

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 09/01/2024 and ending 08/31/2025

- 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: [] 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 UNITED TEACHERS MEMBER BENEFITS TRUST
1b Three-digit plan number (PN): 503
1c Effective date of plan: 09/01/1983
2a Plan sponsor's name (employer, if for a single-employer plan): NEW YORK STATE UNITED TEACHERS
Mailing address (include room, apt., suite no. and street, or P.O. Box): 800 TROY SCHENECTADY ROAD, LATHAM, NY 12110-2455
2b Employer Identification Number (EIN): 22-2480854
2c Plan Sponsor's telephone number: 518-213-6000
2d Business code (see instructions): 813000

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, Date, and Name. Rows include plan administrator, 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: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	171286
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	93938
	6a(2)	92696
	6b	77597
	6c	
	6d	170293
	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:

4B 4D 4E 4F 4H 4Q

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

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

- a Pension Schedules**
- (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 12
 - (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 _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **09/01/2024** and ending **08/31/2025**

A Name of plan NEW YORK STATE UNITED TEACHERS MEMBER BENEFITS TRUST	B Three-digit plan number (PN) ▶ 503
C Plan sponsor's name as shown on line 2a of Form 5500 NEW YORK STATE UNITED TEACHERS	D Employer Identification Number (EIN) 22-2480854

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0035370	4501	09/01/2024	08/31/2025

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 220184
--	--

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

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

NYSUT MEMBER BENEFITS TRUST
800 TROY-SCHENECTADY RD
LATHAM, NY 12110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	220184	TPA ADMIN FEES	2

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below)	7e(4)		
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	10106341	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	-38726	
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))	9a(4)		10067615
b	Benefit charges (1) Claims paid	9b(1)	16605472	
	(2) Increase (decrease) in claim reserves	9b(2)	16053059	
	(3) Incurred claims (add (1) and (2))	9b(3)		32658531
	(4) Claims charged	9b(4)		32658531
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)	220184	
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)	4417693	
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)	-27228792	
	(H) Total retention	9c(1)(H)		-22590915
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		99037614
	(2) Claim reserves	9d(2)		318909011
	(3) Other reserves	9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **09/01/2024** and ending **08/31/2025**

<p>A Name of plan NEW YORK STATE UNITED TEACHERS MEMBER BENEFITS TRUST</p>	<p>B Three-digit plan number (PN) ▶ 503</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 NEW YORK STATE UNITED TEACHERS</p>	<p>D Employer Identification Number (EIN) 22-2480854</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	3-18038197	5963	09/01/2024	08/31/2025

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

(a) Total amount of commissions paid 396885	(b) Total amount of fees paid 363893
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
AON RISK SOLUTIONS **1 N WHITE HORSE PIKE 2ND FL**
HAMMONTON, NJ 08037

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
396885	263893	ADMIN FEES	4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NYSUT MEMBER BENEFITS TRUST **800 TROY SCHENECTADY RD**
LATHAM, NY 12110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	100000	SPONSORSHIP FEES	2

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	9718694
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **09/01/2024** and ending **08/31/2025**

<p>A Name of plan NEW YORK STATE UNITED TEACHERS MEMBER BENEFITS TRUST</p>	<p>B Three-digit plan number (PN) ▶ 503</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 NEW YORK STATE UNITED TEACHERS</p>	<p>D Employer Identification Number (EIN) 22-2480854</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0105643	10195	09/01/2024	08/31/2025

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 328091
--	--

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NYSUT MEMBER BENEFITS TRUST **800 TROY SCHENECTADY ROAD**
LATHAM, NY 12110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	273165	TPA ADMIN FEES	2

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
P&A ADMINISTRATIVE SERVICES, INC **17 COURT STREET, SUITE 500**
BUFFALO, NY 14202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	54926	PRODUCER SERVICE FEES	5

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

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

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

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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below)	7e(4)		
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	5463982
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **09/01/2024** and ending **08/31/2025**

<p>A Name of plan NEW YORK STATE UNITED TEACHERS MEMBER BENEFITS TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>503</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 NEW YORK STATE UNITED TEACHERS</p>	<p>D Employer Identification Number (EIN) 22-2480854</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
FIRST UNUM LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1898173	64297	118668	17494	09/01/2024	09/01/2025

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">85487</p>
---	--

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NYSUT MEMBER BENEFITS TRUST **800 TROY SCHENECTADY RD**
LATHAM, NY 12110-2424

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	85487	ADMIN FEES	2

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1716600
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **09/01/2024** and ending **08/31/2025**

<p>A Name of plan NEW YORK STATE UNITED TEACHERS MEMBER BENEFITS TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>503</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 NEW YORK STATE UNITED TEACHERS</p>	<p>D Employer Identification Number (EIN) 22-2480854</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
FIRST UNUM LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1898173	64297	118669	7182	09/01/2024	09/01/2025

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

<p>(a) Total amount of commissions paid 15463</p>	<p>(b) Total amount of fees paid 68132</p>
---	--

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NYSUT MEMBER BENEFITS TRUST **800 TROY SCHENECTADY RD**
LATHAM, NY 12110-2424

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15463	68132	ADMIN FEES	2

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1605176
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **09/01/2024** and ending **08/31/2025**

A Name of plan NEW YORK STATE UNITED TEACHERS MEMBER BENEFITS TRUST	B Three-digit plan number (PN) ▶ 503
C Plan sponsor's name as shown on line 2a of Form 5500 NEW YORK STATE UNITED TEACHERS	D Employer Identification Number (EIN) 22-2480854

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	082 001	2113	09/01/2024	08/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	291948
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **09/01/2024** and ending **08/31/2025**

<p>A Name of plan NEW YORK STATE UNITED TEACHERS MEMBER BENEFITS TRUST</p>	<p>B Three-digit plan number (PN) ▶ 503</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 NEW YORK STATE UNITED TEACHERS</p>	<p>D Employer Identification Number (EIN) 22-2480854</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
DELTA DENTAL OF NEW YORK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
11-1980218	55263	VARIOUS	19767	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 116135	(b) Total amount of fees paid 0
--	--

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NYSUT MEMBER BENEFITS TRUST **800 TROY SCHENECTADY RD**
LATHAM, NY 12110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
110759			2

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
RIDGEMONT INC **48 RIDGEMONT DR**
HOPEWELL JUNCTION, NY 12533

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5376			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	10000327
(2) Increase (decrease) in amount due but unpaid		9a(2)	
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3))		9a(4)	10000327
b Benefit charges (1) Claims paid		9b(1)	6456982
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)	6456982
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)	468775	
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		468775
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **09/01/2024** and ending **08/31/2025**

<p>A Name of plan NEW YORK STATE UNITED TEACHERS MEMBER BENEFITS TRUST</p>	<p>B Three-digit plan number (PN) ▶ 503</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 NEW YORK STATE UNITED TEACHERS</p>	<p>D Employer Identification Number (EIN) 22-2480854</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0200828	2781	09/01/2024	08/31/2025

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 304985
--	--

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
AMBA **12421 MEREDITH DRIVE**
URBANDALE, IA 50398

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	222698	PRODUCER SERVICE FEES	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NYSUT MEMBER BENEFITS TRUST **800 TROY SCHENECTADY ROAD**
LATHAM, NY 12110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	82287	TPA ADMIN FEES	2

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below)	7e(4)		
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	1645735	
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	1645735
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **09/01/2024** and ending **08/31/2025**

<p>A Name of plan NEW YORK STATE UNITED TEACHERS MEMBER BENEFITS TRUST</p>	<p>B Three-digit plan number (PN) ▶ 503</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 NEW YORK STATE UNITED TEACHERS</p>	<p>D Employer Identification Number (EIN) 22-2480854</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0200832	79911	09/01/2024	08/31/2025

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 3515692
--	---

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NYSUT MEMBER BENEFITS TRUST **800 TROY SCHENECTADY RD**
LATHAM, NY 12110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1801691	TPA ADMIN FEES	2

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
AMBA **12421 MEREDITH DRIVE**
URBANDALE, IA 50398

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1714001	PRODUCER SERVICE FEES	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	23311029
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))	9a(4)	23311029
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))	9b(3)	
	(4) Claims charged	9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention	9c(1)(H)	
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	
	(2) Claim reserves	9d(2)	
	(3) Other reserves	9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **09/01/2024** and ending **08/31/2025**

A Name of plan NEW YORK STATE UNITED TEACHERS MEMBER BENEFITS TRUST		B Three-digit plan number (PN) ▶ 503
C Plan sponsor's name as shown on line 2a of Form 5500 NEW YORK STATE UNITED TEACHERS		D Employer Identification Number (EIN) 22-2480854

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0200836	6015	09/01/2024	08/31/2025

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 444407
---	---

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

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

AMBA
12421 MEREDITH DRIVE
URBANDALE, IA 50398

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	232001	PRODUCER SERVICE FEES	3

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

NYSUT MEMBER BENEFITS TRUST
800 TROY SCHENECTADY ROAD
LATHAM, NY 12110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	212406	TPA ADMIN FEES	2

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	3155291
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))	9a(4)	3155291
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))	9b(3)	
	(4) Claims charged	9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention	9c(1)(H)	
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	
	(2) Claim reserves	9d(2)	
	(3) Other reserves	9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **09/01/2024** and ending **08/31/2025**

A Name of plan NEW YORK STATE UNITED TEACHERS MEMBER BENEFITS TRUST	B Three-digit plan number (PN) ▶ 503
C Plan sponsor's name as shown on line 2a of Form 5500 NEW YORK STATE UNITED TEACHERS	D Employer Identification Number (EIN) 22-2480854

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TRUSTMARK INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-0792925	61425	0782800000	4	09/01/2024	08/31/2025

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

(a) Total amount of commissions paid 1959	(b) Total amount of fees paid 0
---	---

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

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

M3 TECHNOLOGY, LLC **90 MATAWAN RD, SUITE 100**
MATAWAN, NJ 07747

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1732			0

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

US NATIONAL BENEFIT PARTNERS **99 WOOD AVENUE, SUITE 501**
ISELIN, NJ 08830

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
227			0

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	8776
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **09/01/2024** and ending **08/31/2025**

<p>A Name of plan NEW YORK STATE UNITED TEACHERS MEMBER BENEFITS TRUST</p>	<p>B Three-digit plan number (PN) ▶ 503</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 NEW YORK STATE UNITED TEACHERS</p>	<p>D Employer Identification Number (EIN) 22-2480854</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TRUSTMARK INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-0792925	61425	0779100000	4	09/01/2024	08/31/2025

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

<p>(a) Total amount of commissions paid 1477</p>	<p>(b) Total amount of fees paid 0</p>
--	--

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ALTC FUNDING LLC **16932 WOODINVILLE, REDMOND RD, A204 WOODINVILLE, WA 98072**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1477			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	9385
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **09/01/2024** and ending **08/31/2025**

A Name of plan NEW YORK STATE UNITED TEACHERS MEMBER BENEFITS TRUST	B Three-digit plan number (PN) ▶	503
C Plan sponsor's name as shown on line 2a of Form 5500 NEW YORK STATE UNITED TEACHERS	D Employer Identification Number (EIN) 22-2480854	

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

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

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

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

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

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)

NYSUT

14-1584772

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 49 38	EMP ORGANIZATION	9407787	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)

FELDMAN, KRAMER & MONACO, PC

11-2543403

(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?
29 50		660000	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)

RUTGERS HEALTH - UBHC

22-1980408

(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?
49 50		475658	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)

CALM.COM, INC

45-5293119

(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?
49 50		440000	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)

BENCHMARK PRINTING INC

14-1667467

(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?
50 36 38		400884	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)

STACEY BRAUN ASSOCIATES, INC

13-2889432

(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?
27 50		205906	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)

DAVIS VISION

11-3051991

(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?
12 50		191842	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)

NYSUT MEMBER BENEFITS CORPORATION

26-3989358

(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?
50 49 38	WHOLLY OWNED SUBSIDIARY	185358	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)

PJ GREEN INC

16-0983758

(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?
50 38		171757	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)

HALO BRANDED SOLUTIONS, INC

03-0509520

(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?
38 50		154017	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)

WELLINGTON TRUST COMPANY

04-2755549

(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?
51 50 28		78398	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 COMPANY (EASTERN STATES)

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 70 11		66352	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)

WEAVER AND TIDWELL, LLP

75-0786316

(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		55917	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)

MEYER, SUOZZI, ENGLISH & KLEIN, PC

11-2340639

(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?
29 50		54798	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)

SEGAL SELECT INSURANCE SERVICES

46-0619194

(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?
53 22		0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	30693	Yes <input type="checkbox"/> No <input checked="" 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)

CITY OF NEW YORK

450 WEST 33 ST, 4TH FLOOR
NEW YORK, NY 10001

(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?
49 50	CONTRIBUTING EMPLOYER	21141	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)

SEGAL MARCO ADVISORS

13-2646110

(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?
27 50		19667	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 WAGNER LAW GROUP

04-3323315

(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?
29 50		14511	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)

FUTURE US LLC

32-0668454

(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?
50 38		13850	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)

NBT BANK, N.A.

15-0395735

(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?
49 50		13494	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)

FLIMP

35-2432198

(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?
49 50		6000	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"/>

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
SEGAL SELECT INSURANCE SERVICES	53	10368
(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.	
CHUBB INSURANCE 13-1963496	BROKERAGE COMMISSION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	53	15174
(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.	
ENCORE 45-3957469	BROKERAGE COMMISSION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	53	5151
(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.	
AMWINS BROKERAGE 13-4279678	BROKERAGE COMMISSION	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

A Name of plan <u>NEW YORK STATE UNITED TEACHERS MEMBER BENEFITS TRUST</u>	B Three-digit plan number (PN)	<u>503</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NEW YORK STATE UNITED TEACHERS</u>	D Employer Identification Number (EIN) <u>22-2480854</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>WTC-CTF CORE BOND PORTFOLIO</u>		
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY, NA</u>		
c EIN-PN <u>04-6721653-001</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>36703798</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)
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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)
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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)
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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)
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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)
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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)
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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)
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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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025	
A Name of plan NEW YORK STATE UNITED TEACHERS MEMBER BENEFITS TRUST	B Three-digit plan number (PN) ► 503
C Plan sponsor's name as shown on line 2a of Form 5500 NEW YORK STATE UNITED TEACHERS	D Employer Identification Number (EIN) 22-2480854

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	6295424	5413014
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	258906	139516
(3) Other	1b(3)	4383657	2400404
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7173689	8583344
(2) U.S. Government securities	1c(2)	30608345	26083869
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	3853087	3729099
(B) All other	1c(3)(B)	10480663	6870328
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	18079503	20595325
(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)	21777343	36703798
(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)		

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	28190	20379
f Total assets (add all amounts in lines 1a through 1e).....	1f	102938807	110539076
Liabilities			
g Benefit claims payable.....	1g	714528	389218
h Operating payables.....	1h	9385191	12016148
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	28665344	28665344
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	38765063	41070710
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	64173744	69468366

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)	3882855	
(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)		3882855
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	258881	
(B) U.S. Government securities.....	2b(1)(B)	993398	
(C) Corporate debt instruments.....	2b(1)(C)	395134	
(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)		1647413
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	176500	
(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)		176500
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	29089279	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	29360470	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-271191
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	2984665	
(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)	1298704
(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	9295223
d Total income. Add all income amounts in column (b) and enter total.....	2d	19014169

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3190663
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other.....	2e(3)	191842
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	3382505
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)	55917
(5) Investment advisory and investment management fees	2i(5)	303974
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	325389
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	9651762
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	10337042
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	13719547

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	5294622
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: **WEAVER AND TIDWELL, LLP**

(2) EIN: **75-0786316**

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		6000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

New York State United Teachers Member Benefits Trust and Subsidiary

Consolidated Financial Report
August 31, 2025

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ERISA-Required Supplementary Information

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Schedule H, Line 4j - Schedule of Reportable Transactions..... 19

All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted because of the absence of the conditions under which they would apply.

Independent Auditor's Report

To the Board of Trustees of
New York State United Teachers Member Benefits Trust and Subsidiary
Latham, New York

Opinion

We have audited the consolidated financial statements of New York State United Teachers Member Benefits Trust (Trust), and its wholly owned subsidiary, NYSUT Member Benefits Corporation (Corporation) (collectively, the Organization), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the consolidated statements of net assets available for benefits and benefit obligations as of August 31, 2025 and 2024, and the related consolidated statements of changes in net assets available for benefits and benefit obligations for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, information regarding the Organization's net assets available for benefits and benefit obligations as of August 31, 2025 and 2024, and the changes in its net assets available for benefits and benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America (US GAAP).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Consolidated Financial Statements* section of our report. We are required to be independent of the Organization 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 Consolidated Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated 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 US 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 judgement made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated 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 consolidated 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 Organization'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 consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization'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.

Supplementary Information Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary information listed in the table of contents as of and for the year ended August 31, 2025 is presented for purposes of additional analysis and are not a required part of the consolidated financial statements but are required by the Department of Labor's (DOL) 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 consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with US GAAS.

The Board of Trustees of
New York State United Teachers
Member Benefits Trust and Subsidiary

In forming our opinion on the supplementary information, we evaluated whether the supplementary information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Weaver and Tidwell, L.L.P.

WEAVER AND TIDWELL, L.L.P.

Bethesda, Maryland
March 10, 2026

New York State United Teachers Member Benefits Trust and Subsidiary

Consolidated Statements of Net Assets Available for Benefits and Benefit Obligations August 31, 2025 and 2024

ASSETS	2025	2024
Investments, at fair value		
U.S. government and government agencies	\$ 26,083,869	\$ 30,608,345
Corporate bonds	10,599,427	14,333,750
Stocks	20,595,325	18,079,503
Common collective trust	36,703,798	21,777,343
Interest-bearing cash	8,583,344	7,173,689
Total investments	102,565,763	91,972,630
Receivables		
Accrued income	16,081	1,214,763
Administrative expense reimbursements	1,303,478	1,141,782
Participant contributions	139,516	258,906
Due from Catastrophe Major Medical Plan	-	771,781
Other	329,390	367,373
Total receivables	1,788,465	3,754,605
Cash	6,019,452	6,982,830
Prepaid expenses	329,650	361,203
Property assets, at cost, less accumulated depreciation and amortization of \$1,269,549 in 2025 and \$1,261,738 in 2024	20,379	28,190
Total assets	110,723,709	103,099,458
LIABILITIES		
Due to providers	9,766,005	6,731,412
Due to New York State United Teachers and its subsidiary	1,431,970	1,932,818
Due to Catastrophe Major Medical Plan	211,694	-
Accounts payable	439,357	559,979
Deferred revenue	-	6,500
Accrued vacation and sick pay	351,755	315,133
Total liabilities	12,200,781	9,545,842
RESERVES		
Premium stabilization reserves	23,552,523	23,552,523
Other reserves	5,112,821	5,112,821
Total reserves	28,665,344	28,665,344
Total liabilities and reserves	40,866,125	38,211,186
Net assets available for benefits	69,857,584	64,888,272
BENEFIT OBLIGATIONS		
Claims payable	389,218	714,528
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFITS OBLIGATIONS	\$ 69,468,366	\$ 64,173,744

The Notes to Consolidated Financial Statements are an integral part to these statements.

New York State United Teachers Member Benefits Trust and Subsidiary

Consolidated Statements of Changes in Net Assets Available for Benefits and Benefit Obligations Years Ended August 31, 2025 and 2024

	2025	2024
ADDITIONS TO PLAN ASSETS ATTRIBUTED TO		
Contributions	\$ 3,882,855	\$ 4,172,974
Endorsement arrangements	9,495,720	9,015,978
Service fees	902,860	800,737
Access fees	650,000	650,000
	14,931,435	14,639,689
Investment income		
Net appreciation in fair value of investments	2,713,474	5,680,364
Net investment income (loss) from common collective trust	1,298,704	1,773,246
Interest and dividends	1,823,913	1,820,149
	5,836,091	9,273,759
Less investment expenses	303,974	298,953
Net investment income	5,532,117	8,974,806
Total additions	20,463,552	23,614,495
DEDUCTIONS FROM PLAN ASSETS ATTRIBUTED TO		
Payment for self-insured benefits	3,707,815	3,241,006
Administrative and program expenses	11,786,425	8,331,287
Total deductions	15,494,240	11,572,293
Net increase	4,969,312	12,042,202
INCREASE IN BENEFIT OBLIGATIONS ATTRIBUTED TO		
Claims payable		
Claims incurred	3,382,505	3,699,358
Claims paid	(3,707,815)	(3,241,006)
Net increase in benefit obligations	(325,310)	458,352
Increase in excess of net assets available for benefits over benefit obligations	5,294,622	11,583,850
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFITS OBLIGATIONS, beginning of year	64,173,744	52,589,894
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFITS OBLIGATIONS, end of year	\$ 69,468,366	\$ 64,173,744

The Notes to Consolidated Financial Statements are an integral part to these statements.

New York State United Teachers Member Benefits Trust and Subsidiary

Notes to Consolidated Financial Statements

Note 1. Description of the Organization

The organization consists of New York State United Teachers Member Benefits Trust (Trust) and its wholly owned subsidiary, NYSUT Member Benefits Corporation (the Corporation) (collectively, the Organization).

New York State United Teachers Member Benefits Trust

The following description of the New York State United Teachers Member Benefits Trust provides only general information. Participants should refer to the Trust Agreement for a more complete description of the Trust's provisions. The Trust was formed by the New York State United Teachers (NYSUT) to provide a variety of benefits to its members. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

NYSUT Member Benefits Corporation

The NYSUT Member Benefits Corporation was incorporated on December 30, 2008, under laws of the State of New York. The purpose for which the Corporation was formed was to provide non-ERISA programs and benefits to members. The Corporation issued 100 shares of common stock, all classified as common shares of the same class without par value, which were purchased by the Trust.

Benefits

The program of fully insured benefits offered by the Organization includes, life insurance, property and casualty insurance, disability insurance, legal services, optical and dental insurance, long-term care insurance and various discount programs. For fully insured benefit arrangements, the Organization acts in an agency capacity, by collecting premiums from participating members and remitting such premiums to the various insurance carriers. The collection and remittance of these premiums are not recognized as additions or deductions in the accompanying consolidated statements of changes in net assets available for benefits and benefit obligations.

In addition, the Organization provides self-insured vision benefits. The claims for self-insured benefits are processed by the Organization's third-party claims processor under an administrative services only (ASO) arrangement. The claims processor pays claims directly to or on behalf of participants and are then reimbursed by the Organization. Despite the Organization's utilization of the third-party claim's processor, ultimate responsibility for payments to providers and participants is retained by the Organization.

Contributions

The Organization receives contributions from members and members' associations which are based on rates negotiated by the Organization and the insurance providers.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The consolidated financial statements of the Organization are prepared using the accrual basis of accounting.

Basis of Consolidation

The consolidated financial statements include the accounts of the Trust and its subsidiary, the Corporation. All significant transactions and balances between the entities have been eliminated in consolidation.

New York State United Teachers Member Benefits Trust and Subsidiary

Notes to Consolidated Financial Statements

Use of Estimates

The preparation of consolidated financial statements in accordance with accounting principles generally accepted in the United States of America (US GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

Depreciation

Property assets, which consist of furniture, fixtures, equipment, software and leasehold improvements, are depreciated by the straight-line method, at rates calculated to amortize the cost of the assets over their respective estimated useful lives. The estimated useful lives for furniture, equipment and software is 3 to 5 years and the estimated useful life for leasehold improvements is 10 years.

Investment Valuation and Income Recognition

The Organization's 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. Dividends are recorded on the ex-dividend date. Net appreciation includes the Organization's gains and losses on investments bought and sold as well as held during the year. Investment income (loss) derived from the common collective trust, including unrealized and realized gains and losses and dividend income, is included in "Net investment income (loss) from common collective trust" in the accompanying consolidated statements of changes in net assets available for benefits and benefit obligations.

Endorsement Arrangements

The Organization receives funds to cover its expenses from negotiated endorsement arrangements (including, in some cases, a percentage of premiums paid) with some of its endorsed program carriers who provide the benefit programs. Amounts received under contractual arrangements with program providers are used solely to defray the costs of administering the Organization's programs and, where appropriate, to enhance them.

Payment of Benefits

Claim payments are recorded when paid by the third-party claims processor. Amounts due to the claims processor that have yet to be reimbursed by the Organization are recorded as payable to the claims administrator in the accompanying consolidated statements of net assets available for benefits and benefit obligations. Self-insured vision benefits payments are paid from the general assets of the Organization. These payments are recorded as claims paid in the accompanying consolidated statements of changes in net assets available for benefits and benefit obligations.

Administrative Expenses

All administrative fees are paid by the Organization.

New York State United Teachers Member Benefits Trust and Subsidiary

Notes to Consolidated Financial Statements

Premium Stabilization Reserves

Premium stabilization reserves have been established by the Trust and insurance providers for certain fully insured insurance arrangements. These arrangements provide for the return to the Trust a portion of earned premiums when benefit experience in a policy year is favorable. The amounts returned are held in reserve by the Trust for the exclusive benefit of the Trust's participants. The benefit programs which have premium stabilization reserves include the following insurances: term life, disability, group dental and individual dental. Some reserves may be used to enhance benefits or offset program losses or certain expenses related directly to that program.

Other Reserves

Other reserves have been established to set aside funds earmarked for specific benefit purposes. Those benefits include homeowners insurance and legal service plan conflict resolution.

Management's Review of Subsequent Events

Management has evaluated subsequent events for the Organization through March 10, 2026, the date the consolidated financial statements were available to be issued.

Note 3. Claims Payable

Organization obligations at August 31, 2025 and 2024 for claims incurred but not reported and claims payable are estimated by the Organization based on claims data provided by the Organization's third-party claims administrator. These amounts are paid by the Organization only if claims are submitted and approved for payment. Claims incurred but not reported at August 31, 2025 and 2024 were not deemed material and therefore were not recorded.

Note 4. Property Assets

Property assets, at cost, as of August 31, 2025 and 2024 consist of the following:

	2025	2024
Leasehold improvements	\$ 591,050	\$ 591,050
Furniture, fixtures, equipment and software	698,878	698,878
	1,289,928	1,289,928
Less accumulated depreciation and amortization	(1,269,549)	(1,261,738)
Net property assets	\$ 20,379	\$ 28,190

Depreciation and amortization expense during 2025 and 2024 amounted to \$7,888 and \$4,348, respectively.

New York State United Teachers Member Benefits Trust and Subsidiary

Notes to Consolidated Financial Statements

Note 5. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework provides 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 FASB ASC 820 are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Organization 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; and
 - 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.

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 August 31, 2025 and 2024.

U.S. government securities and government agencies: U.S. Treasury Securities are carried at fair value as determined by quoted market prices in active markets. Government agencies include agency-issued debt which are valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate bonds: 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 ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments from certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

New York State United Teachers Member Benefits Trust and Subsidiary

Notes to Consolidated Financial Statements

Collective trust fund: Valued at the net asset value (NAV) of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Organization to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Interest-bearing cash: Valued at cost plus accrued interest, which approximates fair value.

The following table sets forth, by level, within the fair value hierarchy, the Organization's investments at fair value as of August 31, 2025 and 2024:

	2025	2024
Level 1:		
U.S. government securities	\$ 25,463,251	\$ 28,676,488
Stocks	20,595,325	18,079,503
	46,058,576	46,755,991
Level 2:		
U.S. government agencies	620,618	1,931,857
Corporate bonds	10,599,427	14,333,750
Interest-bearing cash	8,583,344	7,173,689
	19,803,389	23,439,296
Total assets in the fair value hierarchy	65,861,965	70,195,287
Investments measured at net asset value:		
Collective trust fund	36,703,798	21,777,343
Investments at fair value	\$ 102,565,763	\$ 91,972,630

The following table summarizes investments measured at fair value based on NAV per share as of August 31, 2025 and 2024, respectively:

	2025	2024
Collective trust fund		
Fair value	\$ 36,703,798	\$ 21,777,343
Unfunded commitment	None	None
Redemption frequency	Daily	Daily
Other redemption restrictions	None	None
Redemption notice period	None	None

New York State United Teachers Member Benefits Trust and Subsidiary

Notes to Consolidated Financial Statements

Note 6. Access Fees

The Trust has entered into an agreement with NEA's Member Benefits Corporation (NEA MBC) that commenced March 1, 2008, under which the Trust receives an access fee from NEA MBC in connection with the Trust's providing access to the Trust's approved NEA MBC programs. Effective February 27, 2009, the Trust assigned the agreement (Trust Agreement) to the Corporation. The agreement is cancelable by either party.

Note 7. Tax Status

The Trust established under the plan to hold the plan's assets is qualified pursuant to Section 501(c)(5) of the Internal Revenue Code, and, accordingly, the Trust's net investment income is exempt from income taxes. The Trust has obtained a favorable tax determination letter from the Internal Revenue Service (IRS), and the plan sponsor believes that the Trust, as amended, continues to qualify and to operate as designed.

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

NYSUT Member Benefits Corporation is a taxable entity that was formed in New York State. For income tax reporting purposes, the Corporation has an unused operating loss carryforward as of August 31, 2025 of approximately \$10,270,000 of which \$8,550,000 expires between 2028 and 2037. The remaining net operating loss of \$1,720,000 is carried forward indefinitely. The net operating loss carryforward results in a deferred tax asset of \$2,156,700. Due to the uncertainty of the eventual realization of the net operating loss carryforward, the Corporation has established a valuation allowance in the full amount of the asset, resulting in a net deferred tax asset of \$0 at August 31, 2025 and 2024.

Note 8. Organization Termination

Although the Board of Trustees has not expressed any intent to do so, the Trustees have the right to modify the benefits provided to, and contributions required of, participants to discontinue its contributions at any time and to terminate the Organization subject to the provisions of ERISA and the terms of the Trust Agreement. In the event of termination, the Trust Agreement requires the Trustees to apply the money and property of the Trust to pay or provide for the payment of all obligations of the Trust and apply any remaining surplus to best effectuate the purpose of the Trust for the exclusive benefit of the participants, their dependents and beneficiaries, or as otherwise provided in the Trust Agreement.

New York State United Teachers Member Benefits Trust and Subsidiary

Notes to Consolidated Financial Statements

Note 9. Related Party Transactions and Party in Interest Transactions

The Organization is related to New York State United Teachers (NYSUT), whose members are participants of the Organization. NYSUT and its wholly owned subsidiary, NYSUT Building Corporation, incur expenses on behalf of the Organization and are subsequently reimbursed by the Organization. For the years ended August 31, 2025 and 2024, the amounts incurred were \$6,724,649 and \$6,686,275, respectively. Effective September 1, 2024, the NYSUT Member Benefits Trust entered into a settlement agreement with NYSUT pursuant to which, among other things, the NYSUT Member Benefits Trust will pay NYSUT up to 50% of the Organization's annual gross revenues from specified programs in consideration for services provided by NYSUT to, and at the request of, the Organization and incidentally for the use of NYSUT's intellectual property. For the year ended August 31, 2025, the Organization paid NYSUT \$3,476,063 pursuant to this agreement. Amounts due to NYSUT and its subsidiary as of August 31, 2025 and 2024 were \$1,431,970 and \$1,932,818, respectively. The Organization rents office space under a cancelable lease agreement from NYSUT and its subsidiary, and paid rent, security and occupancy costs of \$360,594 and \$213,787 for the years ended August 31, 2025 and 2024, respectively, which are included in the reimbursed amounts previously reported.

During the years ended August 31, 2025 and 2024, the Organization paid to NYSUT \$742,219 and \$740,208, respectively, for the future cost of postretirement pension benefits of the Organization for each year. See Note 11 for further discussion regarding the pension cost reimbursement to NYSUT. During the years ended August 31, 2025 and 2024, the Organization (received from) NYSUT \$(817,928) and \$(646,641), respectively, for the actuarially determined estimated future cost of postretirement medical benefits of the Organization for each year. These amounts are included in or net down the reimbursed amounts reported in the preceding paragraph. NYSUT will ultimately pay such benefits for the Organization's retirees from its appropriated fund balance for retiree medical benefits and from the plan established to provide for such benefits.

No NYSUT dues dollars are used to support the Organization's operations. No Organization monies are paid to NYSUT, except reimbursement for use of facilities and for services and personnel provided by NYSUT to, and at the request of, the Organization, and incidentally for the use of NYSUT's intellectual property.

Certain Organization assets are invested in stocks, bonds, securities and a collective trust fund held and managed by Oppenheimer and Wellington Trust Company, the custodians of the Plan. These transactions are party-in-interest transactions under ERISA.

Note 10. Risks and Uncertainties

The Organization invests in various investment securities that are exposed to various risks such as interest rates, market and credit risks. Market risks include global events, which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in values of investment securities will occur in the near term and that some changes could materially affect the amounts reported in the statements of net assets available for benefits.

Financial instruments that subject the Organization to concentrations of credit risk include interest-bearing cash, cash and receivables. The Organization maintains accounts at several financial institutions. While the Organization's deposit balances may, at times, exceed federally insured limits, the Organization has not experienced any losses on such accounts.

New York State United Teachers Member Benefits Trust and Subsidiary

Notes to Consolidated Financial Statements

Note 11. Commitments and Contingencies

As discussed in Note 9, the Organization reimburses NYSUT for pension funding, paid in accordance with the administrative services agreement between the parties. The reimbursement amount, based upon a percentage of salaries, differs from NYSUT's actuarially determined retirement plan cost as a percentage of salaries. This percentage of salaries arrangement was established to more closely equate to NYSUT's cash funding of the plan.

This difference has resulted in an accumulated reimbursement shortfall to NYSUT, based upon NYSUT's pension funding, of approximately \$4,606,000 and \$4,321,000 as of August 31, 2025 and 2024, respectively.

The percentage of salaries that the Organization has calculated and paid to NYSUT as pension expense in the current and prior years is significantly less than that which was actuarially determined by NYSUT. This difference has resulted in an accumulated reimbursement shortfall to NYSUT, based upon actuarially determined pension expense of approximately \$9,316,000 and \$9,601,000 as of August 31, 2025 and 2024, respectively. It is anticipated that this accumulated commitment will be fulfilled by future reductions in NYSUT's actuarially determined funding percentage below that percentage of salaries that would be charged to the Organization.

Note 12. Reconciliation of Consolidated Financial Statements to Form 5500

In accordance with Section 2520.103-1(b)(3), the differences between the information in the consolidated financial statements and the information contained in Schedule H of Form 5500 are enumerated as follows:

Reconciliation of net asset available for benefits per page 4 of the consolidated financial statements to Form 5500, Schedule H, Part I, Line 1l:

	2025	2024
Amount per consolidated financial statements		
Net assets available for benefits	\$ 69,857,584	\$ 64,888,272
Claims payable	(389,218)	(714,528)
	\$ 69,468,366	\$ 64,173,744
Amounts per Form 5500, Schedule H, Part I, Line 1l		

New York State United Teachers Member Benefits Trust and Subsidiary

Notes to Consolidated Financial Statements

Reconciliation of other receivables per page 4 of the consolidated financial statements to Form 5500, Schedule H, Part I, Line 1b(3):

	2025	2024
Amounts per consolidated financial statements		
Receivables		
Accrued income	\$ 16,081	\$ 1,214,763
Administrative expense reimbursements	1,303,478	1,141,782
Due from Catastrophe Major Medical Plan	-	771,781
Other	329,390	367,373
Prepaid expenses	329,650	361,203
	1,978,599	3,856,902
Add NYSUT Member Benefits Corporation amount	421,805	526,755
Amounts per Form 5500, Schedule H, Part I, Line 1b(3)	\$ 2,400,404	\$ 4,383,657

Reconciliation of other receivables per page 5 of the consolidated financial statements to Form 5500, Schedule H, Part II, Line 2k:

	2025	2024
Amount per consolidated financial statements		
Net increase	\$ 4,969,312	\$ 12,042,202
Less net increase in benefit obligations	325,310	(458,352)
Amounts per Form 5500, Schedule H, Part II, Line 2k	\$ 5,294,622	\$ 11,583,850

Reconciliation of other income per page 5 of the consolidated financial statements to Form 5500, Schedule H, Part II, Line 2c:

	2025	2024
Amounts per consolidated financial statements		
Endorsement arrangements	\$ 9,495,720	\$ 9,015,978
Service fees	902,860	800,737
Access fees	650,000	650,000
	11,048,580	10,466,715
Less NYSUT Member Benefits Corporation amount	(1,753,357)	(1,190,772)
Amount per Form 5500, Schedule H, Part II, Line 2c	\$ 9,295,223	\$ 9,275,943

New York State United Teachers Member Benefits Trust and Subsidiary

Notes to Consolidated Financial Statements

Reconciliation of administrative expenses per page 5 of the consolidated financial statements to Form 5500, Schedule H, Part II, Line 2i(12):

	2025	2024
Amounts per consolidated financial statements		
Administrative and program expenses	\$ 11,786,425	\$ 8,331,287
Investment expenses	303,974	298,953
	12,090,399	8,630,240
Less NYSUT Member Benefits Corporation amount	(1,753,357)	(1,190,772)
	\$ 10,337,042	\$ 7,439,468
Amount per Form 5500, Schedule H, Part II, Line 2i(12)		

Reconciliation of net appreciation (depreciation) in fair value of investments per page 5 of the consolidated financial statements to Form 5500, schedule H, Part II:

	2025	2024
Form 5500, Schedule H, Part II:		
Line 2b(4)(C), Net (loss) gain on sale of assets	\$ (271,191)	\$ 437,266
Line 2b(5)(C), Unrealized appreciation of assets	2,984,665	5,243,098
	\$ 2,713,474	\$ 5,680,364
Amount per consolidated financial statements		

Reconciliation of interest and dividends per page 5 of the consolidated financial statements to Form 5500, Schedule H Part II:

	2025	2024
Form 5500, Schedule H, Part II:		
Line 2b(1)(A), Interest: interest-bearing cash	\$ 258,881	\$ 291,453
Line 2b(1)(B), Interest: U.S. government securities	993,398	870,778
Line 2b(1)(C), Interest: corporate debt instruments	395,134	495,523
Line 2b(2)(B), Dividend: common stock	176,500	162,395
	\$ 1,823,913	\$ 1,820,149
Amount per consolidated financial statements		

Supplementary Information

**New York State United Teachers Member
Benefits Trust and Subsidiary**
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
Plan #503 / EIN: 22-2480854
August 31, 2025

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value				(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description	Collateral	Maturity date	Rate of interest	Par/maturity value or shares	Cost	Current value
U.S. government and government agencies:							
Federal Natl Mtg Assn	Note	N/A	11/07/2025	0.500%	450,000	\$ 451,644	\$ 446,972
Federal Natl Mtg Assn	Note	N/A	10/08/2027	0.750%	100,000	99,750	94,218
Gnma Pass-Thru M Single Family Cash	Note	N/A	06/20/2053	5.500%	100,000	78,344	79,428
United States Treas Bds	Note	N/A	02/15/2026	6.000%	175,000	178,048	176,498
United States Treas Bds	Note	N/A	02/15/2029	5.250%	225,000	245,137	237,490
United States Treas Bds	Bond	N/A	02/15/2037	4.750%	230,000	245,265	239,262
United States Treas Bds	Bond	N/A	02/15/2039	3.500%	650,000	627,297	585,943
United States Treas Bds	Bond	N/A	05/15/2040	1.125%	500,000	504,899	311,095
United States Treas Bds	Bond	N/A	11/15/2040	1.375%	500,000	479,219	318,595
United States Treas Bds	Bond	N/A	11/15/2041	3.125%	550,000	548,807	448,272
United States Treas Bds	Bond	N/A	05/15/2042	3.000%	350,000	347,923	277,662
United States Treas Bds	Bond	N/A	08/15/2042	2.750%	300,000	307,269	227,919
United States Treas Bds	Bond	N/A	11/15/2042	4.000%	450,000	433,242	407,565
United States Treas Bds	Bond	N/A	02/15/2043	3.875%	300,000	298,266	266,532
United States Treas Bds	Bond	N/A	08/15/2043	4.375%	1,050,000	1,033,930	992,744
United States Treas Bds	Bond	N/A	08/15/2044	4.125%	600,000	582,102	544,968
United States Treas Bds	Bond	N/A	02/15/2045	2.500%	600,000	586,240	418,032
United States Treas Bds	Bond	N/A	08/15/2046	2.250%	750,000	763,850	485,888
United States Treas Nts	Note	N/A	11/15/2025	4.500%	1,000,000	998,708	1,000,440
United States Treas Nts	Note	N/A	02/28/2026	4.625%	1,500,000	1,492,969	1,504,050
United States Treas Nts	Note	N/A	06/30/2026	4.625%	500,000	499,688	502,715
United States Treas Nts	Note	N/A	07/15/2026	4.500%	950,000	948,813	954,674
United States Treas Nts	Note	N/A	08/15/2026	4.375%	975,000	972,434	979,319
United States Treas Nts	Note	N/A	04/15/2027	4.500%	500,000	500,047	506,170
United States Treas Nts	Note	N/A	04/30/2027	3.750%	550,000	548,625	550,517
United States Treas Nts	Note	N/A	09/15/2027	3.375%	700,000	698,250	696,612
United States Treas Nts	Note	N/A	11/30/2027	3.875%	1,250,000	1,250,641	1,256,838
United States Treas Nts	Note	N/A	01/15/2028	4.250%	550,000	550,427	557,865
United States Treas Nts	Note	N/A	05/15/2028	2.875%	200,000	196,948	196,296
United States Treas Nts	Note	N/A	12/31/2028	3.750%	1,000,000	995,813	1,004,300
United States Treas Nts	Note	N/A	09/30/2029	3.875%	1,500,000	1,494,472	1,512,945
United States Treas Nts	Note	N/A	11/30/2029	3.875%	1,500,000	1,497,234	1,512,360
United States Treas Nts	Note	N/A	08/31/2030	4.125%	1,400,000	1,387,797	1,425,872
United States Treas Nts	Note	N/A	03/31/2032	4.125%	1,150,000	1,148,953	1,165,226
United States Treas Nts	Note	N/A	02/15/2033	3.500%	1,250,000	1,219,164	1,211,275
United States Treas Nts	Note	N/A	02/15/2034	4.000%	1,400,000	1,385,125	1,391,306
United States Treas Nts	Note	N/A	05/15/2034	4.375%	1,000,000	998,315	1,019,300
United States Treas Nts	Note	N/A	05/15/2035	4.250%	575,000	569,016	576,706
Total U.S. government and government agencies						27,164,671	26,083,869
Corporate bonds:							
3M Co	Callable note	N/A	08/26/2029	2.375%	100,000	99,625	93,620
Air Products And Chemicals Inc	Callable note	N/A	06/01/2028	4.300%	450,000	451,391	453,785
Ameren Corp	Callable note	N/A	01/15/2031	3.500%	350,000	309,887	334,306
Apple Inc	Callable note	N/A	09/11/2029	2.200%	400,000	399,969	374,536
Biogen Inc	Callable note	N/A	05/01/2030	2.250%	100,000	103,178	90,997
C H Robinson Worldwide In	Bond	N/A	04/15/2028	4.200%	200,000	196,833	200,214
Comcast Corp New	Callable note	N/A	07/15/2042	4.650%	300,000	271,500	266,862
Csx Corp	Callable note	N/A	02/15/2030	2.400%	50,000	49,591	46,516
Duke Energy Carolinas Llc	Callable note	N/A	08/15/2029	2.450%	400,000	411,005	375,976
Eaton Corp Ohio	Callable note	N/A	11/02/2032	4.000%	150,000	151,850	145,605
Eaton Corp Ohio	Callable note	N/A	11/02/2042	4.150%	150,000	151,291	128,577
Elevance Health Inc	Callable note	N/A	10/15/1932	5.500%	300,000	298,800	312,096
Expedia Group Inc	Bond	N/A	08/01/2027	4.625%	250,000	245,225	251,570
Fifth Third Bancorp	Callable note	N/A	05/05/2027	2.550%	500,000	507,685	487,450
Goldman Sachs Group Inc	Callable note	N/A	11/15/2032	4.300%	150,000	149,392	146,609
Hp Inc	Callable note	N/A	01/15/2028	4.750%	800,000	786,575	810,320
International Business Machs	Bond	N/A	07/27/2027	4.150%	150,000	146,918	150,444
International Business Machs	Bond	N/A	02/06/2028	4.500%	625,000	614,230	631,738
International Business Machs	Callable note	N/A	07/27/2032	4.400%	300,000	288,600	298,000
John Deere Capital Corporation	Callable note	N/A	09/15/2027	4.150%	100,000	98,570	100,495
John Deere Capital Corporation	Callable note	N/A	06/05/1930	4.550%	450,000	453,284	456,903
Mcdonalds Corp	Callable note	N/A	03/01/2030	2.125%	200,000	202,096	183,068
Meta Platforms Inc	Callable note	N/A	05/15/2028	4.600%	300,000	298,824	305,766
Microsoft Corp	Bond	N/A	06/01/2050	2.525%	275,000	286,384	168,218

New York State United Teachers Member Benefits Trust and Subsidiary

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

Plan #503 / EIN: 22-2480854

August 31, 2025

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value				(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description	Collateral	Maturity date	Rate of interest	Par/maturity value or shares	Cost	Current value
Corporate bonds - continued:							
National Rural Utils Coop Fin	Callable note	N/A	08/15/2026	3.000%	50,000	48,846	49,302
Nevada Power Co	Callable note	N/A	05/01/2030	2.400%	250,000	263,211	231,180
Northern Tr Corp	Callable note	N/A	11/02/2032	6.125%	300,000	299,925	326,607
Parker-Hannifin Corp	Callable note	N/A	03/01/2027	3.250%	300,000	295,702	296,481
Pepsico Inc	Callable note	N/A	10/06/2026	2.375%	100,000	99,925	98,362
Pnc Bk N A Pittsburgh Pa Disc	Callable note	N/A	01/22/2028	3.250%	250,000	249,941	246,028
Ralph Lauren Corp	Bond	N/A	09/15/2025	3.750%	100,000	100,004	99,940
Roper Technologies Inc	Callable note	N/A	10/15/2029	4.500%	450,000	450,251	453,456
Southwest Airs Co	Callable note	N/A	11/15/2026	3.000%	700,000	682,144	688,170
Thermo Fisher Scientific Inc	Callable note	N/A	08/10/2030	4.977%	300,000	296,730	310,383
Uber Technologies Inc	Callable note	N/A	01/15/2030	4.300%	400,000	398,152	400,932
Unitedhealth Group Inc	Callable note	N/A	05/15/2032	4.200%	600,000	564,075	584,913
Total corporate bonds						10,721,609	10,599,427
Stocks:							
3M Co	Common stock	N/A	N/A	N/A	1,200	140,594	186,636
Abbvie Inc	Common stock	N/A	N/A	N/A	520	99,120	109,408
Alphabet Inc Cap Stk Cl A	Common stock	N/A	N/A	N/A	2,775	112,148	590,825
Alphabet Inc Cap Stk Cl C	Common stock	N/A	N/A	N/A	1,025	106,374	218,868
Amazon Com Inc	Common stock	N/A	N/A	N/A	3,100	355,946	709,900
Ameren Corp	Common stock	N/A	N/A	N/A	1,550	105,765	154,659
American Express Co	Common stock	N/A	N/A	N/A	550	87,883	182,204
Amgen Inc	Common stock	N/A	N/A	N/A	250	72,669	71,928
Amphenol Corp New Cl A	Common stock	N/A	N/A	N/A	1,975	178,387	214,999
Apple Inc	Common stock	N/A	N/A	N/A	5,000	286,716	1,160,700
Applovin Corp Com Cl A	Common stock	N/A	N/A	N/A	960	61,967	459,446
Arch Cap Group Ltd Ord	Common stock	N/A	N/A	N/A	1,700	104,728	155,601
Ascendis Pharma A/S Sponsored Adr Subject To Custody Fees	Common stock	N/A	N/A	N/A	425	82,930	82,565
Autozone Inc	Common stock	N/A	N/A	N/A	60	163,133	251,912
Bank Of America Corp	Common stock	N/A	N/A	N/A	3,700	124,852	187,738
Belling Brands Inc Common Stock	Common stock	N/A	N/A	N/A	2,200	130,361	90,310
Berkshire Hathaway Inc Del	Common stock	N/A	N/A	N/A	600	160,002	301,788
Blackrock Inc	Common stock	N/A	N/A	N/A	195	126,696	219,792
Boston Scientific Corp	Common stock	N/A	N/A	N/A	1,975	138,237	208,363
Broadcom Inc	Common stock	N/A	N/A	N/A	1,550	171,264	460,955
Caterpillar Inc	Common stock	N/A	N/A	N/A	200	69,132	83,808
Celsius Hldgs Inc Com New	Common stock	N/A	N/A	N/A	4,050	158,650	254,664
Chart Inds Inc	Common stock	N/A	N/A	N/A	450	81,392	89,712
Cisco Sys Inc	Common stock	N/A	N/A	N/A	3,000	184,039	207,270
Cme Group Inc	Common stock	N/A	N/A	N/A	725	184,591	193,220
Coca Cola Co	Common stock	N/A	N/A	N/A	2,200	148,023	151,778
Coherent Corp	Common stock	N/A	N/A	N/A	1,125	127,492	101,779
Colgate Palmolive Co	Common stock	N/A	N/A	N/A	1,480	146,042	124,424
Conocophillips	Common stock	N/A	N/A	N/A	1,175	85,360	116,290
Corcept Therapeutics Inc	Common stock	N/A	N/A	N/A	2,250	127,739	156,870
Costco Whsl Corp New	Common stock	N/A	N/A	N/A	225	115,121	212,247
Credo Technology Group Holding Ordinary Shares	Common stock	N/A	N/A	N/A	2,225	154,992	273,797
Eli Lilly & Co	Common stock	N/A	N/A	N/A	300	65,139	219,774
Encompass Health Corp	Common stock	N/A	N/A	N/A	1,475	155,979	179,596
Entergy Corp New	Common stock	N/A	N/A	N/A	2,050	111,548	180,585
Eqst Corp	Common stock	N/A	N/A	N/A	3,800	206,514	196,992
Evercore Inc Class A	Common stock	N/A	N/A	N/A	600	121,090	192,930
Exxon Mobil Corp	Common stock	N/A	N/A	N/A	2,600	185,333	297,154
Ge Vernova Inc	Common stock	N/A	N/A	N/A	200	93,479	122,594
Goldman Sachs Group Inc	Common stock	N/A	N/A	N/A	275	184,036	204,944
Home Depot Inc	Common stock	N/A	N/A	N/A	425	113,834	172,877
Howmet Aerospace Inc	Common stock	N/A	N/A	N/A	1,550	60,878	269,855
Insulet Corp	Common stock	N/A	N/A	N/A	150	49,875	50,982
Itron Inc	Common stock	N/A	N/A	N/A	1,600	121,025	196,704
Johnson & Johnson	Common stock	N/A	N/A	N/A	1,125	187,893	199,316
Jpmorgan Chase & Co Com	Common stock	N/A	N/A	N/A	1,125	123,067	339,098
Kyndryl Hldgs Inc Common Stock	Common stock	N/A	N/A	N/A	4,800	186,135	152,592
Lam Research Corp Com New	Common stock	N/A	N/A	N/A	1,775	50,689	177,766
Leidos Holdings Inc	Common stock	N/A	N/A	N/A	825	100,735	149,259
Liberty Media Corp Liberty Formula One Cl C	Common stock	N/A	N/A	N/A	1,875	130,863	187,313

New York State United Teachers Member Benefits Trust and Subsidiary

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

Plan #503 / EIN: 22-2480854

August 31, 2025

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value				(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description	Collateral	Maturity date	Rate of interest	Par/maturity value or shares	Cost	Current value
Stocks - continued:							
Life Time Group Holdings Inc Common Stock	Common stock	N/A	N/A	N/A	6,625	127,894	184,970
Linde Plc	Common stock	N/A	N/A	N/A	275	109,263	131,530
Mastercard Incorporated Cl A	Common stock	N/A	N/A	N/A	320	43,515	190,493
Mckesson Corp	Common stock	N/A	N/A	N/A	230	53,803	157,927
Meta Platforms Inc Cl A	Common stock	N/A	N/A	N/A	750	199,544	554,025
Micron Technology Inc	Common stock	N/A	N/A	N/A	1,475	118,011	175,540
Microsoft Corp	Common stock	N/A	N/A	N/A	2,450	366,300	1,241,391
Nasdaq Inc	Common stock	N/A	N/A	N/A	2,500	144,387	236,850
Netflix Inc	Common stock	N/A	N/A	N/A	150	150,639	181,238
Neurocrine Biosciences Inc	Common stock	N/A	N/A	N/A	1,500	177,673	209,400
Nucor Corp	Common stock	N/A	N/A	N/A	1,200	99,931	178,476
Nvidia Corporation	Common stock	N/A	N/A	N/A	8,350	306,117	1,454,403
Ollies Bargain Outlet Hldgs In	Common stock	N/A	N/A	N/A	1,650	192,575	209,286
Palo Alto Networks Inc	Common stock	N/A	N/A	N/A	1,000	102,427	190,520
Post Hldgs Inc	Common stock	N/A	N/A	N/A	1,100	123,927	124,465
Procter And Gamble Co	Common stock	N/A	N/A	N/A	1,000	126,396	157,040
Quanta Svcs Inc	Common stock	N/A	N/A	N/A	525	73,467	198,429
Quest Diagnostics Inc	Common stock	N/A	N/A	N/A	1,100	188,835	199,804
Qxo Inc Com New	Common stock	N/A	N/A	N/A	10,000	160,367	201,300
Rtx Corporation	Common stock	N/A	N/A	N/A	1,300	166,464	206,180
Servicenow Inc	Common stock	N/A	N/A	N/A	235	106,485	215,603
Sharkninja Inc Com Shs	Common stock	N/A	N/A	N/A	1,850	192,134	216,376
Teck Resources Ltd Cl B	Common stock	N/A	N/A	N/A	2,875	121,615	98,296
Texas Roadhouse Inc	Common stock	N/A	N/A	N/A	850	81,979	146,668
Tjx Cos Inc New	Common stock	N/A	N/A	N/A	1,600	156,699	218,576
Tko Group Holdings Inc Cl A	Common stock	N/A	N/A	N/A	975	153,729	184,821
T-Mobile Us Inc	Common stock	N/A	N/A	N/A	800	113,666	201,592
Travelers Companies Inc	Common stock	N/A	N/A	N/A	675	122,721	183,269
Verisign Inc	Common stock	N/A	N/A	N/A	375	106,913	102,514
Vertiv Holdings Co Com Cl A	Common stock	N/A	N/A	N/A	2,361	88,823	301,146
Vici Pptys Inc Reit	Common stock	N/A	N/A	N/A	6,100	198,644	206,058
Wec Energy Group Inc	Common stock	N/A	N/A	N/A	1,400	116,449	149,111
Wells Fargo Co New	Common stock	N/A	N/A	N/A	3,225	175,326	265,031
Welltower Inc Reit	Common stock	N/A	N/A	N/A	1,475	148,108	248,210
Total stocks						11,555,283	20,595,325
Value of interest in common collective trust:							
Wellington Trust Company CTF Core Bond Portfolio	Common col. trust	N/A	N/A	N/A	2,016,421	21,659,520	36,703,798
Interest-bearing cash:							
Advantage Bank Deposits	Interest-bearing	N/A	N/A	variable	503,788	503,788	503,788
NBT Regional 5500 Commercial Money Market	Money market	N/A	N/A	variable	8,079,490	8,079,490	8,079,490
Synchrony Bank Money Market	Money market	N/A	N/A	variable	66	66	66
Total interest-bearing cash						8,583,344	8,583,344
Total investments						<u>\$ 79,684,427</u>	<u>\$ 102,565,763</u>

**New York State United Teachers Member
Benefits Trust and Subsidiary**
Schedule H, Line 4j – Schedule of Reportable Transactions
Plan #503 / EIN: 22-2480854
August 31, 2025

(a)	(b)	(c)	(d)	(g)	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain or (loss)	
Single transactions exceeding 5% of plan assets						
Wellington Trust Company CTF Core Bond Portfolio	12,500,000	-	12,500,000	12,500,000	-	
Series of transactions exceeding 5% of plan assets						
Wellington Trust Company CTF Core Bond Portfolio	13,993,677	72,248	14,066,788	14,065,925	(863)	

The following items are not applicable:

(a) Identity of party involved

(e) Lease rental

(f) Expense incurred with transaction

**New York State United Teachers Member
Benefits Trust and Subsidiary**
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
Plan #503 / EIN: 22-2480854
August 31, 2025

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value				(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description	Collateral	Maturity date	Rate of interest	Par/maturity value or shares	Cost	Current value
U.S. government and government agencies:							
Federal Natl Mtg Assn	Note	N/A	11/07/2025	0.500%	450,000	\$ 451,644	\$ 446,972
Federal Natl Mtg Assn	Note	N/A	10/08/2027	0.750%	100,000	99,750	94,218
Gnma Pass-Thru M Single Family Cash	Note	N/A	06/20/2053	5.500%	100,000	78,344	79,428
United States Treas Bds	Note	N/A	02/15/2026	6.000%	175,000	178,048	176,498
United States Treas Bds	Note	N/A	02/15/2029	5.250%	225,000	245,137	237,490
United States Treas Bds	Bond	N/A	02/15/2037	4.750%	230,000	245,265	239,262
United States Treas Bds	Bond	N/A	02/15/2039	3.500%	650,000	627,297	585,943
United States Treas Bds	Bond	N/A	05/15/2040	1.125%	500,000	504,899	311,095
United States Treas Bds	Bond	N/A	11/15/2040	1.375%	500,000	479,219	318,595
United States Treas Bds	Bond	N/A	11/15/2041	3.125%	550,000	548,807	448,272
United States Treas Bds	Bond	N/A	05/15/2042	3.000%	350,000	347,923	277,662
United States Treas Bds	Bond	N/A	08/15/2042	2.750%	300,000	307,269	227,919
United States Treas Bds	Bond	N/A	11/15/2042	4.000%	450,000	433,242	407,565
United States Treas Bds	Bond	N/A	02/15/2043	3.875%	300,000	298,266	266,532
United States Treas Bds	Bond	N/A	08/15/2043	4.375%	1,050,000	1,033,930	992,744
United States Treas Bds	Bond	N/A	08/15/2044	4.125%	600,000	582,102	544,968
United States Treas Bds	Bond	N/A	02/15/2045	2.500%	600,000	586,240	418,032
United States Treas Bds	Bond	N/A	08/15/2046	2.250%	750,000	763,850	485,888
United States Treas Nts	Note	N/A	11/15/2025	4.500%	1,000,000	998,708	1,000,440
United States Treas Nts	Note	N/A	02/28/2026	4.625%	1,500,000	1,492,969	1,504,050
United States Treas Nts	Note	N/A	06/30/2026	4.625%	500,000	499,688	502,715
United States Treas Nts	Note	N/A	07/15/2026	4.500%	950,000	948,813	954,674
United States Treas Nts	Note	N/A	08/15/2026	4.375%	975,000	972,434	979,319
United States Treas Nts	Note	N/A	04/15/2027	4.500%	500,000	500,047	506,170
United States Treas Nts	Note	N/A	04/30/2027	3.750%	550,000	548,625	550,517
United States Treas Nts	Note	N/A	09/15/2027	3.375%	700,000	698,250	696,612
United States Treas Nts	Note	N/A	11/30/2027	3.875%	1,250,000	1,250,641	1,256,838
United States Treas Nts	Note	N/A	01/15/2028	4.250%	550,000	550,427	557,865
United States Treas Nts	Note	N/A	05/15/2028	2.875%	200,000	196,948	196,296
United States Treas Nts	Note	N/A	12/31/2028	3.750%	1,000,000	995,813	1,004,300
United States Treas Nts	Note	N/A	09/30/2029	3.875%	1,500,000	1,494,472	1,512,945
United States Treas Nts	Note	N/A	11/30/2029	3.875%	1,500,000	1,497,234	1,512,360
United States Treas Nts	Note	N/A	08/31/2030	4.125%	1,400,000	1,387,797	1,425,872
United States Treas Nts	Note	N/A	03/31/2032	4.125%	1,150,000	1,148,953	1,165,226
United States Treas Nts	Note	N/A	02/15/2033	3.500%	1,250,000	1,219,164	1,211,275
United States Treas Nts	Note	N/A	02/15/2034	4.000%	1,400,000	1,385,125	1,391,306
United States Treas Nts	Note	N/A	05/15/2034	4.375%	1,000,000	998,315	1,019,300
United States Treas Nts	Note	N/A	05/15/2035	4.250%	575,000	569,016	576,706
Total U.S. government and government agencies						27,164,671	26,083,869
Corporate bonds:							
3M Co	Callable note	N/A	08/26/2029	2.375%	100,000	99,625	93,620
Air Products And Chemicals Inc	Callable note	N/A	06/01/2028	4.300%	450,000	451,391	453,785
Ameren Corp	Callable note	N/A	01/15/2031	3.500%	350,000	309,887	334,306
Apple Inc	Callable note	N/A	09/11/2029	2.200%	400,000	399,969	374,536
Biogen Inc	Callable note	N/A	05/01/2030	2.250%	100,000	103,178	90,997
C H Robinson Worldwide In	Bond	N/A	04/15/2028	4.200%	200,000	196,833	200,214
Comcast Corp New	Callable note	N/A	07/15/2042	4.650%	300,000	271,500	266,862
Csx Corp	Callable note	N/A	02/15/2030	2.400%	50,000	49,591	46,516
Duke Energy Carolinas Llc	Callable note	N/A	08/15/2029	2.450%	400,000	411,005	375,976
Eaton Corp Ohio	Callable note	N/A	11/02/2032	4.000%	150,000	151,850	145,605
Eaton Corp Ohio	Callable note	N/A	11/02/2042	4.150%	150,000	151,291	128,577
Elevance Health Inc	Callable note	N/A	10/15/1932	5.500%	300,000	298,800	312,096
Expedia Group Inc	Bond	N/A	08/01/2027	4.625%	250,000	245,225	251,570
Fifth Third Bancorp	Callable note	N/A	05/05/2027	2.550%	500,000	507,685	487,450
Goldman Sachs Group Inc	Callable note	N/A	11/15/2032	4.300%	150,000	149,392	146,609
Hp Inc	Callable note	N/A	01/15/2028	4.750%	800,000	786,575	810,320
International Business Machs	Bond	N/A	07/27/2027	4.150%	150,000	146,918	150,444
International Business Machs	Bond	N/A	02/06/2028	4.500%	625,000	614,230	631,738
International Business Machs	Callable note	N/A	07/27/2032	4.400%	300,000	288,600	298,000
John Deere Capital Corporation	Callable note	N/A	09/15/2027	4.150%	100,000	98,570	100,495
John Deere Capital Corporation	Callable note	N/A	06/05/1930	4.550%	450,000	453,284	456,903
Mcdonalds Corp	Callable note	N/A	03/01/2030	2.125%	200,000	202,096	183,068
Meta Platforms Inc	Callable note	N/A	05/15/2028	4.600%	300,000	298,824	305,766
Microsoft Corp	Bond	N/A	06/01/2050	2.525%	275,000	286,384	168,218

New York State United Teachers Member Benefits Trust and Subsidiary

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

Plan #503 / EIN: 22-2480854

August 31, 2025

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Identity of issue, borrower, lessor, or similar party	Description	Collateral	Maturity date	Rate of interest	Par/maturity value or shares	Cost	Current value
Corporate bonds - continued:							
National Rural Utils Coop Fin	Callable note	N/A	08/15/2026	3.000%	50,000	48,846	49,302
Nevada Power Co	Callable note	N/A	05/01/2030	2.400%	250,000	263,211	231,180
Northern Tr Corp	Callable note	N/A	11/02/2032	6.125%	300,000	299,925	326,607
Parker-Hannifin Corp	Callable note	N/A	03/01/2027	3.250%	300,000	295,702	296,481
Pepsico Inc	Callable note	N/A	10/06/2026	2.375%	100,000	99,925	98,362
Pnc Bk N A Pittsburgh Pa Disc	Callable note	N/A	01/22/2028	3.250%	250,000	249,941	246,028
Ralph Lauren Corp	Bond	N/A	09/15/2025	3.750%	100,000	100,004	99,940
Roper Technologies Inc	Callable note	N/A	10/15/2029	4.500%	450,000	450,251	453,456
Southwest Airs Co	Callable note	N/A	11/15/2026	3.000%	700,000	682,144	688,170
Thermo Fisher Scientific Inc	Callable note	N/A	08/10/2030	4.977%	300,000	296,730	310,383
Uber Technologies Inc	Callable note	N/A	01/15/2030	4.300%	400,000	398,152	400,932
Unitedhealth Group Inc	Callable note	N/A	05/15/2032	4.200%	600,000	564,075	584,913
Total corporate bonds						10,721,609	10,599,427
Stocks:							
3M Co	Common stock	N/A	N/A	N/A	1,200	140,594	186,636
Abbvie Inc	Common stock	N/A	N/A	N/A	520	99,120	109,408
Alphabet Inc Cap Stk Cl A	Common stock	N/A	N/A	N/A	2,775	112,148	590,825
Alphabet Inc Cap Stk Cl C	Common stock	N/A	N/A	N/A	1,025	106,374	218,868
Amazon Com Inc	Common stock	N/A	N/A	N/A	3,100	355,946	709,900
Ameren Corp	Common stock	N/A	N/A	N/A	1,550	105,765	154,659
American Express Co	Common stock	N/A	N/A	N/A	550	87,883	182,204
Amgen Inc	Common stock	N/A	N/A	N/A	250	72,669	71,928
Amphenol Corp New Cl A	Common stock	N/A	N/A	N/A	1,975	178,387	214,999
Apple Inc	Common stock	N/A	N/A	N/A	5,000	286,716	1,160,700
Applovin Corp Com Cl A	Common stock	N/A	N/A	N/A	960	61,967	459,446
Arch Cap Group Ltd Ord	Common stock	N/A	N/A	N/A	1,700	104,728	155,601
Ascendis Pharma A/S Sponsored Adr Subject To Custody Fees	Common stock	N/A	N/A	N/A	425	82,930	82,565
Autozone Inc	Common stock	N/A	N/A	N/A	60	163,133	251,912
Bank Of America Corp	Common stock	N/A	N/A	N/A	3,700	124,852	187,738
Belling Brands Inc Common Stock	Common stock	N/A	N/A	N/A	2,200	130,361	90,310
Berkshire Hathaway Inc Del	Common stock	N/A	N/A	N/A	600	160,002	301,788
Blackrock Inc	Common stock	N/A	N/A	N/A	195	126,696	219,792
Boston Scientific Corp	Common stock	N/A	N/A	N/A	1,975	138,237	208,363
Broadcom Inc	Common stock	N/A	N/A	N/A	1,550	171,264	460,955
Caterpillar Inc	Common stock	N/A	N/A	N/A	200	69,132	83,808
Celsius Hldgs Inc Com New	Common stock	N/A	N/A	N/A	4,050	158,650	254,664
Chart Inds Inc	Common stock	N/A	N/A	N/A	450	81,392	89,712
Cisco Sys Inc	Common stock	N/A	N/A	N/A	3,000	184,039	207,270
Cme Group Inc	Common stock	N/A	N/A	N/A	725	184,591	193,220
Coca Cola Co	Common stock	N/A	N/A	N/A	2,200	148,023	151,778
Coherent Corp	Common stock	N/A	N/A	N/A	1,125	127,492	101,779
Colgate Palmolive Co	Common stock	N/A	N/A	N/A	1,480	146,042	124,424
Conocophillips	Common stock	N/A	N/A	N/A	1,175	85,360	116,290
Corcept Therapeutics Inc	Common stock	N/A	N/A	N/A	2,250	127,739	156,870
Costco Whsl Corp New	Common stock	N/A	N/A	N/A	225	115,121	212,247
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Jpmorgan Chase & Co Com	Common stock	N/A	N/A	N/A	1,125	123,067	339,098
Kyndryl Hldgs Inc Common Stock	Common stock	N/A	N/A	N/A	4,800	186,135	152,592
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New York State United Teachers Member Benefits Trust and Subsidiary

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

Plan #503 / EIN: 22-2480854

August 31, 2025

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value				(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description	Collateral	Maturity date	Rate of interest	Par/maturity value or shares	Cost	Current value
Stocks - continued:							
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Microsoft Corp	Common stock	N/A	N/A	N/A	2,450	366,300	1,241,391
Nasdaq Inc	Common stock	N/A	N/A	N/A	2,500	144,387	236,850
Netflix Inc	Common stock	N/A	N/A	N/A	150	150,639	181,238
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Nucor Corp	Common stock	N/A	N/A	N/A	1,200	99,931	178,476
Nvidia Corporation	Common stock	N/A	N/A	N/A	8,350	306,117	1,454,403
Ollies Bargain Outlet Hldgs In	Common stock	N/A	N/A	N/A	1,650	192,575	209,286
Palo Alto Networks Inc	Common stock	N/A	N/A	N/A	1,000	102,427	190,520
Post Hldgs Inc	Common stock	N/A	N/A	N/A	1,100	123,927	124,465
Procter And Gamble Co	Common stock	N/A	N/A	N/A	1,000	126,396	157,040
Quanta Svcs Inc	Common stock	N/A	N/A	N/A	525	73,467	198,429
Quest Diagnostics Inc	Common stock	N/A	N/A	N/A	1,100	188,835	199,804
Qxo Inc Com New	Common stock	N/A	N/A	N/A	10,000	160,367	201,300
Rtx Corporation	Common stock	N/A	N/A	N/A	1,300	166,464	206,180
Servicenow Inc	Common stock	N/A	N/A	N/A	235	106,485	215,603
Sharkinja Inc Com Shs	Common stock	N/A	N/A	N/A	1,850	192,134	216,376
Teck Resources Ltd Cl B	Common stock	N/A	N/A	N/A	2,875	121,615	98,296
Texas Roadhouse Inc	Common stock	N/A	N/A	N/A	850	81,979	146,668
Tjx Cos Inc New	Common stock	N/A	N/A	N/A	1,600	156,699	218,576
Tko Group Holdings Inc Cl A	Common stock	N/A	N/A	N/A	975	153,729	184,821
T-Mobile Us Inc	Common stock	N/A	N/A	N/A	800	113,666	201,592
Travelers Companies Inc	Common stock	N/A	N/A	N/A	675	122,721	183,269
Verisign Inc	Common stock	N/A	N/A	N/A	375	106,913	102,514
Vertiv Holdings Co Com Cl A	Common stock	N/A	N/A	N/A	2,361	88,823	301,146
Vici Pptys Inc Reit	Common stock	N/A	N/A	N/A	6,100	198,644	206,058
Wec Energy Group Inc	Common stock	N/A	N/A	N/A	1,400	116,449	149,111
Wells Fargo Co New	Common stock	N/A	N/A	N/A	3,225	175,326	265,031
Welltower Inc Reit	Common stock	N/A	N/A	N/A	1,475	148,108	248,210
Total stocks						11,555,283	20,595,325
Value of interest in common collective trust:							
Wellington Trust Company CTF Core Bond Portfolio	Common col. trust	N/A	N/A	N/A	2,016,421	21,659,520	36,703,798
Interest-bearing cash:							
Advantage Bank Deposits	Interest-bearing	N/A	N/A	variable	503,788	503,788	503,788
NBT Regional 5500 Commercial Money Market	Money market	N/A	N/A	variable	8,079,490	8,079,490	8,079,490
Synchrony Bank Money Market	Money market	N/A	N/A	variable	66	66	66
Total interest-bearing cash						8,583,344	8,583,344
Total investments						<u>\$ 79,684,427</u>	<u>\$ 102,565,763</u>

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 09/01/2024 and ending 08/31/2025

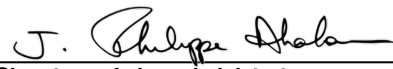

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final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

Part II Basic Plan Information - enter all requested information

1a Name of plan NEW YORK STATE UNITED TEACHERS MEMBER BENEFITS TRUST	1b Three-digit plan number (PN) ▶ 503
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) NEW YORK STATE UNITED TEACHERS 800 TROY SCHENECTADY ROAD LATHAM NY 12110-2455	1c Effective date of plan 09/01/1983 2b Employer Identification Number (EIN) 22-2480854 2c Plan Sponsor's telephone number 518-213-6000 2d Business code (see instructions) 813000

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		03-09-2026	J. PHILIPPE ABRAHAM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		03-09-2026	J. PHILIPPE ABRAHAM
	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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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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
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5 Total number of participants at the beginning of the plan year	5	171286
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)	93938
a (2) Total number of active participants at the end of the plan year	6a(2)	92696
b Retired or separated participants receiving benefits	6b	77597
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	170293
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)	
(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	

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:
4B 4D 4E 4F 4H 4Q

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 checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" 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 checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u>12</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 _____

**New York State United Teachers Member
Benefits Trust and Subsidiary**
Schedule H, Line 4j – Schedule of Reportable Transactions
Plan #503 / EIN: 22-2480854
August 31, 2025

(a)	(b)	(c)	(d)	(g)	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain or (loss)	
Single transactions exceeding 5% of plan assets						
Wellington Trust Company CTF Core Bond Portfolio	12,500,000	-	12,500,000	12,500,000	-	
Series of transactions exceeding 5% of plan assets						
Wellington Trust Company CTF Core Bond Portfolio	13,993,677	72,248	14,066,788	14,065,925	(863)	

The following items are not applicable:

(a) Identity of party involved

(e) Lease rental

(f) Expense incurred with transaction