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. . . . . ▶ [ ]

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
NYU GROSSMAN SCHOOL OF MEDICINE RETIREE WELFARE BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 530

1c Effective date of plan 01/01/2011

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

ONE PARK AVENUE
4TH FLOOR HUMAN RESOURCES
NEW YORK, NY 10016

2b Employer Identification Number (EIN)
13-5562308

2c Plan Sponsor's telephone number
212-404-4002

2d Business code (see instructions)
622000

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.	10/14/2026	MARGARET MEAGHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

NYU GROSSMAN SCHOOL OF MEDICINE

ONE PARK AVENUE
4TH FLOOR HUMAN RESOURCES
NEW YORK, NY 10016

3b Administrator's EIN
13-5562308

3c Administrator's telephone number
212-404-4002

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**	661
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)**	0
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	657
c	Other retired or separated participants entitled to future benefits	**6c**	5
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	662
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4A 4B 4L

9a Plan funding arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- (1) [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) [ ] **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
NYU GROSSMAN SCHOOL OF MEDICINE RETIREE WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 530

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
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0144239	563	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
0	3080

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

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

AON CONSULTING INC
29840 NETWORK PL
CHICAGO, IL 60673-1298

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	3080	SUPPLEMENTAL COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [X] 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** [X] Other (specify) ▶ ACCIDENTAL DEATH AND DISMEMBERMENT

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	169511
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 [X] 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
NYU GROSSMAN SCHOOL OF MEDICINE RETIREE WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 530

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).. . . . . ☐ Yes ☒ No

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

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

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(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)

UNITED HEALTHCARE

41-1289245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50 99	NONE	162402	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SILVERSCRIPTS

11-2580136

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50 99	NONE	84230	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HEALTHEQUITY

52-2383166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50 99	NONE	35445	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

FORVIS MAZARS, LLP

44-0160260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	21000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BUCK GLOBAL LLC

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	12654	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JP MORGAN CHASE BANK, N.A.

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28 50 52 56 59 62 71 99	NONE	7000	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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)

CVS/CAREMARK

05-0340626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50 99	NONE	6298	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 ☐

(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

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

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
NYU GROSSMAN SCHOOL OF MEDICINE RETIREE WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 530

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)	455322	54901
(3) Other	1b(3)	514723	574322
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1144116	1440105
(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)		
(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)	1879406	88475
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(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	3993567	2157803
Liabilities			
1g Benefit claims payable	1g	1098000	1005000
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	20289	29754
1k Total liabilities (add all amounts in lines 1g through1j)	1k	1118289	1034754
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	2875278	1123049

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)	2489623	
(B) Participants	2a(1)(B)	987506	
(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)		3477129
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	145221	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		145221
(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)	8922	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		8922
(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)		
(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)		-12033
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3619239
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4861823	
(2) To insurance carriers for the provision of benefits	2e(2)	169512	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		5031335
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)	288375	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	1639	
(4) IQPA audit fees	2i(4)	21000	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	7000	
(7) Actuarial fees	2i(7)	12654	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	9465	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		340133
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5371468
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1752229
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: FORVIS MAZARS, LLP **(2)** EIN: 44-0160260

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		15000000
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? [ ] Yes [X] No

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

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

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

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

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

NYU Grossman
School of Medicine
Retiree Welfare Benefit Plan

Financial Statements and Supplemental Schedules
December 31, 2025 and 2024

NYU Grossman School of Medicine Retiree Welfare Benefit Plan
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Supplemental Schedules*

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
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* All other schedules required by 20 CFR Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974* ("ERISA") have been omitted because they are not applicable.

Forvis Mazars, LLP
8200 W. Interstate 10, Suite 900
San Antonio, TX 78230
P 210.341.9400 | F 210.341.9434
forvismazars.us

Independent Auditor's Report

Plan Administrator
NYU Grossman School of Medicine Retiree Welfare Benefit Plan
New York, New York

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

We have performed audits of the financial statements of NYU Grossman School of Medicine Retiree Welfare Benefit Plan (Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the "Auditor's Responsibilities for the Audit of the Financial Statements" section:

- 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.
- 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 audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the "Auditor's Responsibilities for the Audit of the Financial Statements" section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter

As discussed in Note 6 to the financial statements, the 2024 financial statements have been restated to correct a misstatement. 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.

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records

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

In performing an audit in accordance with GAAS, we:

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

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits 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 Schedules Required by ERISA

The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or are derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are 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 schedules 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).

Forvis Mazars, LLP

San Antonio, Texas
October 9, 2026

Federal Employer Identification Number: 44-0160260

NYU Grossman School of Medicine Retiree Welfare Benefit Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024 (As Restated)
Assets		
Investments, at fair value (Note 4 and 5)	$ 1,528,580	$ 3,888,293
Total investments	1,528,580	3,888,293
Receivables		
Retiree contributions receivable	54,901	455,322
Due from Plan sponsor	-	409,404
Rebates and subsidies receivable	574,322	105,319
Total receivables	629,223	970,045
Total assets	2,157,803	4,858,338
Liabilities		
Accrued expenses	29,754	20,289
Total liabilities	29,754	20,289
Net assets available for benefits	$ 2,128,049	$ 4,838,049

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

NYU Grossman School of Medicine Retiree Welfare Benefit Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024

	2025	2024 (As Restated)
Additions to net assets attributed to:		
Investment income (Note 5)		
Interest and dividend income	$ 154,143	$ 154,955
Net (depreciation) appreciation in fair value of investments	(12,033)	269,473
Net investment income	142,110	424,428
Contributions		
Employer contributions	987,506	832,580
Retiree contributions	2,489,623	2,354,573
Total contributions	3,477,129	3,187,153
Total additions	3,619,239	3,611,581
Deductions to net assets attributed to:		
Claims paid	5,819,594	7,986,215
Insurance premiums	169,512	28,984
Total benefits paid	5,989,106	8,015,199
Administrative expenses	340,133	455,206
Total deductions	6,329,239	8,470,405
Net decrease in net assets available for benefits	(2,710,000)	(4,858,824)
Net assets available for benefits		
Beginning of year	4,838,049	9,696,873
End of year	$ 2,128,049	$ 4,838,049

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

NYU Grossman School of Medicine Retiree Welfare Benefit Plan
Statements of Plan Benefit Obligations
December 31, 2025 and 2024

	2025	2024
Amounts currently payable		
Claims payable and claims incurred but not reported	$ 1,005,000	$ 1,098,000
Postretirement benefit obligations		
Retired participants	$ 15,936,000	$ 30,343,000
Other participants fully eligible for benefits	7,819,000	15,713,000
Participants not yet fully eligible for benefits	49,000	349,000
Total postretirement benefit obligations	$ 23,804,000	$ 46,405,000

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

NYU Grossman School of Medicine Retiree Welfare Benefit Plan
Statements of Changes in Plan Benefit Obligations
Years Ended December 31, 2025 and 2024

	2025	2024
Amounts currently payable at beginning of year	$ 1,098,000	$ 1,201,000
Claims and premiums incurred	6,236,000	8,367,000
Claims and insurance premiums paid	(6,329,000)	(8,470,000)
Balance at end of year	$ 1,005,000	$ 1,098,000
Postretirement benefit obligations at beginning of year	$ 46,405,000	$ 115,295,000
Increase (decrease) during the year attributable to		
Benefits earned	3,000	23,000
Claims paid	(5,989,000)	(8,015,000)
Adminstrative fees	(340,000)	(455,000)
Interest	2,540,000	5,693,000
RDS to EGWP change (Note 3)	-	(49,696,000)
Participant premiums received	2,490,000	2,355,000
Changes in actuarial assumptions	514,000	(12,505,000)
Actuarial gains and other changes	(21,819,000)	(6,290,000)
Postretirement benefit obligations at end of year	$ 23,804,000	$ 46,405,000

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

1. Description of the Plan

The following description of the NYU Grossman School of Medicine Retiree Welfare Benefit Plan (the "Plan") provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions. Copies are available from the Plan sponsor.

General

The Plan provides health and life insurance benefits covering retiree participants and their eligible dependents of the New York University Grossman School of Medicine (the "School"). It is funded through a voluntary employees' beneficiary association ("VEBA"), and through the operating funds and general assets of the School and retiree contributions. The Plan Administrator and Plan sponsor is New York University ("NYU").

The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* ("ERISA").

Plan Benefits

The Plan covers health benefits (medical, hospital, surgical, and prescription drugs) and life insurance to retirees and their eligible covered dependents. In general, eligibility for benefits under the Plan includes completion of 15 years of continuous service at the School after attainment of age 40 or completion of 25 years of service as of September 1, 1994. Medical benefits are also available to those who meet the grandfathering rule of 60 (age plus service greater than or equal to 60) with a minimum age 40 and minimum service of 10 years as of January 1, 2012. The Plan also provides pre-65 benefits to non-grandfathered retiree participants subject to eligibility requirements per the Plan Document.

In July 2021, the Plan sponsor approved an amendment which eliminated the pre-65 retiree medical plan for all active employees retiring January 1, 2022 and after, including those who were grandfathered as defined in 2012. Only employees who retired prior to January 1, 2022 are eligible to receive pre-65 retiree medical benefits. Modifications to Retiree Medical Account Plan ("RMA Plan") were made to replace the pre-65 retiree medical plan for those impacted by the elimination of the benefits in which account balances under the RMA Plan become available starting at age 62 instead of age 65.

The School subsidizes the cost of medical and life insurance benefits for all eligible retirees. The Plan is self-insured and therefore there are no medical insurance premiums paid by the Plan, except for life insurance. The life insurance benefit offered to retirees has an initial amount of $20,000 with an annual reduction of $2,000 after reaching age 65 with a minimum benefit of $4,000 at age 72 and later.

Plan Administration

The general administration of the Plan and the responsibility for carrying out the Plan's provisions are performed by the Executive Vice President & Vice Dean of Human Resources of NYU Langone Health.

Funding Policy and Retiree Contributions

The monthly retiree contribution depends on the age of the retiree, the health plan chosen by the retiree and the level of coverage. A third-party service provider prepares the monthly retiree contribution analysis and the School reviews and approves the monthly retiree contribution rates. Retiree contributions are collected by a third-party service provider and remitted to the Plan.

The School makes contributions to the Plan as needed to fund claims in excess of retiree contributions. Any deficiency of the Plan's net assets versus the benefit obligation is funded by the School on a pay-as-you-go basis. In 2025 and 2024, employer contributions represented noncash contributions of claims for services provided by NYU Langone Health.

The health benefit claims and certain administrative expenses are paid directly by the Plan.

Investments
Plan investments are managed under the terms of agreement between the School and J.P. Morgan Chase Bank, N.A. ("JPMCB"), the trustee.

2. Summary of Significant Accounting Policies

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

Valuation of Investments and Income Recognition
The Plan's investments are held by the custodian and are stated at fair value. The Plan's Benefit Committee determines the Plan's valuation policies utilizing information provided by the investment managers and trustee. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Shares of registered investment companies are valued at daily closing price as reported by the fund. These funds are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. Refer to Note 4 for discussion of fair value measurements.

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. The Plan presents the net appreciation (depreciation) in the fair value of its investments in the statements of changes in net assets available for benefits, which consists of the net realized gains or losses and net unrealized appreciation or depreciation on those investments less expenses.

Rebates
Rebates related to claims are generally received by the Plan sponsor on behalf of the Plan. The Plan sponsor then remits these rebates back to the Plan, which is recorded as a reduction of claims paid. Rebates receivable represent rebates earned on claims paid in the respective reporting period that have not been paid by the third-party claims processor as of the reporting date. In 2025 and 2024, rebates were paid directly to the Plan sponsor and those that have not been remitted to the Plan are shown as Due from Plan sponsor on the statements of net assets available for benefits.

Claims Paid
Claim payments are recorded when paid by the third-party claims processor. Claims paid are net of rebates of $2,937,437and $1,271,375 for 2025 and 2024, respectively.

Administrative Expenses
The Plan pays all custodian-related expenses for investment management, administration, and distribution, as well as administrative expenses that consist primarily of administrative fees paid to third-party claims administrators, the trustee, auditor, legal counsel, and actuary.

Use of Estimates
The preparation of the Plan's financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefits obligations, changes in benefit obligations and related disclosures of contingencies at the date of the financial statements. These estimates and assumptions also impact the reported amounts of changes in net assets available for benefits and postretirement healthcare obligations during the reporting period. Actual results could differ from these estimates and such differences could be material to the financial statements.

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

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

3. Postretirement Benefit Obligations

The postretirement benefit obligations represent the total actuarial present value of estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. The obligations represent the amounts that are expected to be funded by contributions from the School and from existing assets of the Plan. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their eligible dependents and (2) active employees and their eligible covered dependents after retirement from service with the School. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligations was determined by an independent actuarial firm and is the amount that results from applying actuarial assumptions to certain historical claims-cost data to estimate future annual incurred costs per participant. The obligation is adjusted for the aggregate change in estimated future annual costs. The obligation is adjusted for such estimates as the time value of money and the probability of payments between the valuation date and the expected date of payment. Health claims payable and claims incurred by retired participants but not reported at year end are included in the postretirement benefit obligation.

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (the "Act") was enacted for employers that sponsor postretirement health care plans that provide prescription drug benefits. The Act introduces a prescription drug benefit under Medicare (Medicare Part D) as well as a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. The Plan has not reflected any amount associated with the Medicare subsidy in calculating its postretirement benefit obligation, because the Plan is not directly entitled to the Medicare subsidy. These results reflect the implementation of the Employer Group Waiver Plan ("EGWP") in lieu of receiving the Retiree Drug Subsidy ("RDS"), effective

March 1, 2024. The actuarial postretirement benefit obligation and related expense reflect that the EGWP was in place for the entire plan year. This was treated as an actuarial gain for accounting purposes as the plan provisions have not changed.

Significant actuarial assumptions are as follows:

- Discount Rate – The Plan benefit obligations were determined using discount rates of 5.45% at December 31, 2025 and 5.67% at December 31, 2024.

- Initial Health Care Trend Rate – The Plan benefit obligations were determined using trend rates of 7.00% Pre-Medicare and 3.80% Post-Medicare at December 31, 2025, and of 7.50% Pre-Medicare and 8.50% Post-Medicare at December 31, 2024. These rates are expected to grade down to an Ultimate Health Care Rate of 4.50% by 2035 for Pre-Medicare and Post-Medicare. The impact of a +1% change in the trend rate would result in an increase of $2,580,000 and $5,700,000 in the statements of plan benefit obligations as of December 31, 2025 and 2024, respectively.

- Mortality Assumptions – The mortality assumption remained the Pri. H-2012 table projected with the Buck Modified MP-2021 Scale.

The impact of the *Patient Protection and Affordable Care Act* was considered in determining the obligation as follows:

- Since the Plan is a retiree stand-alone plan, dependent coverage was not extended to dependents to age 26.

- The current design of the Plan did not include any lifetime maximums.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

4. Fair Value Measurements

Accounting standards establish a framework for measuring fair value. That framework sets forth a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The levels of the fair value hierarchy are described below. Authoritative guidance on fair value measurements, Accounting Standards Codification Topic 820, *Fair Value Measurement*, establishes a hierarchy of valuation methodologies based on the extent to which asset valuations are observable in the marketplace. The following describes the hierarchy of methodologies used to measure the fair value of investments:

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

Level 2 Inputs to the valuation methodology are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; or other inputs that are observable or can be corroborated by observable market data for substantially the full terms of the assets or liabilities.

Level 3 Inputs to the valuation methodology are unobservable.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

There were no transfers between Level 1, Level 2, or Level 3 during the years ended December 31, 2025 and 2024.

The following tables provide a summary of investments measured at fair value by classification within the fair value hierarchy at December 31, 2025 and 2024:

	Active Markets Level 1	Observable Inputs Level 2	Unobservable Inputs Level 3	Total 2025
Cash	$ 1,440,105	$ -	$ -	$ 1,440,105
Mutual funds	88,475	-	-	88,475
Total investments, at fair value	$ 1,528,580	$ -	$ -	$ 1,528,580

	Active Markets Level 1	Observable Inputs Level 2	Unobservable Inputs Level 3	Total 2024
Cash	$ 1,144,116	$ -	$ -	$ 1,144,116
Mutual funds, as restated	2,744,177	-	-	2,744,177
Total investments, at fair value (as restated)	$ 3,888,293	$ -	$ -	$ 3,888,293

5. Certified Financial Data

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, JPMCB, a qualified institution, has certified the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate:

	2025	2024 (As Restated)
Statements of net assets available for benefits		
Investments, at fair value	$ 1,528,580	$ 3,888,293
Total investments	$ 1,528,580	$ 3,888,293

	2025	2024
Statements of changes in net assets available for benefits		
Investment income		
Interest and dividend income	$ 154,143	$ 154,955
Net (depreciation) appreciation in fair value of investments	(12,033)	269,473
Net investment income	$ 142,110	$ 424,428

The Plan's independent auditors did not perform auditing procedures with respect to this certified information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedules.

6. Restatement

During 2025, the Plan identified a reporting matter related to dividends paid in 2019 on investments managed by J.P. Morgan Asset Management. Due to a reporting issue between the Plan's investment manager and custodian, two dividends received by the Plan in 2019 were not posted to the custody account and, accordingly, were not included in the custodian's certified investment information for that year. The dividends were received by the Plan and remained invested as part of plan assets under the investment manager's administration. Accordingly, management has determined that the matter did not result in lost earnings to the Plan. The 2024 beginning of the year net assets available for benefits were previously reported as $8,832,102 and have been restated to include the $864,771 of dividends, resulting in a restated 2024 beginning of year amount of $9,696,873. This restatement also reflects an increase in the 2024 end of year net assets available for benefits for the same amount. Total investments as of December 31, 2024 were originally reported as $3,023,522 and have been restated to $3,888,293 as shown in the statements of net assets available for benefits.

7. Plan Termination

Although the Plan has not expressed any intent to do so, the School has the right to discontinue its contributions and to terminate the Plan at any time subject to the provisions set forth in ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the School or be used for purposes other than for the exclusive benefit of the Plan's participants.

8. Party-in-Interest and Related-Party Transactions

The Plan invests in shares of mutual funds, which are managed by the trustee and, therefore, these transactions qualify as party-in-interest transactions. The total market value of cash and investments managed by the trustee is $1,528,580 and $3,888,293 at December 31, 2025 and 2024, respectively. The Plan Administrator and the Plan's counsel believe that the Plan's transactions with related parties are permitted by the U.S. DOL's prohibited transaction exemptions.

9. Tax Status

The IRS has issued a favorable determination letter dated May 6, 2010 that the Plan and related trust are designed in accordance with Section 501(c)(3) of the Internal Revenue Code (the "Code") and, accordingly, the Plan's related trust is exempt from income taxes. The IRS letter states an effective date of exemption of September 1, 2008. Although the Plan has been amended since the date of the determination letter, the Plan Administrator and the Plan's internal legal counsel believe that the Plan is qualified and the related trust is tax-exempt in accordance with the applicable provisions of the Code. Therefore, no provision for income taxes has been made.

10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2025 and 2024, to Form 5500:

	2025	2024 (As Restated)
Net assets available for benefits per the financial statements	$ 2,128,049	$ 4,838,049
Less: benefit claim payable	(1,005,000)	(1,098,000)
Less: dividends per restatement	-	(864,771)
Net assets available for benefits per Form 5500	$ 1,123,049	$ 2,875,278

The following is a reconciliation of the net decrease in net assets available for benefits for the years ended December 31, 2025 and 2024, per the financial statements to Form 5500:

	2025	2024
Net decrease in net assets avaliable for benefits per the financial statements	$ (2,710,000)	$ (4,858,824)
Add: benefit claim payable – 2024	1,098,000	1,201,000
Less: benefit claim payable – 2025	(1,005,000)	(1,098,000)
Add: dividends per restatement	864,771	-
Net loss per Form 5500	$ (1,752,229)	$ (4,755,824)

11. Subsequent Events

The Plan Administrator has evaluated subsequent events through October 9, 2026, the date the financial statements were available to be issued and has determined that no other events occurred that would require recognition or disclosure in the financial statements except for the following.

In April 2026, the VEBA trust's remaining funds were fully utilized, and the VEBA was subsequently terminated. Following the termination of the VEBA, the Plan will be funded through the School's operating funds, general assets and contributions from retirees.

Supplemental Schedules

NYU Grossman School of Medicine Retiree Welfare Benefit Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)*
December 31, 2025

	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
**	JP Morgan Cash	Cash	$ 1,440,105	$ 1,440,105
**	JP Morgan Core Bond Fund	Mutual Fund	21,237	21,270
**	JP Morgan Diversified Global Fund	Mutual Fund	73,016	67,205
			$ 1,534,358	$ 1,528,580

* The information in this schedule has been certified as to its completeness and accuracy by J.P. Morgan Chase Bank, N.A.

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

NYU Grossman School of Medicine Retiree Welfare Benefit Plan
Schedule H, Line 4j – Schedule of Reportable Transactions*
Year Ended December 31, 2025

Identity of Party Involved	Description of Asset Involved	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (i) – single transactions in excess of 5% of Plan assets						
	JP Morgan Core Bond Fund	$ -	$ 381,485	$ 394,542	$ 381,485	$ (13,057)
	JP Morgan Core Bond Fund	153,084	-	153,084	153,084	-
	JP Morgan Core Bond Fund	-	205,499	208,943	205,499	(3,444)
	JP Morgan Core Bond Fund	-	329,034	330,304	329,034	(1,270)
	JP Morgan Core Bond Fund	215,816	-	215,816	215,816	-
	JP Morgan Core Bond Fund	-	339,265	339,797	339,265	(532)
	JP Morgan Core Bond Fund	174,201	-	174,201	174,201	-
	JP Morgan Core Bond Fund	186,586	-	186,586	186,586	-
	JP Morgan Core Bond Fund	-	383,261	379,512	383,261	3,749
	JP Morgan Core Bond Fund	-	226,211	225,208	226,211	1,003
	JP Morgan Diversified Global Fund	-	1,332,322	1,309,397	1,332,322	22,925
	JP Morgan Diversified Global Fund	511,086	-	511,086	511,086	-
	JP Morgan Diversified Global Fund	518,686	-	518,686	518,686	-
	JP Morgan Diversified Global Fund	541,265	-	541,265	541,265	-
	JP Morgan Diversified Global Fund	-	791,763	834,885	791,763	(43,122)
	JP Morgan Diversified Global Fund	-	1,166,750	1,175,915	1,166,750	(9,165)
	JP Morgan Diversified Global Fund	699,938	-	699,938	699,938	-
	JP Morgan Diversified Global Fund	835,561	-	835,561	835,561	-
	JP Morgan Diversified Global Fund	-	1,156,324	1,141,500	1,156,324	14,824
	JP Morgan Diversified Global Fund	312,285	-	312,285	312,285	-
	JP Morgan Diversified Global Fund	315,253	-	315,253	315,253	-
	JP Morgan Diversified Global Fund	584,496	-	584,496	584,496	-
	JP Morgan Diversified Global Fund	-	408,366	396,618	408,366	11,748
	JP Morgan Diversified Global Fund	623,827	-	623,827	623,827	-
	JP Morgan Diversified Global Fund	-	1,311,699	1,278,675	1,311,699	33,024
	JP Morgan Diversified Global Fund	265,047	-	265,047	265,047	-
	JP Morgan Diversified Global Fund	156,400	-	156,400	156,400	-
Category (iii) – series transactions in excess of 5% of Plan assets**						
	JP Morgan Core Bond Fund	$ 637,921	$ -	$ 637,921	$ 637,921	$ -
	JP Morgan Diversified Global Fund	414,621	-	414,621	414,621	-
	JP Morgan Diversified Global Fund	-	770,789	836,894	770,789	(66,105)
	JP Morgan Core Bond Fund	-	122,204	119,875	122,204	2,329

*** The information in this schedule has been certified as to its completeness and accuracy by J.P. Morgan Chase Bank, N.A.**

** Note that the series of transactions reported in Category (iii) do not include the single transactions reported in Category (i).

Plan Name	**NYU Grossman School Of Medicine Retiree Welfare Benefit Plan**
Plan Sponsor EIN	**13-5562308**
ERISA Plan #	**530**
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	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	**NYU Grossman School Of Medicine Retiree Welfare Benefit Plan**
Plan Sponsor EIN	**13-5562308**
ERISA Plan #	**530**
Plan Year Ending	**December 31, 2025**

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Form/Schedule	Line #	Description	Attachment
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5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	**NYU Grossman School Of Medicine Retiree Welfare Benefit Plan**
Plan Sponsor EIN	**13-5562308**
ERISA Plan #	**530**
Plan Year Ending	**December 31, 2025**

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5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	