells Fargo	Independent Bank	230,000	230,000	-	-	230,000	230,000	-
Wells Fargo	Comenity Capital Bank	247,000	-	-	-	247,000	247,000	-
Wells Fargo	Fulton Bank	80,000	-	-	-	80,000	80,000	-
Wells Fargo	Santander Bank	191,000	191,000	-	-	191,000	191,000	-
Wells Fargo	Banc of California	238,000	238,000	-	-	238,000	238,000	-
Wells Fargo	Needham Bank	241,000	241,000	-	-	241,000	241,000	-
Wells Fargo	Bank of India NY	226,000	-	-	-	226,000	226,000	-
Wells Fargo	Goldman Sachs Bank	239,000	-	-	-	239,000	239,000	-
Wells Fargo	Midland States Bank	100,000	-	-	-	100,000	100,000	-
Wells Fargo	Mizrahi Tefahot Bank	247,000	-	-	-	247,000	247,000	-

Series Transactions:

Wells Fargo	Bank Deposit Sweep							
84	Purchases	\$ 10,546,258	\$ -	\$ -	\$ -	\$ 10,546,258	\$ 10,546,258	\$ -
60	Sales	-	10,270,425	-	-	10,270,425	10,270,425	-