

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
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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.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan NEW YORK UNIVERSITY RETIREMENT PLAN FOR ADJUNCT FACULTY MEMBERS
1b	Three-digit plan number (PN) ▶ 009
1c	Effective date of plan 12/01/2008
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 UNIVERSITY 105 E. 17TH STREET FIRST FLOOR NEW YORK, NY 10003
2b	Employer Identification Number (EIN) 13-5562308
2c	Plan Sponsor's telephone number 212-998-1276
2d	Business code (see instructions) 611000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/12/2026	PATRICIA HOLLAND
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/12/2026	PATRICIA HOLLAND
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 5305
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) 4872 6a(2) 5001 6b 0 6c 635 6d 5636 6e 27 6f 5663 6g(1) 5275 6g(2) 5621 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 2M 2R 2T 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ 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 <u>1</u> (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
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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 UNIVERSITY RETIREMENT PLAN FOR ADJUNCT FACULTY MEMBERS	B Three-digit plan number (PN) ▶	009
C Plan sponsor's name as shown on line 2a of Form 5500 NEW YORK UNIVERSITY	D Employer Identification Number (EIN) 13-5562308	

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.
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1 Coverage Information:

(a) Name of insurance carrier TIAA-CREF
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	403259	327	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	(b) Total amount of fees paid

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	1384493
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	1027361

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	1244039
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c Additions: (1) Contributions deposited during the year	7c(1)	53723	
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)	61547	
(4) Transferred from separate account	7c(4)	236266	
(5) Other (specify below).....	7c(5)	5865	

▶ MISCELLANEOUS CREDITS, INCLUDING INVESTMENT GAINS AND TRANSFERS FROM FULLY ALLOCATED CONTRACTS

(6) Total additions	7c(6)	357401
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d Total of balance and additions (add lines 7b and 7c(6))	7d	1601440
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	84943	
(2) Administration charge made by carrier.....	7e(2)	350	
(3) Transferred to separate account	7e(3)	6878	
(4) Other (specify below).....	7e(4)	124776	

▶ MISCELLANEOUS DEBITS, INCLUDING INVESTMENT LOSSES AND TRANSFERS TO FULLY ALLOCATED CONTRACTS

(5) Total deductions	7e(5)	216947
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	1384493
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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 ☐ paid in cash, or ☐ 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. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	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 UNIVERSITY RETIREMENT PLAN FOR ADJUNCT FACULTY MEMBERS	B Three-digit plan number (PN) ▶ 009	
C Plan sponsor's name as shown on line 2a of Form 5500 NEW YORK UNIVERSITY	D Employer Identification Number (EIN) 13-5562308	

Part I	Service Provider Information (see instructions)
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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
TIAA
13-1624203

(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

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

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

TIAA

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17 27 28 38 50 52 54 64 66	NONE	162554	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	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:

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025		
A Name of plan NEW YORK UNIVERSITY RETIREMENT PLAN FOR ADJUNCT FACULTY MEMBERS	B Three-digit plan number (PN) ►	009
C Plan sponsor's name as shown on line 2a of Form 5500 NEW YORK UNIVERSITY	D Employer Identification Number (EIN) 13-5562308	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4384955	4869766
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	56357	57550
(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)	49343663	60450194
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1244039	1384493
(15) Other.....	1c(15)	0	38920

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	55029014	66800923
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	55029014	66800923

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)	6961033	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		6961033
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	61548	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		61548
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2296220	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		2296220
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1567
(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)		3850798
c Other income	2c		9249
d Total income. Add all income amounts in column (b) and enter total	2d		13180415

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1167571	
(2) To insurance carriers for the provision of benefits	2e(2)	78381	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1245952
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)	162554	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		162554
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1408506

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11771909
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: **PRICEWATERHOUSECOOPERS LLP**

(2) EIN: **13-4008324**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025		
A Name of plan NEW YORK UNIVERSITY RETIREMENT PLAN FOR ADJUNCT FACULTY MEMBERS		B Three-digit plan number (PN) ▶ 009
C Plan sponsor's name as shown on line 2a of Form 5500 NEW YORK UNIVERSITY		D Employer Identification Number (EIN) 13-5562308
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 82-2826183		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

New York University Retirement Plan for Adjunct Faculty Members

**Financial Statements and Supplemental Schedule
August 31, 2025 and 2024**

New York University Retirement Plan for Adjunct Faculty Members

Index

August 31, 2025 and 2024

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Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) August 31, 2025	13–14
Note: Other schedules required by Section 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	



Report of Independent Auditors

To the Administrator of New York University Retirement Plan for Adjunct Faculty Members

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

We were engaged to perform an audit of the financial statements of New York University Retirement Plan for Adjunct Faculty Members (the “Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of August 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, including the related notes (collectively referred to as the “financial statements”).

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

Management has obtained certifications from a qualified institution as of August 31, 2025 and 2024 and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion

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

Basis for Disclaimer of Opinion

The Plan sponsor’s accounting records for contracts and custodial accounts issued to current or former employees prior to January 1, 2009 do not provide sufficient evidence supporting investments, benefit payments, investment income and net assets available for benefits to permit the application of adequate auditing procedures.



Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

We are required to be independent of the Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit.

Supplemental Schedule Required by ERISA

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of August 31, 2025 ("supplemental schedule"), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on this supplemental schedule.

PricewaterhouseCoopers LLP

New York, New York
June 4, 2026

New York University Retirement Plan for Adjunct Faculty Members
Statements of Net Assets Available for Benefits
August 31, 2025 and 2024

	2025	2024
Assets		
Investments, at fair value (Notes 3 and 4)		
Vanguard Mutual Funds	\$ 59,403,605	\$ 48,531,105
TIAA Traditional Annuities	1,378,633	1,242,556
CREF Variable Annuities	969,811	731,959
Other Mutual Funds	76,778	80,599
TIAA Real Estate Pooled Separate Account	57,550	56,357
TIAA-CREF Self-Directed Accounts	38,920	-
Total investments, at fair value	<u>61,925,297</u>	<u>50,642,576</u>
Investments, at contract value (Note 3)		
TIAA Traditional Annuities	5,860	1,483
Total investments, at contract value	<u>5,860</u>	<u>1,483</u>
Total investments	<u>61,931,157</u>	<u>50,644,059</u>
Receivables		
Contributions receivable	4,869,766	4,384,955
Total receivables	<u>4,869,766</u>	<u>4,384,955</u>
Total assets	<u>66,800,923</u>	<u>55,029,014</u>
Net assets available for benefits	<u>\$ 66,800,923</u>	<u>\$ 55,029,014</u>

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

New York University Retirement Plan for Adjunct Faculty Members
Statements of Changes in Net Assets Available for Benefits
Years Ended August 31, 2025 and 2024

	2025	2024
Additions to net assets attributed to		
Net investment return (Note 3)		
Net appreciation in fair value of investments	\$ 3,695,873	\$ 5,664,906
Interest and dividend income	2,360,955	1,525,054
Total net investment return	<u>6,056,828</u>	<u>7,189,960</u>
Contributions		
Employer contributions	6,961,033	6,046,557
Total contributions	<u>6,961,033</u>	<u>6,046,557</u>
Total additions	<u>13,017,861</u>	<u>13,236,517</u>
Deductions from net assets attributed to		
Benefits paid to participants	1,245,952	1,117,456
Total deductions	<u>1,245,952</u>	<u>1,117,456</u>
Net increase in net assets available for benefits	11,771,909	12,119,061
Net assets available for benefits		
Beginning of year	55,029,014	42,909,953
End of year	<u>\$ 66,800,923</u>	<u>\$ 55,029,014</u>

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

New York University Retirement Plan for Adjunct Faculty Members

Notes to Financial Statements

August 31, 2025 and 2024

1. Description of Plan

The following description of the New York University Retirement Plan for Adjunct Faculty Members (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan was organized effective December 1, 2008. The Plan is a defined contribution 403(b) plan covering all adjunct faculty members (except adjunct faculty employed by the NYU Robert I. Grossman School of Medicine and NYU Grossman Long Island School of Medicine) whose employment is covered by the collective bargaining agreement (CBA) between New York University (NYU), the Plan Administrator, and International Union, United Auto Workers (UAW), The American Federation of Labor and Congress of Industrial Organizations (AFL-CIO) and Local 7902, Adjuncts Come Together (ACT). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended.

Effective September 2, 2022, a new CBA was ratified between NYU and UAW, AFL-CIO and ACT covering the period from September 1, 2022 through August 31, 2028. Effective December 1, 2023, pursuant to the new CBA, participant eligibility was expanded to include bargaining unit eligible employees who tutored.

The following modifications became effective December 1, 2024:

- Participant eligibility was expanded to include criteria based on a one-, two-, or three-year look back period. For additional information regarding eligibility and minimum hours worked, please reference the CBA;
- NYU's nonelective employer contributions were decreased from 6% to 5% of the participant's immediately previous academic year compensation; and
- A NYU matching contribution was introduced equal to the participant's pretax and/or Roth after-tax contributions to the New York University Supplemental Tax Deferred Annuity Plan in the immediately previous academic year capped at 5% of the adjunct participant's eligible compensation from the immediately previous academic year.

The Plan assets are held by the Trustees, Teachers Insurance and Annuity Association of America (TIAA) and College Retirement Equities Fund (CREF), as insurance companies (collectively TIAA and CREF). TIAA is a legal reserve life insurance and annuity company. CREF is an open-end diversified management investment company. TIAA and CREF are insurance carriers regulated, supervised and subject to periodic examinations. The plan allows participants to purchase unallocated investments, notably mutual funds held in custodial accounts, through TIAA, and variable annuity contracts through CREF.

The balance in each participant's account is comprised of the NYU contributions made on their behalf and Plan earnings less expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

New York University Retirement Plan for Adjunct Faculty Members

Notes to Financial Statements

August 31, 2025 and 2024

Contributions

Prior to December 1, 2024, NYU made nonelective employer contributions to eligible participant accounts at a rate of 6% of the participant's base compensation for the preceding academic year. Effective December 1, 2024, NYU makes nonelective employer contributions to eligible participant accounts at a rate of 5% of the participant's base compensation for the preceding academic year and an NYU matching contribution equal to the participant's pretax and/or Roth after-tax contributions to the New York University Supplemental Tax Deferred Annuity Plan in the immediately previous academic year capped at 5% of the adjunct participant's eligible compensation from the immediately previous academic year.

Vesting

Participants are fully vested in their account balances upon becoming an eligible participant. Employees become eligible to receive an employer contribution if employed in the bargaining unit as an adjunct faculty member during the Fall, Winter, Spring and/or Summer semesters of each of the previous three academic years. For additional information regarding minimum hours worked, please reference the CBA.

Payment of Benefits

On termination of service due to a participant's retirement, death, or termination of employment at NYU, plan benefits may be paid. Withdrawal options for participants include a lump sum withdrawal, a series of partial withdrawals or an annuity payout.

Investments

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

The Plan allows participants to direct the investment of their accounts into the TIAA Traditional Annuity, the TIAA Real Estate pooled separate account, CREF variable annuities, various mutual funds, and the TIAA-CREF self-directed brokerage account. Participants may change their investment options at their discretion.

2. Summary of Significant Accounting Policies

Basis of Presentation

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

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are held with the Trustees of the Plan. Shares of mutual funds are stated at fair value based upon quoted prices in actively traded markets as of August 31, 2025 and 2024, where a quoted market exists. Where no quoted market exists, fair value is determined by the Trustees or independent appraisers. Investments in pooled separate accounts and variable

New York University Retirement Plan for Adjunct Faculty Members

Notes to Financial Statements

August 31, 2025 and 2024

annuities are valued at the unit value at year end. Investments in fixed income annuity contracts are valued at fair value based on discounted cash flows as more fully described in Note 4.

Contributions to the TIAA Traditional Annuity are used to purchase a guaranteed amount of future retirement benefits. TIAA provides annuities, which are considered unallocated contracts. The TIAA Traditional Annuity guarantees principal and pays a guaranteed minimum interest rate during the accumulation and payout phases. The TIAA Traditional Annuity was offered through Group Supplemental Retirement Annuity (GSRA), Supplemental Retirement Annuity (SRA), and Retirement Annuity (RA) contracts through April 2024. Effective April 2024, the TIAA Traditional Annuity is offered through Retirement Choice (RC) and Retirement Choice Plus (RCP) contracts. The TIAA Traditional Annuity offered through RA, GSRA, and SRA contracts prior to April 2024 will remain in the participant's account until they elect to make a transfer to a RC or RCP contract.

The TIAA Traditional Annuity holdings within the RA and RC contracts have liquidity restrictions and are nonfully benefit responsive. For the RA contracts, the guaranteed minimum interest rate is 3.00%. For RC contracts, the guaranteed minimum interest rate is between 1.00% and 3.00%. Additional amounts above the guaranteed minimum interest rate may be declared at the discretion of the TIAA Board of Trustees on an annual basis. When declared, the additional amounts remain in effect for the declaration year beginning each March 1, and are not guaranteed for future years. Together the guaranteed minimum interest rate and additional amounts make up the crediting rate in the accumulation phase. TIAA groups premium dollars received over defined periods for the purpose of determining the crediting rate for the applicable declaration year during the accumulation period. Distributions and withdrawals can be made in 10 annual installments from the RA contracts and 84 monthly installments from the RC contracts through Transfer Payout Annuities.

The balance of the TIAA Traditional Annuity at August 31, 2025 and 2024, and the average monthly crediting rate for regular annuities in the accumulation phase for RA and RC contracts during the years ended August 31, 2025 and 2024, are summarized as follows:

	2025	2024
Investments, at fair value		
TIAA Traditional Annuity - RA	\$ 1,011,635	\$ 1,164,889
TIAA Traditional Annuity - RC	366,998	77,667
Average monthly crediting rate		
TIAA Traditional Annuity - RA	5.10 %	5.33 %
TIAA Traditional Annuity - RC	5.35 %	5.58 %

The TIAA Traditional Annuity holdings within the GSRA, SRA and RCP contracts contain no liquidity restrictions and are fully benefit responsive and accordingly are reported at contract value. At August 31, 2025 and 2024, the balance of the TIAA Traditional Annuity offered through these contracts was \$5,860 and \$1,483, respectively. During the years ended August 31, 2025 and 2024, the average monthly crediting rate for fully benefit responsive contracts was 4.60% and 4.83%, respectively.

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

New York University Retirement Plan for Adjunct Faculty Members

Notes to Financial Statements

August 31, 2025 and 2024

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

Payment of Benefits

Benefits are recorded when paid.

Loans

Loans are not available under the terms of the Plan.

Expenses of the Plan

Trustee-related expenses are deducted from the net assets of each account each valuation day for investment management, administration and distribution services. Investment management and operating expenses charged to the Plan for investments in mutual funds are deducted from income earned on a daily basis. Expenses are not separately reflected within the statement of changes to net assets available for benefits but are included as an offset to net appreciation in fair value of investments. Certain other administrative expenses paid by NYU are not reflected in the Plan's financial statements.

Risks and Uncertainties

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

3. Certified Financial Data

The following is a summary of financial information included in the Plan's financial statements and supplemental schedule which was certified by TIAA and CREF as of August 31, 2025 and 2024, and for each of the years then ended. TIAA and CREF has been authorized by its directed custodian (Note 1) to certify the data as complete and accurate in accordance with 29 CFR Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

New York University Retirement Plan for Adjunct Faculty Members

Notes to Financial Statements

August 31, 2025 and 2024

Investments certified at August 31, 2025 and 2024, are summarized as follows:

Statements of Net Assets Available for Benefits

	2025	2024
Investments, at fair value		
Vanguard Mutual Funds	\$ 59,403,605	\$ 48,531,105
TIAA Traditional Annuities	1,378,633	1,242,556
CREF Variable Annuities	969,811	731,959
Other Mutual Funds	76,778	80,599
TIAA Real Estate Pooled Separate Account	57,550	56,357
TIAA-CREF Self-Directed Accounts	38,920	-
Total investments, at fair value	<u>61,925,297</u>	<u>50,642,576</u>
Investments, at contract value		
TIAA Traditional Annuities	<u>5,860</u>	<u>1,483</u>
Total investments, at contract value	<u>5,860</u>	<u>1,483</u>
Total investments	<u>\$ 61,931,157</u>	<u>\$ 50,644,059</u>

Net investment return for the years ended August 31, 2025 and 2024, consisted of the following:

Statement of Changes in Net Assets Available for Benefits

	2025	2024
Net appreciation in fair value of investments	\$ 3,695,873	\$ 5,664,906
Interest and dividend income	<u>2,360,955</u>	<u>1,525,054</u>
Total net investment return	<u>\$ 6,056,828</u>	<u>\$ 7,189,960</u>

4. Fair Value Measurements

Authoritative guidance on fair value measurements, Accounting Standards Codification Topic (ASC) 820, *Fair Value Measurement*, establishes a hierarchy of valuation methodologies based on the extent to which asset valuations are observable in the marketplace. The following describes the hierarchy of methodologies used to measure fair value of investments:

- Fair value for Level 1 is based upon quoted prices in actively traded markets that the Plan has the ability to access for identical assets and liabilities. Market price data is generally obtained from exchange or dealer markets. The Plan does not adjust the quoted price for such assets and liabilities.
- Fair value for Level 2 is based on quoted prices for instruments similar to those held by the Plan in actively traded markets, quoted prices for identical instruments similar to those held by the Plan in markets that are not actively traded and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data. Inputs are obtained from various sources including market participants, dealers, and brokers.
- Fair value for Level 3 is based on valuation techniques used to assess prices that are unobservable as the assets and liabilities trade infrequently or not at all.

New York University Retirement Plan for Adjunct Faculty Members

Notes to Financial Statements

August 31, 2025 and 2024

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

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date. There have been no changes in the methodologies used as of August 31, 2025 and 2024.

The following tables summarize the investments held at fair value at August 31, 2025 and 2024:

	Active Markets (Level 1)	Observable Inputs (Level 2)	Unobservable Inputs (Level 3)	Total August 31, 2025
Variable annuities ⁽¹⁾	\$ -	\$ 969,811	\$ -	\$ 969,811
Pooled separate account ⁽²⁾	-	57,550	-	57,550
Fixed income annuity	-	-	1,378,633	1,378,633
Mutual funds	59,480,383	-	-	59,480,383
Self-directed accounts ⁽³⁾	38,920	-	-	38,920
Total investments, at fair value	<u>\$ 59,519,303</u>	<u>\$ 1,027,361</u>	<u>\$ 1,378,633</u>	<u>\$ 61,925,297</u>

	Active Markets (Level 1)	Observable Inputs (Level 2)	Unobservable Inputs (Level 3)	Total August 31, 2024
Variable annuities ⁽¹⁾	\$ -	\$ 731,959	\$ -	\$ 731,959
Pooled separate account ⁽²⁾	-	56,357	-	56,357
Fixed income annuity	-	-	1,242,556	1,242,556
Mutual funds	48,611,704	-	-	48,611,704
Total investments, at fair value	<u>\$ 48,611,704</u>	<u>\$ 788,316</u>	<u>\$ 1,242,556</u>	<u>\$ 50,642,576</u>

(1) This category includes investments in CREF variable annuities. In an effort to reduce market timing and excessive trading, shareholders are not permitted to make electronic transfers back into the same account with a purchase or exchange for 90 calendar days, if a purchase, sale or repurchase within the account is made within a 60-day period.

(2) This category includes investments in real estate and real estate-related investments. Although the underlying assets of the pooled separate account cannot be quickly sold and converted to liquid assets, the TIAA General Account provides a liquidating guarantee to meet participants' redemption, transfer or cash withdrawal requests varying from one to three days. Redemptions out of this investment are limited to one per quarter. Internal transfers into the TIAA Real Estate account are prohibited if the transfer causes the value of the participant's total accumulation in the account to exceed \$150,000. The purpose of this limitation is to ensure more predictable account inflows and outflows, which is expected to facilitate efficient portfolio management over the long term.

(3) This category includes investments in TIAA-CREF self-directed brokerage accounts. The accounts are valued based on the fair value of the underlying investments which include mutual funds and money market funds.

New York University Retirement Plan for Adjunct Faculty Members

Notes to Financial Statements

August 31, 2025 and 2024

There are no redemption notice periods required by nor significant fees imposed by the insurance companies should the Plan choose to no longer allow Plan assets to be invested in a particular variable annuity or pooled separate account. Trade settlement terms are 1-3 day(s).

Level 3 Investments

The Level 3 investment assets consist of fixed income annuity investments in the TIAA Traditional Annuity RA and RC contracts. The Plan had Level 3 purchases in the amount of \$166,582 and \$413,425 for the years ended August 31, 2025 and 2024, respectively. There were no transfers into or out of Level 3 during 2025 or 2024.

The following tables present information about significant unobservable inputs related to the Plan's investment in assets categorized as Level 3 in the ASC 820 fair value hierarchy at August 31, 2025 and 2024:

Type	2025			
	Fair Value	Valuation Technique	Significant Unobservable Inputs	Crediting Rate Range
TIAA Traditional Annuity - RA	\$ 1,011,635	Discounted cash flow theoretical transfer (exit value)	Risk-adjusted discount rate applied	3.55% - 6.50%
TIAA Traditional Annuity - RC	\$ 366,998	Discounted cash flow theoretical transfer (exit value)	Risk-adjusted discount rate applied	3.80% - 6.75%

Type	2024			
	Fair Value	Valuation Technique	Significant Unobservable Inputs	Crediting Rate Range
TIAA Traditional Annuity - RA	\$ 1,164,889	Discounted cash flow theoretical transfer (exit value)	Risk-adjusted discount rate applied	3.65% - 6.50%
TIAA Traditional Annuity - RC	\$ 77,667	Discounted cash flow theoretical transfer (exit value)	Risk-adjusted discount rate applied	3.90% - 6.75%

5. Plan Termination

NYU has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. NYU has not expressed any intent to discontinue the Plan.

6. Tax Status

The Plan has been designed to qualify for tax-exempt status under Section 403(b) of the Internal Revenue Code (the Code). The Plan Administrator believes that the Plan is currently designed and operating in accordance with the applicable requirements of Section 403(b) of the Code and, therefore, believes the Plan is qualified and the related custodial accounts and tax deferred annuities are tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

New York University Retirement Plan for Adjunct Faculty Members

Notes to Financial Statements

August 31, 2025 and 2024

U.S. GAAP requires an evaluation of tax positions taken by the Plan and recognition of a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of August 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2022.

7. Party-In-Interest and Related Party Transactions

Certain of the Plan's investments are managed by the Trustees, TIAA and CREF, and therefore these transactions qualify as party-in-interest. The fair value of investments that qualify as party-in-interest transactions was \$2,450,774 and \$2,032,355 as of August 31, 2025 and 2024, respectively.

8. Subsequent Events

The Plan Administrator has evaluated subsequent events through June 4, 2026, the date the financial statements were available to be issued. There have been no subsequent events that occurred during this period that would require recognition or disclosure in the financial statements as of August 31, 2025 or for the year then ended.

Supplemental Schedule

New York University Retirement Plan for Adjunct Faculty Members
Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)*
August 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party Individual	(c) Description of Investment	(d) Cost	(e) Current Value
**	TIAA Traditional Annuity - RA	Unallocated Insurance Contract	***	\$ 1,011,635
**	TIAA Traditional Annuity - RC	Unallocated Insurance Contract	***	366,998
**	TIAA Traditional Annuity - RCP	Unallocated Insurance Contract	***	5,860
**	TIAA Real Estate	Pooled Separate Account	***	57,550
**	CREF Equity Index R3	Variable Annuity	***	36,615
**	CREF Global Equities R3	Variable Annuity	***	147,416
**	CREF Growth R3	Variable Annuity	***	68,917
**	CREF Stock R3	Variable Annuity	***	252,851
**	CREF Social Choice R3	Variable Annuity	***	191,952
**	CREF Core Bond R3	Variable Annuity	***	43,941
**	CREF Inflation-Linked Bond R3	Variable Annuity	***	8,648
**	CREF Money Market R3	Variable Annuity	***	30,467
**	CREF Core Bond R4	Variable Annuity	***	58,656
**	CREF Social Choice R4	Variable Annuity	***	70,212
**	CREF Stock R4	Variable Annuity	***	60,136
	Vanguard Equity Income Fund Admiral Shares	Registered Investment Company	***	583,012
	Vanguard Explorer Fund Admiral Shares	Registered Investment Company	***	111,622
	Vanguard Federal Money Market Fund	Registered Investment Company	***	442,933
	Vanguard Inflation-Protected Securities Fund Institutional Shares	Registered Investment Company	***	158,210
	Vanguard Institutional Index Fund Institutional Plus Shares	Registered Investment Company	***	2,588,358
	Vanguard Target Retirement 2020 Fund	Registered Investment Company	***	5,579,412
	Vanguard Target Retirement 2025 Fund	Registered Investment Company	***	5,502,807
	Vanguard Target Retirement 2030 Fund	Registered Investment Company	***	6,481,704
	Vanguard Target Retirement 2035 Fund	Registered Investment Company	***	6,574,916
	Vanguard Target Retirement 2040 Fund	Registered Investment Company	***	6,329,818
	Vanguard Target Retirement 2045 Fund	Registered Investment Company	***	5,194,095
	Vanguard Target Retirement 2050 Fund	Registered Investment Company	***	3,745,895

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

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

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

New York University Retirement Plan for Adjunct Faculty Members
Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year), Continued*
August 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party Individual	(c) Description of Investment	(d) Cost	(e) Current Value
	Vanguard Target Retirement 2055 Fund	Registered Investment Company	***	\$ 1,493,939
	Vanguard Target Retirement 2060 Fund	Registered Investment Company	***	309,110
	Vanguard Target Retirement 2065 Fund	Registered Investment Company	***	82,634
	Vanguard Target Retirement 2070 Fund	Registered Investment Company	***	8,143
	Vanguard Target Retirement Income Fund	Registered Investment Company	***	7,413,289
	Vanguard Real Estate Index Fund Institutional Shares	Registered Investment Company	***	201,882
	Vanguard Short-Term Bond Index Fund Institutional Shares	Registered Investment Company	***	169,167
	Vanguard Small-Cap Growth Index Fund Institutional Shares	Registered Investment Company	***	136,390
	Vanguard Small-Cap Value Index Fund Institutional Shares	Registered Investment Company	***	355,862
	Vanguard U.S. Growth Fund Admiral Shares	Registered Investment Company	***	638,836
	Vanguard Value Index Fund Institutional Shares	Registered Investment Company	***	635,867
	Vanguard Wellesley Income Fund Admiral Shares	Registered Investment Company	***	218,423
	Vanguard Global Equity Fund	Registered Investment Company	***	217,302
	Vanguard Growth Index Fund Institutional Shares	Registered Investment Company	***	1,078,277
	Vanguard High-Yield Corporate Fund Admiral Shares	Registered Investment Company	***	117,434
	Allspring Special Small Cap Value Fund - Class R6	Registered Investment Company	***	34,605
	Vanguard Mid-Cap Growth Index Fund Admiral Shares	Registered Investment Company	***	282,759
	Vanguard Mid-Cap Value Index Fund Admiral Shares	Registered Investment Company	***	68,089
	Vanguard Developed Markets Index Fund Institutional Plus Shares	Registered Investment Company	***	1,179,079
	Vanguard Emerging Markets Index Fund Institutional Plus Shares	Registered Investment Company	***	433,793
	Vanguard Extended Market Index Fund Institutional Plus Shares	Registered Investment Company	***	812,521
	Vanguard Total Bond Market Index Fund Institutional Plus Shares	Registered Investment Company	***	258,027
	GQG Partners Emerging Markets Equity Fund Institutional Shares	Registered Investment Company	***	42,173
**	TIAA-CREF Self Directed Account	Self-Directed Brokerage Account	***	38,920
Total investments				<u>\$ 61,931,157</u>

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

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

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

Plan Name	New York University Retirement Plan for Adjunct Faculty Members
Plan Sponsor EIN	13-5562308
ERISA Plan #	009
Plan Year Ending	August 31, 2025

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

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

Plan Name	New York University Retirement Plan for Adjunct Faculty Members
Plan Sponsor EIN	13-5562308
ERISA Plan #	009
Plan Year Ending	August 31, 2025

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

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