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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
LOCAL ONE SECURITY OFFICERS UNION MONEY PURCHASE PENSION PLAN

1b Three-digit plan number (PN) ▶ 007

1c Effective date of plan 05/03/1999

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,
FOURTH 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.	09/22/2026	PATRICIA HOLLAND
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/22/2026	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

BOARD OF TRUSTEES, LOCAL ONE SECURITY OFFICERS PENSION PLAN

105 E. 17TH STREET,
FOURTH FLOOR
NEW YORK, NY 10003

3b Administrator's EIN
13-4147967

3c Administrator's telephone number
212-998-1276

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**	218
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)**	131
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	120
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	88
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	208
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	5
f	Total. Add lines **6d** and **6e**.	**6f**	213
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)**	214
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	209
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**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 Characteristic Codes in the instructions:

2C 2F 2G 2T 3H

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

9a Plan funding arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] 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) [X] **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) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] **A** (Insurance Information) – Number Attached 1
- (4) [X] **C** (Service Provider Information)
- (5) [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
LOCAL ONE SECURITY OFFICERS UNION MONEY PURCHASE PENSION PLAN

B Three-digit plan number (PN) ▶ 007

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.

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	102195	212	01/01/2025	12/31/2025

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	2217432
5	Current value of plan's interest under this contract in separate accounts at year end	5	4912340

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	2171428
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	94713		
	(4) Transferred from separate account	7c(4)	11489		
	(5) Other (specify below)	7c(5)	2556		
	▶ MISCELLANEOUS CREDITS, INCLUDING INVESTMENT GAINS AND TRANSFERS FROM FULLY ALLOCATED CONTRACTS				
	(6) Total additions			7c(6)	108758
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	2280186
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	54470		
	(2) Administration charge made by carrier	7e(2)	1009		
	(3) Transferred to separate account	7e(3)	7275		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	62754
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2217432

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.			**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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
LOCAL ONE SECURITY OFFICERS UNION MONEY PURCHASE PENSION PLAN

B Three-digit plan number (PN) ▶ 007

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)

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).. . . . . [X] 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 36 50 52 54 64 66	NONE	1868	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
LOCAL ONE SECURITY OFFICERS UNION MONEY PURCHASE PENSION PLAN

B Three-digit plan number (PN) ▶ 007

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
NEW YORK UNIVERSITY

D Employer Identification Number (EIN)
13-5562308

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)

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

b Name of sponsor of entity listed in (a): TIAA-CREF

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)
13-1624203-004	P	354647

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
LOCAL ONE SECURITY OFFICERS UNION MONEY PURCHASE PENSION PLAN

B Three-digit plan number (PN) ▶ 007

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	5099	
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)	355863	354647
(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)	5452822	6273116
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2171428	2217432
(15) Other	1c(15)	2095	2586

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	7987307	8847781
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	7987307	8847781

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)	94713	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		94713
(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)	43518	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		43518
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(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)		13798
(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)		869905
c Other income	2c		7200
d Total income. Add all **income** amounts in column (b) and enter total	2d		1029134
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	157544	
(2) To insurance carriers for the provision of benefits	2e(2)	9248	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		166792
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)	1009	
(3) Recordkeeping fees	2i(3)	859	
(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)		1868
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		168660
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		860474
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) [X] 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) [X] 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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		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?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**		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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [X] Yes [ ] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
LOCAL ONE SECURITY OFFICERS UNION MONEY PURCHASE PENSION PLAN

B Three-digit plan number (PN) ▶ 007

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** 4

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** 0

b Enter the amount contributed by the employer to the plan for this plan year **6b** 0

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** 0

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ 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_____.

Local One Security Officers Union Money Purchase Pension Plan

Financial Statements
December 31, 2025 (In Liquidation) and 2024 (Ongoing)
And Supplemental Schedule December 31, 2025

Local One Security Officers Union Money Purchase Pension Plan
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Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025 16–17

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 Local One Security Officers Union Money Purchase Pension Plan

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

We have performed an audit of the accompanying financial statements of Local One Security Officers Union Money Purchase Pension Plan (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 statement of net assets available for benefits (in liquidation) as of December 31, 2025, and the related statement of changes in net assets available for benefits (in liquidation) for the period from February 26, 2025 to December 31, 2025, the statement of changes in net assets available for benefits (ongoing) for the period from January 1, 2025 to February 25, 2025, the statement of net assets available for benefits (ongoing) as of December 31, 2024, and the related statement of changes in net assets available for benefits (ongoing) for the year 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 qualified institutions as of December 31, 2025 and 2024, for the periods from March 1, 2025 to December 31, 2025 and January 1, 2025 to February 28, 2025, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America applied on the bases described in Note 2.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Basis for Opinion

We conducted our audit 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Basis of Accounting

As discussed in Note 1 to the financial statements, the New York University Board of Trustees approved a plan of liquidation on February 26, 2025, and the Plan determined liquidation is imminent. As a result, the Plan changed its basis of accounting on February 26, 2025 from the going concern basis to a liquidation basis. Our opinion is not modified with respect to this matter.

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.

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 judgment made by a reasonable user based on the 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 financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

Other Matter – Supplemental Schedule Required by ERISA

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 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. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

PricewaterhouseCoopers LLP

New York, New York
September 4, 2026

Local One Security Officers Union Money Purchase Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2025 (In Liquidation) and 2024 (Ongoing)

	December 31, 2025 (In Liquidation)	December 31, 2024 (Ongoing)
Assets		
Investments, at fair value (Notes 3 and 4)		
CREF Variable Annuities	$ 4,557,693	$ 4,074,949
TIAA Traditional Annuity - RA	2,089,824	2,050,257
Mutual Funds	1,715,423	1,377,873
TIAA Real Estate Pooled Separate Account	354,647	355,863
TIAA-CREF Self-Directed Accounts	2,586	2,095
Total investments, at fair value	8,720,173	7,861,037
Investments, at contract value (Notes 2 and 3)		
TIAA Traditional Annuity - GSRA & SRA	127,608	121,171
Total investments, at contract value	127,608	121,171
Total investments	8,847,781	7,982,208
Receivables		
Interest and dividends receivable	143,057	5,099
Total receivables	143,057	5,099
Total assets	8,990,838	7,987,307
Net assets available for benefits	$ 8,990,838	$ 7,987,307

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

Local One Security Officers Union Money Purchase Pension Plan
Statements of Changes in Net Assets Available for Benefits
For the Periods February 26, 2025 to December 31, 2025 (In Liquidation) and January 1, 2025 to February 25, 2025 (Ongoing) and for the Year Ended December 31, 2024 (Ongoing)

	Period February 26 to December 31, 2025 (In Liquidation)	Period January 1 to February 25, 2025 (Ongoing)	Year ended December 31, 2024 (Ongoing)
Additions to net assets attributed to			
Net investment return (Note 3)			
Net appreciation in fair value of investments	$ 820,901	$ 66,954	$ 864,694
Interest and dividend income	-	16,584	135,160
Total net investment return	820,901	83,538	999,854
Total additions	820,901	83,538	999,854
Deductions from net assets attributed to			
Benefits paid to participants	150,156	16,635	600,907
Total deductions	150,156	16,635	600,907
Net increase in net assets available for benefits	670,745	66,903	398,947
Net assets available for benefits			
Beginning of period (Note 1)	8,320,093	7,987,307	7,588,360
End of period	$ 8,990,838	$ 8,054,210	$ 7,987,307

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

1. Description of Plan

The following description of the Local One Security Officers Union Money Purchase Pension Plan (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 is a defined contribution plan which was organized effective May 3, 1999. New York University (NYU) is the Plan sponsor and administrator (Plan Administrator). All employees defined in the collective bargaining agreement between NYU and the Local One Security Officers Union were eligible to participate. Prior to December 21, 2001, employees began participation on the first day of the month following their date of hire. After December 21, 2001, employees began participation after completing one year of service. As of June 30, 2007, the Plan was frozen for both contributions and new participants as part of the collective bargaining agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan assets are held by 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 insurance contracts through TIAA, and variable annuity contracts through CREF. TIAA Trust, N.A., a national trust bank, is the directed custodian for the non-annuity assets, including mutual funds and the TIAA-CREF self-directed brokerage accounts.

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.

Plan Termination

NYU has the right under the Plan to terminate the Plan subject to the provisions of ERISA. On February 26, 2025, the NYU Board of Trustees approved a resolution to terminate the Plan as soon as administratively practical consistent with the terms of the collective bargaining agreement. The Plan's effective date of termination is June 1, 2026 with an estimated asset distribution date of December 31, 2026.

Contributions

As of June 30, 2007, the Plan was frozen for contributions.

Vesting

Effective December 21, 2001, all participants were fully vested in their account balance immediately upon entering the Plan.

Plan Loans - Pre-April 1, 2021

For loans issued prior to April 1, 2021, participants could obtain loans through TIAA using the assets of the Plan as collateral, subject to certain restrictions. The amount borrowed was not to exceed the lesser of 45% of their individual vested account or $50,000 and loan terms could not exceed five years, except for loans used to acquire the participant's principal residence which could not exceed 10 years.

Plans loans issued prior to April 1, 2021, were issued directly from funds owned by TIAA and not directly from a participant's account. For all plan loans, interest and principal are paid by the participant directly to TIAA. Plan loans issued prior to April 1, 2021, are fully secured by the participant's interest in their TIAA Traditional Annuity account which is held as collateral to cover 110% of the outstanding balance in case of default. These plan loans are not considered investments of the Plan and therefore are not reported in the statements of net assets available for benefits. While these plan loans are not considered Plan assets, the collateral related to a defaulted loan is reportable as a Plan asset. The interest rate for plan loans is determined by TIAA and may be fixed or variable, with the initial interest rate determined by the terms of the controlling contract, as is the rate adjustment details and frequency.

Plan loans issued prior to April 1, 2021, outstanding at December 31, 2025 and 2024, are summarized as follows:

	2025	2024
Plan loans outstanding	$ 126,696	$ 121,533
Collateral to secure loans outstanding	$ 139,366	$ 133,686
Interest rate on outstanding loans	4.31%-5.80%	4.31%-5.80%
Maturity date of plan loans	Defaulted*	October 2025

*All Plan loans outstanding as of December 31, 2025 are past their original maturity dates.

Participant Loans - Post April 1, 2021
Effective April 1, 2021, new loans issued are funded directly from the participant's TIAA and CREF account. Participants may borrow from their account balance up to a maximum of the lesser of 50% of their eligible account balance or $50,000. Loan repayments, with interest, are paid directly from the participant to TIAA and CREF. Loans are secured by the balance in the participant's account and bear interest at a fixed rate set at one percent above the prime rate. If a loan payment is missed, the participant will be considered in default on the entire outstanding loan balance. If the total overdue amount is not paid by the end of the calendar quarter after the calendar quarter in which repayment was due, the outstanding loan balance (including accrued interest) will be reported as a distribution to the participant. There are no outstanding loans receivable from participants in the statements of net assets available for benefits at December 31, 2025 and 2024.

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, an annuity payout of equal monthly payments for a designated period, an annuity payout for the lives of the employee and the beneficiary, an annuity payout of monthly payments for life with a guaranteed minimum number of years for the employee and his/her beneficiary or a combination of partial withdrawals and an annuity.

Investments
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.

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.

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) on an ongoing basis as of and for the year ended December 31, 2024 and for the period January 1, 2025 to February 25, 2025. On February 26, 2025, the NYU Board of Trustees approved a resolution to terminate the Plan effective June 1, 2026. U.S. GAAP requires the Plan to change its basis of accounting from an ongoing basis to a liquidation basis as a result of the Board's approval of the termination.

Under the liquidation basis of accounting, assets are measured to reflect the total amount of interest and dividends expected to be received and the estimated proceeds from settling or disposing of assets during the liquidation process; and liabilities are measured using the accrual basis of accounting and include expected costs of the disposal of assets and other costs expected to be incurred during the liquidation process.

Reconciliation of Statement of Changes in Net Assets Available for Benefits

Upon adoption of liquidation basis of accounting, the Plan recorded the following cumulative effect adjustments to net assets available for benefits as of the date of adoption:

Net assets available for benefits, February 25, 2025	$	8,054,210
Accrued interest and dividends to be earned in liquidation		265,883
Cumulative effect adjustments for change in basis of accounting		265,883
Net assets available for benefits, February 26, 2025	$	8,320,093

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 at liquidation value as of December 31, 2025, and at a combination of fair value and contract value as of December 31, 2024. Liquidation value reflects the proceeds that the Plan reasonably expects to receive upon the liquidation of assets. Liquidation value approximates fair value or contract value, as applicable, as of December 31, 2025. The fair value of mutual funds is based upon quoted prices in actively traded markets where a quoted market exists. Where no quoted market exists, fair value is determined by TIAA and CREF or independent appraisers. The fair value of investments in pooled separate accounts and variable annuities is based on the net asset value for units held at year end. The fair value of investments in nonfully benefit responsive investment contracts is based on discounted cash flows as more fully described in Note 4. Investments in fully benefit responsive investment contracts are valued at contract value which equals the accumulated cash contributions and interest credited to the contracts less any withdrawals.

Contributions to the TIAA Traditional Annuity were 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 is offered through Retirement

Annuity (RA), Group Supplemental Retirement Annuity (GSRA), and Supplemental Retirement Annuity (SRA) contracts.

The TIAA Traditional Annuity holdings within the RA contracts have liquidity restrictions, are nonfully benefit responsive and are reported at fair value at December 31, 2024 and are reported at liquidation value at December 31, 2025. For RA contracts, the guaranteed minimum interest rate is 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 from and withdrawals out of the RA contracts can only be made in 10 annual installments through Transfer Payout Annuities.

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

	December 31, 2025 (In Liquidation)	December 31, 2024 (Ongoing)
Investments, at fair value		
TIAA Traditional Annuity - RA	$ 2,089,824	$ 2,050,257

	Period February 26 to December 31, 2025 (In Liquidation)	Period January 1 to February 25, 2025 (Ongoing)	Year ended December 31, 2024 (Ongoing)
Average monthly crediting rate			
TIAA Traditional Annuity - RA	4.95 %	5.25 %	5.33 %

The TIAA Traditional Annuity holdings within the GSRA and SRA contracts contain no liquidity restrictions, are fully benefit responsive and accordingly are reported at contract value at December 31, 2024 and are reported at liquidation value at December 31, 2025. For GSRA and SRA contracts, the guaranteed minimum interest is 3.00%.

The balance of the TIAA Traditional Annuity at December 31, 2025 and 2024, and the average monthly crediting rate for regular annuities in the accumulation phase for GSRA and SRA contracts, are summarized as follows:

	December 31, 2025 (In Liquidation)	December 31, 2024 (Ongoing)
Investments, at fair value		
TIAA Traditional Annuity - GSRA & SRA	$ 127,608	$ 121,171

	Period February 26 to December 31, 2025 (In Liquidation)	Period January 1 to February 25, 2025 (Ongoing)	Year ended December 31, 2024 (Ongoing)
Average monthly crediting rate			
TIAA Traditional Annuity - GSRA & SRA	4.20 %	4.50 %	4.58 %

The Plan presents the net appreciation in the fair value of its investments in the statements 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.

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.

Expenses of the Plan
Expenses directly related to the Plan are deducted from the net assets of participant accounts 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 statements of changes in 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 statements 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 insurance companies, as of December 31, 2025 and 2024, for the periods January 1, 2025 to February 28, 2025 and March 1, 2025 to December 31, 2025, and for the year ended December 31, 2024. The certification uses a convenience date of February 28, 2025 as the last day of the ongoing period. TIAA and CREF have certified 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. TIAA has been authorized by TIAA Trust, N.A. to certify the investments and investment information for which TIAA Trust, N.A. is the directed custodian (Note 1).

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

Statements of Net Assets Available for Benefits

	2025 (In Liquidation)	2024 (Ongoing)
Investments, at fair value		
CREF Variable Annuities	$ 4,557,693	$ 4,074,949
TIAA Traditional Annuity - RA	2,089,824	2,050,257
Mutual Funds	1,715,423	1,377,873
TIAA Real Estate Pooled Separate Account	354,647	355,863
TIAA-CREF Self-Directed Accounts	2,586	2,095
Total investments, at fair value	8,720,173	7,861,037
Investments, at contract value		
TIAA Traditional Annuity - GSRA & SRA	127,608	121,171
Total investments, at contract value	127,608	121,171
Total investments	$ 8,847,781	$ 7,982,208

Net investment return certified consisted of the following:

Statements of Changes in Net Assets Available for Benefits

	Period March 1 to December 31, 2025 (In Liquidation)	Period January 1 to February 28, 2025 (Ongoing)	Year ended December 31, 2024 (Ongoing)
Net appreciation in fair value of investments	$ 820,901	$ 66,954	$ 864,694
Interest and dividend income	-	16,584	135,160
Total net investment return	$ 820,901	$ 83,538	$ 999,854

4. Fair Value Measurements

Authoritative guidance on fair value measurements, Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*, establishes a hierarchy of valuation methodologies based on the extent to which asset valuation 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.

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. 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.

The following table [1] summarizes the investments held at fair value at December 31, 2024:

	Active Markets (Level 1)	Observable Inputs (Level 2)	Unobservable Inputs (Level 3)	Total 2024
Variable annuities [2]	$ -	$ 4,074,949	$ -	$ 4,074,949
Pooled separate account [3]	-	355,863	-	355,863
Fixed income annuity	-	-	2,050,257	2,050,257
Mutual funds	1,377,873	-	-	1,377,873
Self-directed accounts [4]	2,095	-	-	2,095
Total investments, at fair value	$ 1,379,968	$ 4,430,812	$ 2,050,257	$ 7,861,037

(1) This information is not presented for the Plan's investments as of December 31, 2025, as those investments are presented on a liquidation basis.

(2) 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.

(3) This category includes 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.

(4) 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.

There are no redemption notice periods required by, nor significant fees imposed by, the custodian 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
Level 3 investment assets consist of fixed income annuity investments in the TIAA Traditional RA contracts. For the year ended December 31, 2024, the Plan had Level 3 purchases in the amount of $136,809. There were no transfers into or out of Level 3 during 2024.

The following table presents 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 December 31, 2024:

	2024			
Type	**Fair Value**	**Valuation Technique**	**Significant Unobservable Inputs**	**Crediting Rate Range**
TIAA Traditional Annuity - RA	$ 2,050,257	Discounted cash flow theoretical transfer (exit value)	Risk-adjusted discount rate applied	3.65% - 6.50%

5. Tax Status

The Internal Revenue Service (the IRS) issued a favorable determination letter dated November 24, 2014, confirming that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (the IRC), and income related to its trust is therefore exempt from Federal income tax under the IRC. In the opinion of the Plan Administrator, the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore, believes that the Plan is qualified and the related trust is tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 December 31, 2025 and 2024, 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.

6. Party-In-Interest and Related Party Transactions

Certain of the Plan's investments are managed by TIAA and CREF and therefore, these transactions qualify as party-in-interest transactions. The fair value of investments managed by TIAA and CREF was $7,132,358 and $6,604,335 at December 31, 2025 and 2024, respectively.

7. Reconciliation of the Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the IRS Form 5500 as of December 31, 2025:

		2025
Net assets available for benefits per the financial statements	$	8,990,838
Interest and dividends receivable to be earned in liquidation		(143,057)
Net assets available for benefits per the Form 5500	$	8,847,781

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to the net income per the IRS Form 5500:

		2025
Net increase in net assets available for benefits per the financial statements	$	737,648
Add: Cumulative effect adjustments for change in basis of accounting		265,883
Less: Interest and dividends receivable to be earned in liquidation		(143,057)
Net income per the Form 5500	$	860,474

There are no reconciling items between the financial statements and the IRS Form 5500 as of and for the year ended December 31, 2024.

8. Subsequent Events

The Plan Administrator has evaluated subsequent events through September 4, 2026, the date the financial statements were available to be issued.

The Plan's effective date of termination is June 1, 2026 with an estimated asset distribution date of December 31, 2026.

Supplemental Schedule

Local One Security Officers Union Money Purchase Pension Plan
Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
December 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	**	$ 2,089,824
*	TIAA Traditional Annuity - GSRA & SRA	Unallocated Insurance Contract	**	127,608
*	TIAA Real Estate	Pooled Separate Account	**	354,647
*	CREF Total Global Stock R3	Variable Annuity	**	1,306,661
*	CREF Money Market R3	Variable Annuity	**	399,965
*	CREF Responsible Balanced R3	Variable Annuity	**	217,111
*	CREF Global Equities R3	Variable Annuity	**	543,221
*	CREF Growth R3	Variable Annuity	**	1,568,380
*	CREF S&P 500 Index R3	Variable Annuity	**	318,376
*	CREF Inflation-Linked Bond R3	Variable Annuity	**	71,605
*	CREF Core Bond R3	Variable Annuity	**	132,374
	Vanguard Equity Income Fund Admiral Shares	Registered Investment Company	**	14,215
	Vanguard Explorer Fund Admiral Shares	Registered Investment Company	**	37,443
	Vanguard Federal Money Market Fund	Registered Investment Company	**	47,447
	Vanguard Inflation-Protected Securities Fund Institutional Shares	Registered Investment Company	**	38,709
	Vanguard Institutional Index Fund Institutional Plus Shares	Registered Investment Company	**	177,142
	Vanguard Target Retirement 2025 Fund	Registered Investment Company	**	13,251
	Vanguard Target Retirement 2035 Fund	Registered Investment Company	**	23,655
	Vanguard Target Retirement 2040 Fund	Registered Investment Company	**	11,485
	Vanguard Target Retirement 2045 Fund	Registered Investment Company	**	2,218
	Vanguard Target Retirement 2050 Fund	Registered Investment Company	**	958
	Vanguard Target Retirement 2055 Fund	Registered Investment Company	**	1,925
	Vanguard Target Retirement Income Fund	Registered Investment Company	**	4,688

* 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.

The above data was derived from information which has been certified as complete and accurate by Teachers Insurance and Annuity Association of America and College Retirement Equities Fund.

Local One Security Officers Union Money Purchase Pension Plan
Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year), Continued
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party Individual	(c) Description of Investment	(d) Cost	(e) Current Value
	Vanguard Real Estate Index Fund Institutional Shares	Registered Investment Company	**	26,827
	Vanguard Short-Term Bond Index Fund Institutional Shares	Registered Investment Company	**	80,884
	Vanguard Small-Cap Growth Index Fund Institutional Shares	Registered Investment Company	**	45,746
	Vanguard Small-Cap Value Index Fund Institutional Shares	Registered Investment Company	**	34,868
	Vanguard U.S. Growth Fund Admiral Shares	Registered Investment Company	**	9,039
	Vanguard Value Index Fund Institutional Shares	Registered Investment Company	**	196,346
	Vanguard Wellesley Income Fund Admiral Shares	Registered Investment Company	**	8,714
	Vanguard Growth Index Fund Institutional Shares	Registered Investment Company	**	210,381
	Vanguard High-Yield Corporate Fund Admiral Shares	Registered Investment Company	**	30,690
	Vanguard Mid-Cap Growth Index Fund Admiral Shares	Registered Investment Company	**	54,565
	Vanguard Mid-Cap Value Index Fund Admiral Shares	Registered Investment Company	**	61,803
	Vanguard Developed Markets Index Fund Institutional Plus Shares	Registered Investment Company	**	342,821
	Vanguard Emerging Markets Index Fund Institutional Plus Shares	Registered Investment Company	**	112,523
	Vanguard Extended Market Index Fund Institutional Plus Shares	Registered Investment Company	**	110,729
	Vanguard Total Bond Market Index Fund Institutional Plus Shares	Registered Investment Company	**	1,710
	Allspring Special Small Cap Value Fund - Class R6	Registered Investment Company	**	12,023
	GQG Partners Emerging Markets Equity Fund Institutional Shares	Registered Investment Company	**	2,618
*	TIAA-CREF Self Directed Account	Self-Directed Brokerage Account	**	2,586
	Total investments			$ 8,847,781

* 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.

The above data was derived from information which has been certified as complete and accurate by Teachers Insurance and Annuity Association of America and College Retirement Equities Fund.

Plan Name	**Local One Security Officers Union Money Purchase Pension Plan**
Plan Sponsor EIN	**13-5562308**
ERISA Plan #	**007**
Plan Year Ending	**December 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	**Local One Security Officers Union Money Purchase Pension Plan**
Plan Sponsor EIN	**13-5562308**
ERISA Plan #	**007**
Plan Year Ending	**December 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
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5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	