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 LANGONE HOSPITALS RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/01/1988

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)
NYU LANGONE HOSPITALS

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

2b Employer Identification Number (EIN)
13-3971298

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 [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	13622
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)**	2578
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2391
b	Retired or separated participants receiving benefits	**6b**	6103
c	Other retired or separated participants entitled to future benefits	**6c**	4292
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	12786
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	705
f	Total. Add lines **6d** and **6e**.	**6f**	13491
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**	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:

1A 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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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)** [X] **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)** [ ] **A** (Insurance Information) – Number Attached _____
- **(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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
NYU LANGONE HOSPITALS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
NYU LANGONE HOSPITALS

D Employer Identification Number (EIN)
13-3971298

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	1466402331
b Actuarial value	**2b**	1395955324

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	6500	781525296	781525296
b For terminated vested participants	4544	297327864	297327864
c For active participants	2578	421611783	437900380
d Total	13622	1500464943	1516753540

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.37 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	17762370
b Expected plan-related expenses	**6b**	8167000
c Target normal cost	**6c**	25929370

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

09/17/2026
Date

SUZANNE HUGHES
Type or print name of actuary

26-07118
Most recent enrollment number

BUCK GLOBAL, LLC
Firm name

201-902-2300
Telephone number (including area code)

200 JEFFERSON PARK
2ND FLOOR
WHIPPANY, NJ 07981
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	18230
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	18230
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 8.88 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		18125376
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.15 %		932522
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		1611
c	Total available at beginning of current plan year to add to prefunding balance		19059509
d	Portion of (c) to be added to prefunding balance		19059509
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	19059509

Part III Funding Percentages

14	Funding target attainment percentage	14	90.77 %
15	Adjusted funding target attainment percentage	15	90.77 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	93.23 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/10/2025	7600000	0			
01/12/2026	9100000	0			
09/10/2026	5500000	0			
			Totals ► 18(b)	22200000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	20956177

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	67

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	25929370
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	139857725	14062871
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	39992241

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	19059509	19059509

36 Additional cash requirement (line 34 minus line 35)	**36**	20932732
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	20956177
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	23445
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	23445
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

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	**B** Three-digit plan number (PN) ▶	
NYU LANGONE HOSPITALS RETIREMENT PLAN		004
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
NYU LANGONE HOSPITALS	13-3971298	

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)

CONDUENT HR SERVICES

04-3609848

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	1063766	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

COMERICA

45-6721988

(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?
28 50	NONE	726506	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INCOME RESEARCH AND MANAGEMENT

04-2955404

(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?
28 50	NONE	664905	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)

SILCHESTER

36-7045783

(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?
28 50	NONE	521813	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAMBRIDGE ASSOCIATES LLC

04-3515240

(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?
26 27 50	NONE	497100	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 33 50 52 56 59 62 71 99	NONE	439374	Yes [X] No [ ]	Yes [X] No [ ]	47485	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)

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	295001	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	24400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELOITTE TAX LLP

86-1065772

(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	5724	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
JP MORGAN CHASE BANK, N.A.	21 28 33 50 52 56 59 62 71 99	47485

(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.
J.P. MORGAN INVESTMENT MANAGEMENT 245 PARK AVENUE NEW YORK, NY 10167	REVENUE SHARE ON MUTUAL FUNDS

(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
NYU LANGONE HOSPITALS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
NYU LANGONE HOSPITALS

D Employer Identification Number (EIN)
13-3971298

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: CONESTOGA SMALL CAP GROWTH FUND

b Name of sponsor of entity listed in (a): COMERICA BANK & TRUST, NATIONAL ASSOCIATION

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)
82-6178890-001	C	7722762

a Name of MTIA, CCT, PSA, or 103-12 IE: CONESTOGA SMALL CAP GROWTH COL FUND

b Name of sponsor of entity listed in (a): COMERICA BANK & TRUST, NATIONAL ASSOCIATION

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)
82-6178890-001	C	48790874

a Name of MTIA, CCT, PSA, or 103-12 IE: THE SILCHESTER INTL INV INTL VALUE

b Name of sponsor of entity listed in (a): SILCHESTER INTERNATIONAL INVESTORS LLP

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)
36-7045783-001	C	76802271

a Name of MTIA, CCT, PSA, or 103-12 IE: SPRUCEGROVE INTERNATIONAL CIT FUND

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

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)
82-3729482-112	C	72730868

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
NYU LANGONE HOSPITALS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
NYU LANGONE HOSPITALS

D Employer Identification Number (EIN)
13-3971298

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)	35800000	14600000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3656053	4512196
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	54137343	56592600
(2) U.S. Government securities	1c(2)	14324605	26933305
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	263619584	324314871
(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)	155838902	206046775
(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)	939864523	956772612
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	237508	352154

		(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	1467478518	1590124513
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	497337	613162
1k Total liabilities (add all amounts in lines 1g through1j)	1k	497337	613162
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1466981181	1589511351

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)	22222610	
(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)		22222610
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2228600	
(B) U.S. Government securities	2b(1)(B)	621328	
(C) Corporate debt instruments	2b(1)(C)	11570339	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	622176	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		15042443
(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)	26471162	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		26471162
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	82203230	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	77300064	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		4903166
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	38757108	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		38757108

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-7172539
(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)		116890630
c Other income	2c		12249
d Total income. Add all **income** amounts in column (b) and enter total	2d		217126829
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	86640541	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		86640541
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)	1063766	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	30124	
(5) Investment advisory and investment management fees	2i(5)	2410323	
(6) Bank or trust company trustee/custodial fees	2i(6)	439374	
(7) Actuarial fees	2i(7)	295001	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	3717530	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		7956118
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		94596659
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		122530170
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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 597281.

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
NYU LANGONE HOSPITALS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
NYU LANGONE HOSPITALS

D Employer Identification Number (EIN)
13-3971298

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): 13-4994650

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** 5

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

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

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

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: 51.00 % Private Equity: 0.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 45.00 %
High-Yield Debt: 0.00 % Real Assets: 0.00 % Cash or Cash Equivalents: 4.00 % Other: 0.00 %

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_____.

NYU Langone Hospitals Retirement Plan

Financial Statements and Supplemental Schedules
December 31, 2025 and 2024

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* All other schedules required by Section 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* ("ERISA") have been omitted because they are not applicable.

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Independent Auditor's Report

Plan Administrator
NYU Langone Hospitals Retirement 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 Langone Hospitals Retirement 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 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 4 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.

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 with respect to each of the participants, to determine the benefits due or which may become due to such participants.

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 is 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: 44-016026

NYU Langone Hospitals Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024
(In thousands)

	2025	2024
Assets		
Investments, at fair value (Note 4 and 5)	$ 1,571,012	$ 1,428,022
Receivables		
Employer contributions	14,600	35,800
Accrued interest and dividends	4,512	3,072
Other receivables	-	584
Total receivables	19,112	39,456
Total assets	1,590,124	1,467,478
Liabilities		
Accrued expenses	613	497
Total liabilities	613	497
Net assets available for benefits	$ 1,589,511	$ 1,466,981

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

NYU Langone Hospitals Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024
(In thousands)

	2025	2024
Additions to net assets attributed to:		
Net investment income (Note 4)		
Net appreciation in fair value of investments	$ 153,378	$ 80,250
Interest and dividend income	41,514	37,782
Other income	12	41
Net investment income	194,904	118,073
Employer contributions	22,223	63,800
Total additions	217,127	181,873
Deductions from net assets attributed to:		
Benefits paid to participants and beneficiaries	86,641	82,524
Administrative expenses	7,956	14,300
Total deductions	94,597	96,824
Net increase in net assets available for benefits	122,530	85,049
Net assets available for benefits		
Beginning of year	1,466,981	1,381,932
End of year	$ 1,589,511	$ 1,466,981

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

1. Description of the Plan

The following brief description of the NYU Langone Hospitals Retirement Plan (the "Plan") provides general information. Participants should refer to the Plan Documents for a more complete description of the Plan's provisions. Copies are available from the Plan sponsor.

General

The Plan is a noncontributory defined benefit pension plan covering certain participants of NYU Langone Hospitals ("NYULH") which includes five hospitals: Tisch Hospital, Kimmel Pavilion, the Hospital for Joint Diseases Orthopedic Institute and its affiliated Rusk Institute (now named NYU Langone Orthopedic Hospital), Lutheran Medical Center (now named NYU Langone Hospital - Brooklyn), and Winthrop - University Hospital Association (now named NYU Langone Hospital - Long Island). The Plan also covers certain participants of NYULH's affiliate, the Robert I. Grossman NYU School of Medicine ("NYUGSoM"). The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* ("ERISA") as amended under the *Pension Protection Act of 2006* ("PPA").

Effective July 1, 2000, the Plan was frozen to new participants. Active participants of the Plan as of July 1, 2000, continue to accrue benefits.

The Plan is governed by three Plan Documents: (1) the NYULH Plan Document which includes provisions applicable to prior participants of the NYUGSoM Plan and non-union participants of the Lutheran Plan as well as the legacy NYULH participants; (2) the Hospital for Joint Diseases/Orthopedic Institute Salaried Employees' Pension Plan Document; and (3) the Winthrop Plan Document. All assets in the merged Plan are available to pay all benefits and satisfy all liabilities under all parts of the Plan and shall be treated as a single plan under Code section 414(l) of the Internal Revenue Code of 1986 and accounted for as a single-employer plan under Accounting Standard Codification ("ASC") 960, *Plan Accounting – Defined Benefit Pension Plans*, with NYUGSoM as a participating employer of the Plan. NYULH, as the Plan sponsor, has the right to amend or terminate the Plan. The accumulated plan benefit obligations for the NYUGSoM Plan, the Winthrop Plan, and the Lutheran Plan are the obligations of the Plan. The management structure and the process for determining related plan assumptions will remain unchanged.

Administration of the Plan

JPMorgan Chase Bank, N.A. ("JPM") is the trustee, custodian, and recordkeeper of the Plan as of and for the years ended December 31, 2025 and 2024. The Vanguard Fiduciary Trust Company, Inc. ("Vanguard") and Cambridge Associates, LLC ("Cambridge") are the asset managers of the Plan. JPM provides a certification of Plan records with respect to the investments as required under the United States Department of Labor ("DOL") Regulation Section 2520.103-5. Vanguard and Cambridge are investment management companies that offer mutual funds, access to fund managers and financial products, and services to institutional investors.

The Plan's administrative functions are performed by Conduent, Inc. ("Conduent"). These are to process participant retirement applications and qualified domestic relations orders, process payments to participants, provide estimates upon request, answer participant questions relating to their plan benefits, and to disseminate required communications such as suspension of benefit notices.

Funding Policy

Employer contributions are determined annually by the Plan's independent consulting actuary, Arthur J. Gallagher & Co. ("Gallagher"). The actuary determines the maximum amount permitted by law or regulation and the minimum amount necessary during any plan year to avoid an accumulated funding deficiency as defined by ERISA as amended under the PPA.

NYULH shall make contributions to the Plan at such times and in such amounts as the actuary shall determine, but in no event less than such amounts required to be contributed under ERISA, as amended, and the Internal Revenue Code ("IRC"). During 2025 and 2024, the minimum funding requirements of ERISA, as actuarially determined, were met. Participant contributions are not permitted.

ERISA §4010 requires sponsors of defined benefit plans that are below 80% funded to report specific actuarial and financial information to the Pension Benefit Guaranty Corporation ("PBGC"). The information required to be filed includes financial statements of the members of the Plan's controlled group and actuarial information for all non-exempt plans in the group.

As of January 1, 2024, the measurement date, the funded status of the NYU Langone Hospitals Retirement Plan and the NYU Langone Hospital - Brooklyn UFT Retirement Plan (collectively, the "NYU Langone Plans") was 86.0% and 84.0%, respectively. However, due to incomplete participant census data used by the Plan's actuary in calculating the 2024 plan year minimum contributions, the contributions made for the 2024 plan year were more than $1 million below the required minimum. That, in combination with the controlled group's funding target attainment percentage being below 100%, resulted in a reporting obligation under ERISA §4010 for the 2025 plan year. Corrective contributions and interest payments were made by the Plan sponsor and the §4010 filing for the 2025 plan year was completed timely in December 2025.

As of January 1, 2025, the NYU Langone Plans were funded at 90.3% and 90.2%. Accordingly, ERISA §4010 information is not required for the 2026 plan year.

Pension Benefits

NYULH Employees

Participants with five or more years of service credit with NYULH are entitled to annual pension benefits beginning at normal retirement age (65). The benefit is equal to 1.76% of their final average compensation for each year of service credit plus a past service benefit, if applicable. The past service benefit is 1.5% of the past service compensation base as defined by the Plan multiplied by years of past service credit. The final average compensation is defined as the average of a participant's compensation during the 60 consecutive highest paid months out of the last 10 years of participation in the Plan. The Plan allows reduced early retirement benefits for those participants at ages 55 to 64 with 10 or more years of service credit. Participants may elect to receive their pension benefits in the form of a life annuity, various joint and survivor annuities, certain and continuous payment options, or a level income option. Participants may also elect to receive 25% or 50% of the value of their benefit in a single lump-sum payment with the balance paid as a monthly annuity. A participant whose entire pension benefit has a current value upon termination or retirement of five thousand dollars or less will receive a single lump-sum payment upon written consent by the participant. If the value of the pension is below seven thousand dollars and is not a disability benefit, the participant may elect to receive a single lump-sum payment at retirement.

Former Hospital for Joint Diseases Employees
Participants whose employment was terminated, other than by permanent or total disability under this Plan on or after January 1, 1989, with five or more years of service credit with the Plan, are entitled to annual pension benefits beginning at normal retirement age (65). Benefits for participants whose employment terminated prior to January 1, 1989, shall be based on terms of the Plan in effect prior to such date. The benefit is equal to (a) 1.2% of the participant's Plan compensation for each year of service completed after January 4, 1971 and up to December 31, 1992 and 1.6% of the participant's Plan compensation for each year of service completed after December 31, 1992; plus (b) a past service benefit if applicable; and (c) reduced by an accrued benefit previously distributed to the participant. The Plan allows reduced early retirement benefits for those participants at ages 60 to 64 with a minimum of 11 or more years of service credit. Participants may elect to receive their pension benefits in the form of a life annuity, a joint and survivor annuity, a certain and life annuity, or a social security level benefit.

NYU Grossman School of Medicine Employees
Participants with five or more years of service credit are entitled to annual pension benefits beginning at normal retirement age (65). In general, the annual benefit is equal to 1.76% of their final average compensation multiplied by the number of participant's years of service credit plus a past service benefit, if applicable. The past service benefit is 1.5% of the past service compensation base as defined by the Plan multiplied by years of past service credit. The final average compensation is defined as one fifth of a participant's aggregate compensation during the 60 consecutive highest-paid months out of the last 10 years of participation in the Plan. The Plan allows reduced early retirement benefits for those participants at ages 55 to 64 with 10 or more years of service credit. Participants may elect to receive their pension benefits in the form of a life annuity, various joint and survivor annuities, certain and continuous payment options, or a level income option. Participants may also elect to receive 25% or 50% of the value of their benefit in a single lump-sum payment with the balance paid as a monthly annuity. A participant whose entire pension benefit has a current value upon termination or retirement of five thousand dollars or less will receive a single lump-sum payment upon written consent by the participant. If the value of the pension is below seven thousand dollars, and is not a disability benefit, the participant may elect to receive a single lump-sum payment at retirement.

Former Winthrop University Hospital Employees
Participants with five or more years of vesting service credit or who are age 65 or older are entitled to annual pension benefits beginning at normal retirement age (65). The benefit is equal to 1.5% of the participant's annual compensation for each year of service credit. There is only a benefit accrued if the employee is a participant in the Plan and works more than 1,000 hours during the plan year or incurs a termination of employment during the plan year due to death, total and permanent disability, or retirement. The Plan allows reduced early retirement benefits for those participants at ages 55 to 64. Participants may elect to receive their pension benefits in the form of a life annuity, various joint and survivor annuities, or two different period certain and life options. If the actuarial equivalent value of the vested accrued benefit of a participant who incurs a termination of employment on or after July 1, 1998, does not exceed five thousand dollars, such participant's vested accrued benefit will be distributed in a lump sum.

Former Lutheran Medical Center non-union Employees
Participants with five or more years of service credit are entitled to annual pension benefits beginning at normal retirement age (65). The benefit is equal to 1.76% of their final average compensation up to the taxable Social Security wage base and 2.09% of their final average compensation in excess thereof for each year of service credit, plus a past service benefit if applicable. Final average

compensation is defined as the average of a participant's compensation during the 60 consecutive highest paid months out of the last 10 years of participation in the Plan. The Plan allows reduced early retirement benefits for those participants at ages 55 to 64 with five or more years of service credit (10 years prior to February 1, 2003). Participants may elect to receive their pension benefits in the form of a life annuity, various joint and survivor annuities, certain and continuous payment options, or a level income option. Participants may also elect to receive 25% or 50% of the value of their benefit in a single lump-sum payment with the balance paid as a monthly annuity. A participant whose pension has a current value upon termination or retirement of one thousand dollars or less (five thousand dollars prior to March 29, 2005) will automatically receive a single lump-sum payment. If the value of the pension is between one thousand dollars and seven thousand dollars, the participant may elect to receive a single lump-sum payment at retirement. If participants terminate before rendering five years of service, they may forfeit the right to receive their accumulated plan benefits.

Death and Disability Benefits

NYULH Employees

If an active participant dies before retirement and has accumulated at least five years of service credit, a monthly benefit for life will be provided to the participant's surviving spouse or other designated beneficiary. An unmarried participant must name a beneficiary to receive this death benefit. If the participant would have been eligible to begin collecting pension benefits, or if the participant named a beneficiary other than their spouse, the beneficiary will receive their benefit commencing no later than one year following the date of the participant's death. If the participant was not yet eligible to receive a benefit, a spouse will receive a benefit by December 31 of the calendar year containing the fifth anniversary of the participant's death, unless otherwise elected by the spouse. If a participant dies after pension payments begin, benefits may be paid to their surviving spouse or other named beneficiary, in accordance with the payment method that was elected. If an active participant qualifies for disability retirement, the benefit will be determined in the same way as for normal retirement, based upon years of service credit and final average compensation. Disability retirement benefits will not be reduced for early payment if those benefits begin before the participant reaches age 65 and the participant is not eligible for the lump-sum option.

Former Hospital for Joint Diseases Employees

The surviving spouse of a participant who dies prior to their annuity starting date but after having met the age and service eligibility requirements for early retirement shall be eligible to receive a monthly benefit. The benefit paid to the survivor will be 50% of the amount the employee would have been entitled to receive had the employee retired on the date of their death. If the participant was eligible for a benefit, as defined above, but the participant dies after any part of the accrued benefit is non-forfeitable and prior to the annuity start date of such benefits, the surviving spouse shall be entitled to receive a monthly benefit equal to 50% of the amount determined as if the employee incurred a severance from service with additional limits.

An active participant who becomes permanently and totally disabled while in the employment of the former Hospital for Joint Diseases, or its successors, prior to attaining their normal retirement age and after completing 15 years of benefit accrual service and attainment of age 50, shall be eligible to receive a disability retirement benefit commencing with the first day of the month coincident with or next following the date the participant has been so disabled for six months. Such benefit shall end on the earlier of the date the participant's disability terminates or the participant's normal retirement age.

NYU Grossman School of Medicine Employees
If an active participant dies before retirement and has accumulated at least five years of service credit, a monthly benefit for life will be provided to the participant's surviving spouse or other designated beneficiary. An unmarried participant must name a beneficiary to receive this death benefit. If the participant was not yet of age to receive a benefit, a spouse will receive a qualified preretirement and survivor annuity, unless he or she elects to receive the death benefit for vested participants, which is an annuity for the life of the beneficiary commencing no later than one year following the date of the participant's death with monthly payments equal to those that would be paid out to a survivor under a joint 50% and survivor annuity beginning at the same time. A duly named beneficiary will also receive the death benefit for vested participants if the participant dies prior to their pension benefit commencement date. If a participant dies after pension payments begin, benefits may be paid to their surviving spouse or other named beneficiary, in accordance with the payment method that was elected. If an active participant qualifies for disability retirement, the benefit will be determined in the same way as for normal retirement, based upon years of service credit and final average compensation. Disability retirement benefits will not be reduced for early payment if those benefits begin before the participant reaches age 65 and the participant is not eligible for the lump-sum option.

Former Winthrop University Hospital Employees
If a vested participant dies before retirement, a monthly benefit for life will be provided to the participant's surviving spouse or other designated beneficiary. A vested participant is not required to name a beneficiary to receive this benefit. If no beneficiary is named, NYULH as Plan sponsor shall direct the trustee to distribute any such benefit payment, to the participant's surviving spouse, if any; to the participant's surviving child(ren), if any; then to the participant's surviving parent(s), if any; then to the participant's surviving sibling(s), if any. If a participant dies after pension payments begin, benefits may be paid to their surviving spouse or other named beneficiary, in accordance with the payment method that was elected.

If a participant qualifies for disability retirement, the benefit will be determined based upon age, eligible years of service and compensation. Disability retirement benefits will not be reduced for early payment for a participant, who was at least 50 years old with at least 10 years of service, and who terminated employment due to a total and permanent disability, as evidenced by the Social Security Administration Letter awarded to the participant.

Former Lutheran Medical Center Non-union Employees
If an active participant dies before retirement and has accumulated at least five years of service credit, a monthly benefit for life will be provided to the participant's surviving spouse or other designated beneficiary. An unmarried participant must name a beneficiary to receive this death benefit. If the participant would have been eligible to begin collecting benefits or if the participant named a beneficiary other than their spouse, the beneficiary will receive their benefit on the first of the month following the date of the participant's death. If the participant was not yet eligible to receive a benefit, a spouse will receive a benefit on the date the participant would have been eligible to begin receiving pension benefits. The benefit paid to the survivor will equal 50% of the amount under the 50% joint and survivor annuity. If a participant dies after pension payments begin, benefits may be paid to their surviving spouse or other named beneficiary, in accordance with the payment method that had been elected. If an active participant qualifies for disability retirement, the benefit will be determined in the same way as normal retirement, based upon years of service credit and final average compensation. Disability retirement benefits will not be reduced for early payment if they begin before age 65 and are not eligible for the lump-sum option.

2. Summary of Significant Accounting Policies

Basis of Presentation

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

Investment Valuation and Income Recognition

The Plan's investments are held with the trustee of the Plan and are stated at fair value which is based on published market quotations as of December 31, 2025 and 2024 where a quoted market exists. Where no quoted market exists, fair value is determined by the trustees or independent appraisers.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 fair value measurement at the reporting date. There have been no changes in the methodologies used at December 31, 2025 and 2024. See Note 5 for discussion of fair value measurements.

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

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates and such differences could be material.

Payment of Benefits

Benefit payments to participants and beneficiaries are recorded when paid.

Risks and Uncertainties

Investment securities are exposed to various risks such as interest rate, market, and credit risks. Because of the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits. Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

Reclassification

Certain prior year amounts have been reclassified to align with the current year presentation.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions for services rendered by the employees up to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are based, in part, on participants' final average compensation as defined in Note 1.

The accumulated plan benefits for active participants are based, in part, on their final average compensation ending on the date as of which the benefit information is presented (the "valuation date"). Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent that they are deemed attributable to participant services rendered up to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money through discounts for interest and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The following is a summary of the actuarial present value of accumulated plan benefits at January 1, 2025:

Vested benefits		
Participants currently receiving payments	$	696,364
Other participants		582,643
		1,279,007
Nonvested benefits		12,803
Total actuarial present value of accumulated plan benefits	$	1,291,810

A summary of the changes in the actuarial present value of accumulated plan benefits from January 1, 2024 to January 1, 2025, was as follows:

Actuarial present value of accumulated plan benefits as of January 1, 2024	$	1,278,365
Increase (decrease) during the year attributable to		
Benefits accumulated and other		8,554
Interest		86,646
Benefits paid		(82,523)
Change in actuarial assumption		768
Net increase		13,445
Actuarial present value of accumulated plan benefits as of January 1, 2025	$	1,291,810

The significant actuarial assumptions underlying the actuarial computations of the present value of the accumulated plan benefits as of January 1, 2025 and 2024, the valuation dates, were as follows:

	2025	2024
Interest rate	7.00%	7.00%
Retirement	Retirement age varies between ages 55 and 75, based on years of service	

The mortality table used in 2025 and 2024 was the Pri-2012 Total Employee and Retiree/Disabled Retiree/Contingent Survivor Mortality Tables (base year 2012) and projected with Buck Modified Mortality Improvement Scale MP-2021.

The mortality tables used for funding purposes were updated with projections specified by IRS Regulation Section 1.430(h)(3)-1, using separate tables for annuitants and non-annuitants.

The interest rate basis for computing funding was updated to the current rates as specified in IRS Regulation 1.430(h)(2)-1.

These actuarial 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 accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025 and 2024. Had the valuations been performed as of December 31, there would be no material differences.

4. 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 Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, JPMorgan Chase Bank N.A., a qualified institution, has certified the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate.

The following is a summary of the Plan's financial information included in the Plan's financial statements as of December 31, 2025 and 2024, and for the years then ended. Refer to the accompanying supplemental schedules included within the financial statements for the certified schedule of assets held at end of year as of December 31, 2025, and the certified schedule of reportable transactions for the year ended December 31, 2025.

	2025	2024
Statements of net assets available for benefits		
Investments, at fair value	$ 1,571,012	$ 1,428,022
Accrued interest and dividends	4,512	3,072
Statements of changes in net assets available for benefits		
Net investment income		
Net appreciation in fair value of investments	$ 153,378	$ 80,250
Interest and dividend income	41,514	37,782
Net investment income	$ 194,892	$ 118,032

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.

5. Investments

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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The levels of the fair value hierarchy are described below. Authoritative guidance on fair value measurements, Accounting Standards Codification Topic 820, *Fair Value Measurement* and Disclosures, 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 maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2025 and 2024.

Cash equivalents consist of highly liquid financial instruments purchased with a maturity of three months or less. Mutual funds, common collective trusts and bonds (corporate and government) are valued at the quoted prices at year-end. Prices quoted are the net asset value ("NAV") of the shares of investments held, which are based on the fair value of the underlying securities.

The Plan's alternative investments consist of three fund of funds representing investments in multiple underlying hedge funds which are valued using NAV per share as a practical expedient. The NAV of the securities held by the fund that do not have readily determinable fair values are determined by the fund manager and are based on appraisals or other estimates.

In 2019, the Plan Administrator submitted direction letters to each fund of funds manager for the full redemption of the Plan's investment position. The balances held at December 31, 2025 and 2024 are amounts held by the fund pending disbursement for final audit. Fund of funds amounts are included within the alternative investments measured at NAV as the practical expedient in the tables below.

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 changes in valuation methodology in 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	Total 2025
Cash and cash equivalents	$ 56,592	$ -	$ 56,592
Mutual funds	956,773	-	956,773
Common collective trusts	-	206,047	206,047
Corporate and government bonds	-	351,248	351,248
Total investments, at fair value	$ 1,013,365	$ 557,295	1,570,660
Alternative investments measured at NAV as the practical expedient			352
			$ 1,571,012

	Active Markets Level 1	Observable Inputs Level 2	Total 2024
Cash and cash equivalents	$ 54,137	$ -	$ 54,137
Mutual funds	939,864	-	939,864
Common collective trusts	-	208,658	208,658
Corporate and government bonds	-	225,125	225,125
Total investments, at fair value	$ 994,001	$ 433,783	1,427,784
Alternative investments measured at NAV as the practical expedient			238
			$ 1,428,022

There were no unfunded commitments as of December 31, 2025 and 2024. There were no transfers between Level 1, Level 2, and Level 3 investments during the years ended December 31, 2025 and 2024.

6. Tax Status

The IRS has issued a favorable determination letter dated November 9, 2021, that the Plan and related trust are designed in accordance with the applicable sections of the IRC, and its related trust is therefore exempt from federal income tax under the IRC. The Plan has been amended since receiving its determination letter. 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.

7. Plan Termination

Although it has not expressed any intent to do so, the Plan sponsor may terminate the Plan at any time. Under provisions of ERISA, if the Plan is terminated, NYULH may be obligated to make termination payments to the Plan subject to certain limits, and participants would be eligible for continuation of benefits under insurance provided by the PBGC, a U.S. Government agency established by ERISA.

In the event the Plan terminates, the assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

b) Other vested benefits insured by the PBGC, up to the applicable limitation discussed below.

c) All other vested benefits, that is, vested benefits not insured by the PBGC.

d) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations; however, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during the years ended December 31, 2025 and 2024, the ceiling was seven thousand four hundred and thirty-two dollars and seven thousand one hundred and eight dollars per month, respectively. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency at the time of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of NYULH, the Plan sponsor, and level of benefits guaranteed by the PBGC. Assets not required to meet the obligations to participants would be paid to NYULH.

8. Administrative Expenses

The Plan's expenses consist of trustee's administrative fees, investment management fees, audit fees, and actuary's consulting fees. The Plan's expenses are paid either by the Plan or the Plan sponsor, as provided by the Plan Documents. Expenses that are paid directly by the Plan sponsor are excluded from these financial statements.

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

The Plan holds investments that are managed by the trustee and investments issued by Gallagher, the Plan's independent consulting actuary, and, therefore, these qualify as party-in-interest transactions. The fair value of investments managed by the trustee were $67,977 and $60,839 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 DOL's prohibited transaction exemptions.

10. Subsequent Events

NYULH has evaluated subsequent events through October 9, 2026, the date the financial statements were available to be issued and has determined that there were no subsequent events requiring recognition or disclosure in the financial statements.

Supplemental Schedules

NYU Langone Hospitals Retirement Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)*
December 31, 2025

Identity of Issue, Borrower, Lessor, or Similar Party and Description of Investment	Number of Shares, Par Value, or Face Amount	Cost	Current Value
Cash and Cash Equivalents			
**JPMORGAN US TREAS PLUS MMKT FUND CAPITAL SHARES -	31,479,161	$ 31,479,161	$ 31,479,161
**JPMORGAN INTEREST BEARING DDA CASH	25,113,439	25,113,439	25,113,439
Total Cash and Cash Equivalents		56,592,600	56,592,600
Common Collective Trusts			
CONESTOGA SMALL CAP GROWTH CIF	381,748	6,016,536	7,722,762
CONESTOGA SMALL CAP GROWTH COLLECTIVE FUND	2,411,808	36,005,978	48,790,874
SILCHESTER INTERNATIONAL INVESTORS INTERNATIONAL	310,383	38,373,348	76,802,271
SPRUCEGROVE INTERNATIONAL CIT FUND	4,944,315	40,196,400	72,730,868
Total Common Collective Trusts		120,592,262	206,046,775
Corporate and Government Bonds			
ABBVIE INC CALLABLE NOTES FIXED 5.35% 15/MAR/2044	1,650,000	1,632,281	1,636,492
ABBVIE INC CALLABLE NOTES FIXED 4.25% 21/NOV/2049	2,078,000	1,917,823	1,717,640
ABBVIE INC CALLABLE NOTES FIXED 5.4% 15/MAR/2054	2,017,000	1,997,563	1,967,804
ADVENTHEALTH OBLIGATED GROUP CALLABLE NOTES FIXED	644,000	644,000	403,020
ADVOCATE HEALTH & HOSPITALS CORP CALLABLE BOND	662,000	772,549	556,367
AEP TRANSMISSION CO LLC CALLABLE NOTES FIXED 2.75%	671,000	598,855	414,583
AEP TRANSMISSION CO LLC CALLABLE NOTES FIXED 3.15%	490,000	358,760	332,545
AEP TRANSMISSION CO LLC CALLABLE NOTES FIXED 4%	1,446,000	1,486,347	1,162,685
AIA GROUP LTD CALLABLE NOTES FIXED 3.2%	1,008,000	1,037,304	801,370
AIA GROUP LTD MEDIUM TERM NOTE FIXED 4.875%	427,000	480,290	406,116
ALABAMA POWER CO CALLABLE NOTES FIXED 3%	390,000	352,152	253,335
ALABAMA POWER CO CALLABLE NOTES FIXED 3.7%	1,923,000	1,879,454	1,472,603
ALABAMA POWER CO CALLABLE NOTES FIXED 3.85%	962,000	857,495	788,549
ALABAMA POWER CO CALLABLE NOTES FIXED 6%	282,000	304,697	303,212
ALLINA HEALTH SYSTEM CALLABLE BOND FIXED 3.887%	869,000	953,304	668,743
ALLINA HEALTH SYSTEM CALLABLE BOND FIXED 4.805%	164,000	164,000	149,138
ALPHABET INC CALLABLE NOTES FIXED 2.05%	911,000	543,122	498,259
ALPHABET INC CALLABLE NOTES FIXED 5.3% 15/MAY/2065	524,000	514,810	494,437
AMAZON.COM INC CALLABLE NOTES FIXED 3.25%	2,388,000	2,083,429	1,534,436
AMAZON.COM INC CALLABLE NOTES FIXED 3.875%	1,759,000	1,919,280	1,616,839
AMAZON.COM INC CALLABLE NOTES FIXED 3.95%	1,558,000	1,370,910	1,221,432
AMAZON.COM INC CALLABLE NOTES FIXED 4.05%	1,561,000	1,642,345	1,288,289
AMEREN ILLINOIS CO CALLABLE BOND FIXED 2.9%	1,678,000	1,507,941	1,063,711
AMEREN ILLINOIS CO CALLABLE BOND FIXED 5.625%	617,000	619,857	616,142
AMEREN ILLINOIS CO CALLABLE BOND FIXED 5.9%	516,000	522,456	536,158
AMERICAN MUN PWR OHIO INC REV REV BDS 2009C	470,000	517,855	479,791
AMPHENOL CORP CALLABLE NOTES FIXED 5.3%	1,828,000	1,813,616	1,753,532
ANALOG DEVICES INC CALLABLE NOTES FIXED 2.95%	1,189,000	1,068,244	772,764
ANHEUSER-BUSCH COS LLC / ANHEUSER-BUSCH INBEV	4,102,000	3,979,550	3,811,341
APPLE INC CALLABLE NOTES FIXED 2.85% 05/AUG/2061	1,604,000	1,326,375	951,594
APPLE INC CALLABLE NOTES FIXED 3.85% 04/AUG/2046	3,996,000	3,809,048	3,249,982
APPLE INC CALLABLE NOTES FIXED 4.65% 23/FEB/2046	1,082,000	1,421,974	996,656
APPLIED MATERIALS INC CALLABLE NOTES FIXED 4.35%	2,613,000	2,418,246	2,256,189
**ARTHUR J GALLAGHER & CO CALLABLE NOTES FIXED 5.55%	1,053,000	1,036,483	1,014,599
ASCENSION HEALTH CALLABLE NOTES FIXED 3.945%	410,000	443,218	334,172
ASTRAZENECA PLC CALLABLE NOTES FIXED 2.125%	1,281,000	754,496	714,549
ASTRAZENECA PLC CALLABLE NOTES FIXED 4.375%	971,000	932,109	857,927
ASTRAZENECA PLC CALLABLE NOTES FIXED 6.45%	896,000	1,006,903	1,024,025
AT&T INC CALLABLE NOTES FIXED 3.5% 15/SEP/2053 USD	353,000	274,390	237,249
AT&T INC CALLABLE NOTES FIXED 3.8% 01/DEC/2057 USD	306,000	233,612	211,304

NYU Langone Hospitals Retirement Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)*, continued
December 31, 2025

Identity of Issue, Borrower, Lessor, or Similar Party and Description of Investment	Number of Shares, Par Value, or Face Amount	Cost	Current Value
BAE SYSTEMS PLC CALLABLE NOTES FIXED 3%	1,562,000	$ 1,036,411	$ 1,045,836
BALTIMORE GAS AND ELECTRIC CO CALLABLE NOTES FIXED	672,000	666,565	648,375
BANK OF AMERICA CORP CALLABLE MEDIUM TERM NOTE	8,219,000	7,831,015	6,913,342
BANK OF AMERICA CORP CALLABLE NOTES VARIABLE	4,027,000	3,260,631	3,189,352
BANNER HEALTH CALLABLE NOTES FIXED 2.913%	655,000	655,000	420,262
BAYLOR SCOTT & WHITE HOLDINGS CALLABLE BOND FIXED	437,000	474,627	367,929
BERKSHIRE HATHAWAY ENERGY CO CALLABLE BOND FIXED	2,983,000	3,732,582	3,241,377
BERKSHIRE HATHAWAY ENERGY CO CALLABLE NOTES FIXED	1,930,000	1,830,235	1,467,414
BERKSHIRE HATHAWAY FINANCE CORP CALLABLE NOTES	1,526,000	1,350,576	985,894
BHP BILLITON FINANCE USA LTD CALLABLE NOTES FIXED	3,150,000	3,354,902	3,073,921
BLACKSTONE HOLDINGS FINANCE CO LLC CALLABLE NOTES	902,000	883,571	701,719
BP CAPITAL MARKETS AMERICA INC CALLABLE NOTES	2,871,000	2,493,143	1,883,729
BRISTOL-MYERS SQUIBB CO CALLABLE NOTES FIXED 3.7%	1,744,000	1,533,053	1,285,624
BRISTOL-MYERS SQUIBB CO CALLABLE NOTES FIXED 4.25%	1,381,000	1,303,180	1,132,009
BRISTOL-MYERS SQUIBB CO CALLABLE NOTES FIXED 5.55%	1,118,000	1,107,929	1,101,699
BROADCOM INC CALLABLE NOTES FIXED 3.5% 15/FEB/2041	321,000	264,634	261,818
BROOKFIELD ASSET MANAGEMENT LTD CALLABLE NOTES	1,100,000	1,114,825	1,129,217
BROOKFIELD FINANCE INC CALLABLE NOTES FIXED 5.813%	731,000	731,000	723,301
BURLINGTON NORTHERN SANTA FE LLC CALLABLE BOND	670,000	609,601	567,281
BURLINGTON NORTHERN SANTA FE LLC CALLABLE NOTES	5,189,000	5,335,263	4,584,442
CALIFORNIA HEALTH FACS FING AUTH REV TAXABLE SR	725,000	725,000	665,895
CALIFORNIA ST GO BDS 15/OCT/2009 01/OCT/2039 7.3%	665,000	743,283	773,909
CALIFORNIA ST GO BDS 28/APR/2009 01/APR/2034 7.5%	1,885,000	2,859,639	2,199,151
CANADIAN NATIONAL RAILWAY CO CALLABLE NOTES FIXED	1,668,000	2,245,174	1,850,560
CANADIAN PACIFIC RAILWAY CO CALLABLE NOTES FIXED	381,000	506,685	381,425
CARLYLE HOLDINGS II FINANCE LLC CALLABLE NOTES	661,000	703,988	650,701
CATERPILLAR INC CALLABLE BOND FIXED 3.803%	1,196,000	1,139,042	1,007,414
CATERPILLAR INC CALLABLE NOTES FIXED 5.5%	958,000	943,411	970,250
CHICAGO ILL MET WTR RECLAMATION DIST GTR CHICAGO	1,045,000	1,346,663	1,083,891
CHILDREN'S HOSPITAL OF PHILADELPHIA/THE CALLABLE	520,000	520,000	324,574
CHUBB INA HOLDINGS LLC CALLABLE NOTES FIXED 2.85%	532,000	542,369	340,068
CHUBB INA HOLDINGS LLC CALLABLE NOTES FIXED 3.05%	1,022,000	807,348	630,304
CHUBB INA HOLDINGS LLC CALLABLE NOTES FIXED 4.35%	719,000	744,915	627,805
CHUBB INA HOLDINGS LLC CALLABLE NOTES FIXED 6.7%	325,000	403,698	372,912
CINCINNATI FINANCIAL CORP CALLABLE NOTES FIXED	472,000	541,323	508,582
CISCO SYSTEMS INC CALLABLE NOTES FIXED 5.9%	1,492,000	1,845,075	1,608,142
CISCO SYSTEMS INC CALLABLE NOTES FIXED 5.3%	478,000	472,067	460,146
CITIGROUP INC CALLABLE NOTES VARIABLE 04/MAR/2056	474,000	474,686	473,546
CITIGROUP INC CALLABLE NOTES VARIABLE 24/APR/2048	783,000	667,035	661,887
CITIGROUP INC CALLABLE NOTES VARIABLE 24/JAN/2039	3,216,000	2,824,566	2,851,020
CLEVELAND CLINIC FOUNDATION/THE CALLABLE BOND	141,000	146,292	119,287
CME GROUP INC CALLABLE NOTES FIXED 4.15%	658,000	696,151	551,262
COMCAST CORP CALLABLE NOTES FIXED 2.887%	1,875,000	1,312,017	1,103,353
COMCAST CORP CALLABLE NOTES FIXED 2.937%	3,956,000	3,164,782	2,231,904
COMCAST CORP CALLABLE NOTES FIXED 2.987%	6,522,000	4,847,323	3,549,667
COMCAST CORP CALLABLE NOTES FIXED 4.049%	1,653,000	1,395,442	1,213,631
COMMONWEALTH EDISON CO CALLABLE BOND FIXED 3.75%	2,532,000	2,555,280	1,941,579
COMMONWEALTH EDISON CO CALLABLE BOND FIXED 4.7%	353,000	368,866	317,332
CONNECTICUT LIGHT AND POWER CO/THE CALLABLE BOND	611,000	668,233	488,709
CONOCOPHILLIPS CO CALLABLE NOTES FIXED 4.025%	3,717,000	3,948,255	2,708,661
CONSOLIDATED EDISON CO OF NEW YORK INC CALLABLE	4,730,000	4,525,034	3,897,282
CONSUMERS ENERGY CO CALLABLE BOND FIXED 2.65%	215,000	214,819	133,581

NYU Langone Hospitals Retirement Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)*, continued
December 31, 2025

Identity of Issue, Borrower, Lessor, or Similar Party and Description of Investment	Number of Shares, Par Value, or Face Amount	Cost	Current Value
CONSUMERS ENERGY CO CALLABLE BOND FIXED 4.05%	988,000	$ 804,235	$ 798,279
CONSUMERS ENERGY CO CALLABLE BOND FIXED 4.35%	1,022,000	1,093,249	852,982
CSL FINANCE PLC CALLABLE NOTES FIXED 4.75%	912,000	878,322	789,848
CSX CORP CALLABLE NOTES FIXED 4.9% 15/MAR/2055 USD	1,737,000	1,693,914	1,563,262
CUMMINS INC CALLABLE NOTES FIXED 5.45% 20/FEB/2054	1,340,000	1,331,440	1,324,644
CVS PASS-THROUGH TRUST NOTES FIXED 5.773%	202,541	202,541	206,655
DALLAS FORT WORTH TEX INTL ARPT REV TAXABLE JT REF	1,405,000	1,403,578	1,211,704
DEERE & CO CALLABLE NOTES FIXED 2.875% 07/SEP/2049	456,000	423,856	306,889
DEERE & CO CALLABLE NOTES FIXED 3.9% 09/JUN/2042	1,425,000	1,302,139	1,229,826
DEERE & CO CALLABLE NOTES FIXED 5.7% 19/JAN/2055	679,000	684,765	705,469
DIAMONDBACK ENERGY INC CALLABLE NOTES FIXED 5.75%	686,000	675,393	650,868
DOMINION ENERGY INC CALL/PUT NOTES FIXED 5.25%	404,000	434,293	414,795
DOMINION ENERGY INC CALLABLE NOTES FIXED 4.9%	1,631,000	1,947,060	1,507,672
DTE ELECTRIC CO CALLABLE BOND FIXED 5.85%	1,607,000	1,639,416	1,654,615
DUKE ENERGY CAROLINAS LLC CALLABLE BOND FIXED 5.3%	2,094,000	2,526,314	2,121,819
DUKE ENERGY CAROLINAS LLC CALLABLE OTHER SECURED	2,473,000	2,432,241	1,965,182
DUKE ENERGY FLORIDA LLC CALLABLE BOND FIXED 5.95%	1,250,000	1,285,410	1,295,247
DUKE ENERGY FLORIDA LLC CALLABLE BOND FIXED 6.2%	640,000	650,153	686,996
DUKE ENERGY FLORIDA LLC CALLABLE BOND FIXED 6.4%	405,000	577,259	452,317
DUKE ENERGY INDIANA LLC CALLABLE BOND FIXED 2.75%	187,000	186,770	117,222
EASTERN ENERGY GAS HOLDINGS LLC CALLABLE NOTES	1,605,000	1,603,275	1,612,091
ELEVANCE HEALTH INC CALLABLE NOTES FIXED 5.65%	948,000	938,691	924,357
ELI LILLY & CO CALLABLE NOTES FIXED 4.95%	904,000	874,561	818,865
ELI LILLY & CO CALLABLE NOTES FIXED 5.1%	935,000	918,584	864,369
ELI LILLY & CO CALLABLE NOTES FIXED 5.2%	809,000	798,904	764,082
ELI LILLY & CO CALLABLE NOTES FIXED 5.65%	997,000	1,001,864	1,008,536
EMERSON ELECTRIC CO CALLABLE NOTES FIXED 2.8%	1,198,000	1,077,923	764,766
ENTERPRISE PRODUCTS OPERATING LLC CALLABLE NOTES	3,868,000	3,860,459	3,818,560
EOG RESOURCES INC CALLABLE NOTES FIXED 5.65%	1,232,000	1,199,254	1,208,688
EQUINOR ASA CALLABLE BOND FIXED 4.8% 08/NOV/2043	430,000	510,688	401,332
EXELON CORP CALLABLE NOTES FIXED 4.95% 15/JUN/2035	350,000	348,152	349,404
EXXON MOBIL CORP CALLABLE NOTES FIXED 2.995%	572,000	575,667	459,061
EXXON MOBIL CORP CALLABLE NOTES FIXED 3.452%	1,833,000	1,721,602	1,319,467
EXXON MOBIL CORP CALLABLE NOTES FIXED 3.567%	441,000	441,000	346,450
EXXON MOBIL CORP CALLABLE NOTES FIXED 4.114%	1,392,000	1,251,651	1,167,532
EXXON MOBIL CORP CALLABLE NOTES FIXED 4.327%	1,163,000	1,236,975	978,027
FHLMC REMICS 4927 ML 2.5% 25/NOV/2049	730,000	703,195	482,911
FLORIDA POWER & LIGHT CO CALLABLE BOND FIXED	2,176,000	1,652,038	1,392,474
FLORIDA POWER & LIGHT CO CALLABLE BOND FIXED 5.69%	2,033,000	2,536,794	2,142,380
GENERAL DYNAMICS CORP CALLABLE NOTES FIXED 4.25%	2,052,000	1,978,068	1,738,749
GOLDMAN SACHS GROUP INC/THE CALLABLE MEDIUM TERM	3,262,000	3,624,565	3,033,025
GOLDMAN SACHS GROUP INC/THE CALLABLE NOTES	2,777,000	2,213,942	2,277,231
GRAND PARKWAY TRANSN CORP TEX SYS TOLL REV TOLL	320,000	427,094	323,991
HEALTH CARE SERVICE CORP A MUTUAL LEGAL RESERVE CO	700,000	697,837	676,015
HOME DEPOT INC/THE CALLABLE NOTES FIXED 2.375%	1,034,000	902,528	595,206
HOME DEPOT INC/THE CALLABLE NOTES FIXED 3.35%	225,000	231,673	159,257
HOME DEPOT INC/THE CALLABLE NOTES FIXED 4.25%	3,264,000	3,555,560	2,771,248
HOME DEPOT INC/THE CALLABLE NOTES FIXED 5.3%	672,000	657,055	645,302
HOME DEPOT INC/THE CALLABLE NOTES FIXED 5.875%	918,000	1,112,692	997,776
HORMEL FOODS CORP CALLABLE NOTES FIXED 3.05%	800,000	720,210	525,774
HSBC HOLDINGS PLC CALLABLE NOTES VARIABLE	600,000	626,624	659,256
INTERCONTINENTAL EXCHANGE INC CALLABLE NOTES FIXED	1,601,000	1,450,795	1,279,081

NYU Langone Hospitals Retirement Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)*, continued
December 31, 2025

Identity of Issue, Borrower, Lessor, or Similar Party and Description of Investment	Number of Shares, Par Value, or Face Amount	Cost	Current Value
JOHNSON & JOHNSON CALLABLE NOTES FIXED 3.4%	583,000	$ 690,453	$ 514,823
JOHNSON & JOHNSON CALLABLE NOTES FIXED 3.625%	969,000	850,058	882,757
JOHNSON & JOHNSON CALLABLE NOTES FIXED 3.75%	1,185,000	1,147,524	958,925
JOHNSON & JOHNSON CALLABLE NOTES FIXED 4.85%	814,000	1,003,571	809,035
**JPMORGAN CHASE & CO BOND FIXED 6.4% 15/MAY/2038	558,000	706,078	631,818
**JPMORGAN CHASE & CO CALLABLE NOTES VARIABLE	11,360,000	10,932,981	9,738,140
KAISER FOUNDATION HOSPITALS CALLABLE BOND FIXED	628,000	628,000	468,201
KANSAS ST DEV FIN AUTH REV TAXABLE BDS 2015 H	375,000	402,739	379,041
KENTUCKY UTILITIES CO CALLABLE BOND FIXED 5.85%	985,000	1,001,086	997,231
KKR GROUP FINANCE CO II LLC CALLABLE NOTES FIXED	349,000	348,627	341,973
KKR GROUP FINANCE CO III LLC CALLABLE BOND FIXED	669,000	770,033	626,825
KKR GROUP FINANCE CO VIII LLC CALLABLE NOTES FIXED	625,000	528,518	440,769
KLA CORP CALLABLE NOTES FIXED 4.95% 15/JUL/2052	1,236,000	1,202,351	1,125,782
KLA CORP CALLABLE NOTES FIXED 5% 15/MAR/2049 USD	532,000	485,837	491,573
LAM RESEARCH CORP CALLABLE NOTES FIXED 2.875%	1,264,000	1,107,762	823,260
LOCKHEED MARTIN CORP CALLABLE NOTES FIXED 4.07%	436,000	393,422	373,504
LOCKHEED MARTIN CORP CALLABLE NOTES FIXED 4.09%	1,004,000	1,078,051	799,448
LOCKHEED MARTIN CORP CALLABLE NOTES FIXED 4.3%	747,000	733,771	591,632
LOCKHEED MARTIN CORP CALLABLE NOTES FIXED 4.7%	1,175,000	1,425,675	1,068,816
LOWE'S COS INC CALLABLE NOTES FIXED 3.7%	247,000	242,072	187,505
LOWE'S COS INC CALLABLE NOTES FIXED 4.05%	677,000	566,417	536,945
LSEG FINANCE PLC CALLABLE NOTES FIXED 3.2%	2,128,000	1,830,021	1,641,823
MARS INC CALLABLE NOTES FIXED 3.95% 01/APR/2049	1,075,000	1,098,719	850,604
MARSH & MCLENNAN COS INC CALLABLE NOTES FIXED 2.9%	468,000	424,307	297,437
MARSH & MCLENNAN COS INC CALLABLE NOTES FIXED 4.9%	908,000	1,002,975	823,759
MARSH & MCLENNAN COS INC CALLABLE NOTES FIXED 5.4%	763,000	752,737	737,818
MARSH & MCLENNAN COS INC CALLABLE NOTES FIXED 5.7%	383,000	381,851	386,308
MASSACHUSETTS ELECTRIC CO CALLABLE NOTES FIXED	629,000	724,226	661,053
MASTERCARD INC CALLABLE NOTES FIXED 3.85%	724,000	796,501	569,496
MERCK & CO INC CALLABLE NOTES FIXED 2.9%	997,000	881,446	582,257
MERCK & CO INC CALLABLE NOTES FIXED 5.7%	1,183,000	1,189,762	1,199,848
META PLATFORMS INC CALLABLE NOTES FIXED 5.4%	1,275,000	1,259,582	1,189,932
META PLATFORMS INC CALLABLE NOTES FIXED 5.5%	2,132,000	2,124,076	2,077,996
META PLATFORMS INC CALLABLE NOTES FIXED 5.625%	2,901,000	2,894,833	2,789,854
METLIFE INC CALLABLE BOND FIXED 4.721% 15/DEC/2044	2,207,000	1,988,661	1,994,896
METLIFE INC CALLABLE NOTES FIXED 4.05% 01/MAR/2045	830,000	692,428	688,940
MICROSOFT CORP CALLABLE NOTES FIXED 2.921%	1,521,000	1,416,835	1,000,833
MICROSOFT CORP CALLABLE NOTES FIXED 3.041%	2,021,000	1,877,767	1,264,130
MICROSOFT CORP CALLABLE NOTES FIXED 3.7%	2,720,000	2,911,274	2,183,941
MICROSOFT CORP CALLABLE NOTES FIXED 4.1%	70,000	92,131	67,984
MIDAMERICAN ENERGY CO CALLABLE BOND FIXED 2.7%	670,000	665,250	411,077
MIDAMERICAN ENERGY CO CALLABLE BOND FIXED 3.15%	554,000	491,087	376,300
MIDAMERICAN ENERGY CO CALLABLE BOND FIXED 4.25%	232,000	194,386	190,724
MIDAMERICAN ENERGY CO CALLABLE BOND FIXED 5.85%	860,000	878,385	887,026
MOODY'S CORP CALLABLE NOTES FIXED 4.875%	909,000	1,013,076	819,130
MORGAN STANLEY CALLABLE MEDIUM TERM NOTE FIXED	3,740,000	4,058,983	3,249,733
MORGAN STANLEY CALLABLE NOTES VARIABLE 22/APR/2039	1,637,000	1,664,578	1,542,464
MORGAN STANLEY CALLABLE NOTES VARIABLE 22/APR/2042	1,485,000	1,171,102	1,167,366
MUNICIPAL ELEC AUTH GA TAXABLE BDS 2010-A	95,000	101,595	102,738
MYMICHIGAN HEALTH CALLABLE BOND FIXED 3.409%	870,000	870,000	605,741
NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORP	1,742,000	1,842,749	1,466,660
NATIONWIDE CHILDREN'S HOSPITAL INC CALLABLE BOND	715,000	715,000	618,478

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Identity of Issue, Borrower, Lessor, or Similar Party and Description of Investment	Number of Shares, Par Value, or Face Amount	Cost	Current Value
NEW YORK LIFE INSURANCE CO CALLABLE NOTES FIXED	533,000	$ 652,958	$ 566,234
NEW YORK N Y TAXABLE GO BDS FISCAL 2025 H	895,000	895,000	936,503
NEW YORK N Y TAXABLE GO BDS FISCAL 2025 SUB D 1	870,000	870,000	814,104
NEW YORK ST URBAN DEV CORP REV INCOME TAX REV BDS	815,000	951,785	839,425
NIAGARA MOHAWK POWER CORP CALLABLE BOND FIXED	808,000	841,878	763,916
NIAGARA MOHAWK POWER CORP CALLABLE NOTES FIXED	900,000	896,100	875,235
NORFOLK SOUTHERN CORP CALLABLE NOTES FIXED 4.05%	1,617,000	1,287,254	1,259,232
NORTHERN STATES POWER CO/MN CALLABLE BOND FIXED	2,766,000	3,124,923	2,829,744
NORTHERN STATES POWER CO/WI CALLABLE BOND FIXED	1,135,000	1,143,434	1,146,149
NSTAR ELECTRIC CO CALLABLE BOND FIXED 4.4%	998,000	1,035,584	862,537
NSTAR ELECTRIC CO CALLABLE NOTES FIXED 3.1%	792,000	717,573	531,382
ONCOR ELECTRIC DELIVERY CO LLC CALLABLE BOND FIXED	1,353,000	1,238,940	1,209,743
ONCOR ELECTRIC DELIVERY CO LLC CALLABLE NOTES	1,866,000	2,267,367	1,851,966
ORACLE CORP CALLABLE NOTES FIXED 3.8% 15/NOV/2037	878,000	901,546	710,331
ORACLE CORP CALLABLE NOTES FIXED 4% 15/JUL/2046	800,000	679,700	557,095
PACCAR FINANCIAL CORP MEDIUM TERM NOTE FIXED 5%	754,000	751,655	781,188
PECO ENERGY CO CALLABLE BOND FIXED 3.05%	726,000	657,020	475,237
PECO ENERGY CO CALLABLE BOND FIXED 5.65%	981,000	984,775	979,725
PEPSICO INC CALLABLE NOTES FIXED 4.2% 18/JUL/2052	912,000	868,460	751,697
PEPSICO INC CALLABLE NOTES FIXED 4.65% 15/FEB/2053	769,000	746,404	679,519
PFIZER INC CALLABLE NOTES FIXED 3.9% 15/MAR/2039	1,630,000	1,560,799	1,443,444
PFIZER INC CALLABLE NOTES FIXED 4% 15/DEC/2036 USD	2,125,000	2,405,732	1,997,389
PG&E RECOVERY FUNDING LLC NOTES FIXED 5.529%	737,000	737,000	738,088
PG&E WILDFIRE RECOVERY FUNDING LLC BOND FIXED	1,799,000	1,596,298	1,611,012
PORT AUTH N Y & N J CONSOLIDATED BDS 192	390,000	437,583	349,215
POTOMAC ELECTRIC POWER CO CALLABLE BOND FIXED 5.5%	115,000	114,301	111,460
PPL ELECTRIC UTILITIES CORP CALLABLE BOND FIXED	3,048,000	2,969,951	2,522,220
PROLOGIS LP CALLABLE NOTES FIXED 2.125%	665,000	328,782	359,452
PROLOGIS LP CALLABLE NOTES FIXED 5.25% 15/JUN/2053	1,186,000	1,171,414	1,131,287
PRUDENTIAL FINANCIAL INC CALLABLE NOTES FIXED	1,245,000	1,216,506	982,368
PRUDENTIAL FINANCIAL INC MEDIUM TERM NOTE FIXED	890,000	1,043,827	945,198
PUBLIC SERVICE ELECTRIC AND GAS CO CALLABLE MEDIUM	2,477,000	2,622,681	2,024,831
RAYMOND JAMES FINANCIAL INC CALLABLE NOTES FIXED	678,000	541,172	547,343
RIO TINTO FINANCE USA LTD CALLABLE NOTES FIXED	1,443,000	1,720,295	1,442,833
RIO TINTO FINANCE USA PLC CALLABLE NOTES FIXED	802,000	801,529	820,409
ROCHE HOLDINGS INC CALLABLE NOTES FIXED 5.218%	1,875,000	1,879,069	1,825,569
RTX CORP CALLABLE NOTES FIXED 3.75% 01/NOV/2046	515,000	543,954	400,346
RTX CORP CALLABLE NOTES FIXED 4.5% 01/JUN/2042 USD	1,024,000	977,974	927,994
RTX CORP CALLABLE NOTES FIXED 5.375% 27/FEB/2053	84,000	83,233	81,038
S&P GLOBAL INC CALLABLE NOTES FIXED 3.25%	1,399,000	1,233,263	984,233
SAN DIEGO GAS & ELECTRIC CO CALLABLE BOND FIXED	1,557,000	1,512,811	1,076,135
SAN DIEGO GAS & ELECTRIC CO CALLABLE BOND FIXED 6%	494,000	660,222	528,606
SCE RECOVERY FUNDING LLC BOND FIXED 5.541%	1,773,000	1,772,858	1,755,064
SHELL FINANCE US INC CALLABLE NOTES FIXED 3%	762,000	760,202	491,056
SHELL FINANCE US INC CALLABLE NOTES FIXED 3.75%	3,056,000	2,871,178	2,388,842
SHELL FINANCE US INC CALLABLE NOTES FIXED 4.55%	980,000	896,887	879,467
SHELL FINANCE US INC CALLABLE NOTES FIXED 6.375%	773,000	1,078,848	863,366
SIEMENS FUNDING BV CALLABLE NOTES FIXED 5.9%	850,000	861,451	890,339
SIMON PROPERTY GROUP LP CALLABLE BOND FIXED 6.75%	757,000	990,656	872,186
SIMON PROPERTY GROUP LP CALLABLE NOTES FIXED 4.25%	1,094,000	1,110,806	916,012
SIMON PROPERTY GROUP LP CALLABLE NOTES FIXED 5.85%	1,079,000	1,084,895	1,099,327
SNAP-ON INC CALLABLE NOTES FIXED 4.1% 01/MAR/2048	2,128,000	2,117,504	1,754,899

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Schedule H, Line 4i – Schedule of Assets (Held at End of Year)*, continued
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Identity of Issue, Borrower, Lessor, or Similar Party and Description of Investment	Number of Shares, Par Value, or Face Amount	Cost	Current Value
STANFORD HEALTH CARE CALLABLE BOND FIXED 3.795%	877,000	$ 973,911	$ 682,575
SUTTER HEALTH CALLABLE BOND FIXED 5.547%	465,000	465,000	462,331
T-MOBILE USA INC CALLABLE NOTES FIXED 5.5%	982,000	969,251	933,357
TEACHERS INSURANCE & ANNUITY ASSOCIATION OF	1,402,000	1,429,845	1,154,552
TEXAS INSTRUMENTS INC CALLABLE NOTES FIXED 3.875%	273,000	270,559	244,245
TEXAS INSTRUMENTS INC CALLABLE NOTES FIXED 5.05%	1,657,000	1,603,563	1,488,122
TEXAS NAT GAS SECURITIZATION FIN CORP REV TAXABLE	972,000	984,708	991,294
TEXAS ST G O BDS 2009A 26/AUG/2009 01/APR/2039	89,044	132,415	91,251
TRANSCANADA PIPELINES LTD CALLABLE BOND FIXED 6.1%	363,000	430,224	382,329
TRANSCONTINENTAL GAS PIPE LINE CO LLC CALLABLE	1,122,000	1,119,897	1,114,151
TRAVELERS COS INC/THE CALLABLE NOTES FIXED 3.75%	1,370,000	1,384,950	1,080,682
TRAVELERS COS INC/THE CALLABLE NOTES FIXED 4.1%	638,000	620,029	518,944
TRINITY HEALTH CORP CALLABLE BOND FIXED 4.125%	218,000	226,911	182,800
TTX CO CALLABLE NOTES FIXED 4.6% 01/FEB/2049 USD	436,000	435,076	380,095
UNION PACIFIC CORP CALLABLE NOTES FIXED 2.95%	2,582,000	2,015,145	1,653,871
UNION PACIFIC CORP CALLABLE NOTES FIXED 3.5%	2,009,000	1,560,412	1,427,665
UNION PACIFIC CORP CALLABLE NOTES FIXED 3.839%	1,558,000	1,448,403	1,128,212
UNITED PARCEL SERVICE INC CALLABLE NOTES FIXED	1,234,000	1,204,081	1,135,411
UNITED STATES OF AMERICA BOND FIXED 2.25%	668,000	454,605	441,506
UNITED STATES OF AMERICA BOND FIXED 4.25%	109,000	108,025	98,986
UNITED STATES OF AMERICA BOND FIXED 4.375%	74,000	70,913	70,939
UNITED STATES OF AMERICA BOND FIXED 4.5%	2,629,000	2,576,378	2,552,595
UNITED STATES OF AMERICA BOND FIXED 4.625%	2,326,000	2,266,162	2,287,687
UNITED STATES OF AMERICA BOND FIXED 4.75%	212,000	211,043	209,350
UNITED STATES OF AMERICA BOND FIXED 4.875%	11,388,000	11,656,868	11,541,026
UNITED STATES OF AMERICA NOTES FIXED 3.875%	542,000	525,738	534,696
UNITED STATES OF AMERICA NOTES FIXED 4%	1,016,000	1,008,498	1,014,690
UNITED STATES OF AMERICA NOTES FIXED 4.25%	8,097,000	8,187,989	8,181,830
UNITEDHEALTH GROUP INC CALLABLE NOTES FIXED 4.2%	545,000	619,020	448,513
UNITEDHEALTH GROUP INC CALLABLE NOTES FIXED 4.45%	4,918,000	5,045,952	4,148,817
UNITEDHEALTH GROUP INC CALLABLE NOTES FIXED 5.625%	2,249,000	2,165,616	2,213,821
UNITEDHEALTH GROUP INC CALLABLE NOTES FIXED 5.75%	1,758,000	1,744,914	1,723,845
UNITEDHEALTH GROUP INC CALLABLE NOTES FIXED 5.875%	1,085,000	1,194,268	1,097,485
VERIZON COMMUNICATIONS INC CALLABLE NOTES FIXED	1,199,000	1,218,771	968,596
VIRGINIA ELECTRIC AND POWER CO CALLABLE NOTES	2,558,000	2,220,718	2,006,859
VISA INC CALLABLE NOTES FIXED 2% 15/AUG/2050 USD	2,695,000	2,280,739	1,466,563
WALMART INC CALLABLE NOTES FIXED 4.5% 15/APR/2053	2,032,000	1,949,862	1,804,098
WALMART INC CALLABLE NOTES FIXED 4.9% 28/APR/2035	903,000	902,928	929,964
WALT DISNEY CO/THE CALLABLE NOTES FIXED 2.75%	2,455,000	2,032,452	1,565,191
WALT DISNEY CO/THE CALLABLE NOTES FIXED 3.6%	353,000	374,721	263,332
WALT DISNEY CO/THE CALLABLE NOTES FIXED 3.8%	1,026,000	1,162,113	753,742
WASTE MANAGEMENT INC CALLABLE NOTES FIXED 5.35%	1,335,000	1,327,153	1,304,726
WELLS FARGO & CO CALLABLE MEDIUM TERM NOTE	4,757,000	5,082,888	4,363,823
WELLS FARGO & CO NOTES FIXED 3.9% 01/MAY/2045 USD	2,382,000	2,244,849	1,938,946
WISCONSIN ELECTRIC POWER CO CALLABLE BOND FIXED	639,000	530,634	529,761
WISCONSIN ELECTRIC POWER CO CALLABLE NOTES FIXED	1,239,000	1,212,436	1,144,455
WYETH LLC CALLABLE NOTES FIXED 5.95% 01/APR/2037	1,565,000	1,859,099	1,687,279
XL GROUP LTD CALLABLE BOND FIXED 5.25% 15/DEC/2043	890,000	1,084,251	843,652
YALE-NEW HAVEN HEALTH SERVICES CORP CALLABLE BOND	493,000	482,774	289,073
Total Corporate and Government Bonds		401,830,758	351,248,176

NYU Langone Hospitals Retirement Plan
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December 31, 2025

Identity of Issue, Borrower, Lessor, or Similar Party and Description of Investment	Number of Shares, Par Value, or Face Amount	Cost	Current Value
Mutual Funds			
COMERICA SHORT TERM FUND 20035Y102	3,101	$ 3,101	$ 3,101
COMERICA SHORT TERM FUND 20035Y102 OPEN-END FUND	558	558	558
FIRST EAGLE OPPORTUNITY FUND LP - FOUNDERS SERIES	54,930	53,395,282	63,493,277
PIMCO LONG-TERM CREDIT BOND FUND OPEN-END FUND USD	40,096,410	439,734,183	356,858,049
VANGUARD INSTITUTIONAL TOTAL STOCK MARKET INDEX	3,452,712	229,836,162	389,751,604
VANGUARD TOTAL INTERNATIONAL STOCK INDEX FUND	904,651	107,197,334	146,666,023
Total Mutual Funds		830,166,620	956,772,612
Hedge funds			
BLUE MOUNTAIN CREDIT ALTERNATIVES FUND LTD.	616	60,210	48,017
VALINOR CAPITAL PARTNERS LP COMMON STOCK USD	55	61,766	110,476
VALINOR CAPITAL PARTNERS OFFSHORE, LTD	87	108,275	193,661
Total Hedge Funds		230,251	352,154
Total Investments		$ 1,409,412,491	$ 1,571,012,317

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

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

NYU Langone Hospitals Retirement Plan
Schedule H, Line 4j – Schedule of Reportable Transactions*
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset Involved	Number of Transactions	(c) Purchase Price	Number of Transactions	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Single Transactions										
JPMORGAN US TREASURY PLUS MONEY MARKET FUND	N/A	1	$ 110,200,000	-	$ -	N/A	N/A	$110,200,000	$ 110,200,000	$ -
JPMORGAN US TREASURY PLUS MONEY MARKET FUND	N/A	-	-	1	110,200,000	N/A	N/A	110,200,000	110,200,000	-
JPMORGAN US TREASURY PLUS MONEY MARKET FUND	N/A	1	110,208,023	-	-	N/A	N/A	110,208,023	110,208,023	-
JPMORGAN US TREASURY PLUS MONEY MARKET FUND	N/A	1	87,763,070	-	-	N/A	N/A	87,763,070	87,763,070	-
JPMORGAN US TREASURY PLUS MONEY MARKET FUND	N/A	-	-	1	86,993,625	N/A	N/A	86,993,625	86,993,625	-
JPMORGAN US TREASURY PLUS MONEY MARKET FUND	N/A	-	-	1	85,808,594	N/A	N/A	85,808,594	85,808,594	-
Series of Transactions* **										
JPM US Treasury Plus MMKT Fund Capital Shares	N/A	382	110,414,562	-	-	N/A	N/A	110,414,562	110,414,562	-
JPM US Treasury Plus MMKT Fund Capital Shares	N/A	-	-	169	100,229,188	N/A	N/A	100,229,188	100,229,188	-
JPMORGAN US TREASURY PLUS MONEY MARKET FUND	N/A	127	106,349,690	-	-	N/A	N/A	414,520,783	414,520,783	-
JPMORGAN US TREASURY PLUS MONEY MARKET FUND	N/A	-	-	73	164,344,926	N/A	N/A	447,347,145	447,347,145	-
PIMCO LONG-TERM CREDIT BOND FUND OPEN-END FUND	N/A	28	100,481,205	-	-	N/A	N/A	100,481,205	100,481,205	-
VANGUARD INSTITUTIONAL TOTAL STOCK MARKET INDEX FUND OPEN-END FUND	N/A	8	9,926,567	-	-	N/A	N/A	9,926,567	9,926,567	-
VANGUARD INSTITUTIONAL TOTAL STOCK MARKET INDEX FUND OPEN-END FUND	N/A	-	-	6	101,833,045	N/A	N/A	52,973,672	101,833,045	48,859,373

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

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

*** Series of transactions excludes single transaction activity shown separately above.

Plan Name	**NYU Langone Hospitals Retirement Plan**
Plan Sponsor EIN	**13-3971298**
ERISA Plan #	**004**
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 Langone Hospitals Retirement Plan**
Plan Sponsor EIN	**13-3971298**
ERISA Plan #	**004**
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 Langone Hospitals Retirement Plan**
Plan Sponsor EIN	**13-3971298**
ERISA Plan #	**004**
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
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5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
NYU LANGONE HOSPITALS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
NYU LANGONE HOSPITALS

D Employer Identification Number (EIN)
13-3971298

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	1,466,402,331
b Actuarial value	**2b**	1,395,955,324

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	6,500	781,525,296	781,525,296
b For terminated vested participants	4,544	297,327,864	297,327,864
c For active participants	2,578	421,611,783	437,900,380
d Total	13,622	1,500,464,943	1,516,753,540

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.37%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	17,762,370
b Expected plan-related expenses	**6b**	8,167,000
c Target normal cost	**6c**	25,929,370

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Suzanne Hughes SH

Signature of actuary

September 17, 2026
Date

Suzanne Hughes
Type or print name of actuary

2607118
Most recent enrollment number

Buck Global, LLC
Firm name

201-902-2300
Telephone number (including area code)

200 Jefferson Park
2nd Floor
Whippany NJ 07981
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	18,230
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	18,230
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 8.88%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		18,125,376
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.15%		932,522
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		1,611
	c Total available at beginning of current plan year to add to prefunding balance		19,059,509
	d Portion of (c) to be added to prefunding balance		19,059,509
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	19,059,509

Part III Funding Percentages

14	Funding target attainment percentage	14	90.77%
15	Adjusted funding target attainment percentage	15	90.77%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	93.23%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/10/2025	7,600,000	0			
01/12/2026	9,100,000	0			
09/10/2026	5,500,000	0			
			Totals ► 18(b)	22,200,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	20,956,177

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	67

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	25,929,370
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	139,857,725	14,062,871
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	39,992,241

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	19,059,509	19,059,509

36 Additional cash requirement (line 34 minus line 35)	**36**	20,932,732
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	20,956,177
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	23,445
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	23,445
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

NYU Langone Hospitals Retirement Plan
EIN/PN: 13-3971298 / 004

Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	$ 4,808,698	$ 5,285,171	$ 77,151,420	$ 87,245,289
2026	$ 9,353,748	$ 6,706,084	$ 75,350,158	$ 91,409,990
2027	$ 13,429,655	$ 8,477,119	$ 73,407,815	$ 95,314,589
2028	$ 17,179,668	$ 10,197,530	$ 71,349,520	$ 98,726,718
2029	$ 20,419,486	$ 11,935,072	$ 69,190,742	$ 101,545,300
2030	$ 23,845,270	$ 13,481,161	$ 66,911,814	$ 104,238,245
2031	$ 26,531,368	$ 15,117,486	$ 64,510,094	$ 106,158,948
2032	$ 28,886,049	$ 16,829,471	$ 61,983,014	$ 107,698,534
2033	$ 30,935,593	$ 18,421,636	$ 59,367,598	$ 108,724,827
2034	$ 32,686,960	$ 19,964,481	$ 56,672,660	$ 109,324,101
2035	$ 34,100,152	$ 21,399,737	$ 53,874,343	$ 109,374,232
2036	$ 35,410,260	$ 22,662,994	$ 51,047,072	$ 109,120,326
2037	$ 36,418,364	$ 23,638,088	$ 48,168,767	$ 108,225,219
2038	$ 37,110,397	$ 24,495,009	$ 45,204,150	$ 106,809,556
2039	$ 37,689,407	$ 25,225,638	$ 42,245,250	$ 105,160,295
2040	$ 38,063,907	$ 25,720,271	$ 39,260,608	$ 103,044,786
2041	$ 38,144,980	$ 26,082,189	$ 36,253,373	$ 100,480,542
2042	$ 37,921,488	$ 26,311,081	$ 33,261,435	$ 97,494,004
2043	$ 37,579,965	$ 26,368,012	$ 30,337,848	$ 94,285,825
2044	$ 37,045,424	$ 26,356,244	$ 27,489,639	$ 90,891,307
2045	$ 36,320,743	$ 26,213,947	$ 24,729,869	$ 87,264,559
2046	$ 35,361,089	$ 25,878,939	$ 22,096,413	$ 83,336,441
2047	$ 34,286,503	$ 25,423,335	$ 19,588,898	$ 79,298,736
2048	$ 33,080,959	$ 24,844,080	$ 17,225,602	$ 75,150,641
2049	$ 31,734,323	$ 24,171,548	$ 15,022,671	$ 70,928,542
2050	$ 30,278,361	$ 23,396,227	$ 12,993,376	$ 66,667,964
2051	$ 28,753,387	$ 22,555,320	$ 11,147,115	$ 62,455,822
2052	$ 27,160,229	$ 21,596,112	$ 9,488,734	$ 58,245,075
2053	$ 25,553,573	$ 20,549,834	$ 8,018,609	$ 54,122,016
2054	$ 23,880,931	$ 19,447,848	$ 6,732,698	$ 50,061,477
2055	$ 22,214,925	$ 18,300,160	$ 5,622,904	$ 46,137,989
2056	$ 20,569,959	$ 17,117,941	$ 4,677,802	$ 42,365,702
2057	$ 18,946,536	$ 15,908,606	$ 3,883,352	$ 38,738,494
2058	$ 17,372,817	$ 14,697,217	$ 3,223,866	$ 35,293,900
2059	$ 15,858,776	$ 13,507,599	$ 2,682,841	$ 32,049,216
2060	$ 14,408,972	$ 12,339,173	$ 2,243,667	$ 28,991,812
2061	$ 13,031,885	$ 11,198,182	$ 1,890,334	$ 26,120,401
2062	$ 11,734,957	$ 10,109,333	$ 1,607,944	$ 23,452,234
2063	$ 10,519,146	$ 9,071,372	$ 1,383,081	$ 20,973,599
2064	$ 9,386,189	$ 8,096,147	$ 1,204,017	$ 18,686,353
2065	$ 8,334,730	$ 7,189,318	$ 1,060,784	$ 16,584,832
2066	$ 7,364,430	$ 6,353,267	$ 945,153	$ 14,662,850
2067	$ 6,471,418	$ 5,586,713	$ 850,527	$ 12,908,658
2068	$ 5,653,206	$ 4,888,726	$ 771,738	$ 11,313,670
2069	$ 4,907,354	$ 4,256,447	$ 704,811	$ 9,868,612
2070	$ 4,230,891	$ 3,687,394	$ 646,774	$ 8,565,059
2071	$ 3,620,361	$ 3,177,296	$ 595,438	$ 7,393,095
2072	$ 3,073,092	$ 2,723,908	$ 549,224	$ 6,346,224
2073	$ 2,585,635	$ 2,323,082	$ 507,014	$ 5,415,731
2074	$ 2,155,825	$ 1,970,350	$ 468,012	$ 4,594,187

NYU Langone Hospitals Retirement Plan
EIN/PN: 13-3971298 / 004

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

This table calculates the weighted average retirement age for all active persons in the plan.

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	826.4869	0.0152	12.5963	692.7982
56	890.8205	0.0189	16.8554	943.9021
57	960.6075	0.0182	17.4797	996.3455
58	1,037.8862	0.0185	19.2449	1,116.2062
59	1,122.7513	0.0201	22.5931	1,332.9946
60	1,194.9999	0.0244	29.1295	1,747.7701
61	1,261.1636	0.0447	56.3175	3,435.3645
62	1,298.6551	0.1168	151.7180	9,406.5189
63	1,248.3357	0.1091	136.2528	8,583.9249
64	1,219.3505	0.1229	149.8813	9,592.4054
65	1,145.0883	0.2106	241.1766	15,676.4777
66	972.8040	0.2258	219.6905	14,499.5740
67	815.2727	0.1904	155.1963	10,398.1549
68	714.5035	0.1906	136.2005	9,261.6326
69	612.8516	0.1946	119.2574	8,228.7623
70	532.3166	0.2185	116.3161	8,142.1235
71	429.8434	0.2219	95.3789	6,771.8988
72	346.6427	0.2241	77.6968	5,594.1687
73	274.4175	0.2283	62.6557	4,573.8645
74	221.5142	0.2296	50.8673	3,764.1788
75	172.6164	1.0000	172.6164	12,946.2278
76	8.0000	1.0000	8.0000	608.0000
77	4.0000	1.0000	4.0000	308.0000
78	2.0000	1.0000	2.0000	156.0000
79	1.0000	1.0000	1.0000	79.0000
80	3.0000	1.0000	3.0000	240.0000
81	1.0000	1.0000	1.0000	81.0000
82	0.0000	1.0000	0.0000	0.0000
83	2.0000	1.0000	2.0000	166.0000
Total			**2,080.1210**	**139,343.2941**
Weighted Average Retirement Age = 139,343.2941 / 2,080.1210				**66.99**
Rounded Weighted Average Retirement Age				**67**

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

NYU Langone Hospitals Retirement Plan
EIN/PN: 13-3971298 / 004

Schedule SB, Line 32 – Schedule of Amortization Bases

Date Established	Type Of Base	Years Remaining	Shortfall Amortization Installment	Present Value of Remaining Installments as of January 1, 2025
January 1, 2025	Shortfall	15	$ 3,992,219	$ 42,816,384
January 1, 2024	Shortfall	14	$ (1,852,362)	$ (18,968,767)
January 1, 2023	Shortfall	13	11,923,014	116,010,108
Total			$ 14,062,871	$ 139,857,725

NYU Langone Hospitals Retirement Plan
EIN/PN: 13-3971298 / 004

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Funding assumptions selection and rationale

For each assumption that has a significant effect on the measurement that is not prescribed by law or regulation and that the actuary has selected or advised the plan sponsor to select, the actuary should disclose the information and analysis that led the actuary to select or advise the plan sponsor to select the assumption for the purpose of the measurement. For any assumption that the plan sponsor selected without the actuary's advice, the actuary is required to disclose the information and analysis used to support the actuary's determination that the assumption does not significantly conflict with what, in the actuary's professional judgment, is reasonable for the purpose of the measurement.

The interest rate and mortality assumptions have a significant effect on the measurement and are prescribed by law and regulation.

The economic assumption that has a significant effect on the measurement and was selected by the plan's enrolled actuary is the expected return on assets. The long-term expected rate of return is based on the plan's asset allocation and forward-looking expected rates of return by asset category provided by the plan's investment consultant.

The demographic assumptions that have a significant effect on the measurement and were selected by the plan's enrolled actuary are the retirement rates, withdrawal rates and frequency of optional forms of payment. These demographic assumptions were set in 2021 based on results of an experience study using valuation data from 2016 – 2021 for NYU Langone Hospitals, NYU Langone Orthopedic Hospital, NYU Winthrop Hospital, NYU Langone Hospitals – Brooklyn, and NYU Grossman School of Medicine. I monitor these assumptions annually through gain/loss analyses. Recent experience has not revealed significant gains or losses from the current assumptions.

Use of Models

Gallagher uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules specified in this report. Further, the model applies those funding rules to the liabilities derived and other inputs, such as plan assets and contributions, to generate this report. Gallagher has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Gallagher also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding rules as well as the manner in which the model generates its output.

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the actuarial assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report. However, an assessment of risks for the plan was performed.

NYU Langone Hospitals Retirement Plan
EIN/PN: 13-3971298 / 004

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Prescribed Funding/PBGC Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

Interest rates

	2025 Plan Year	2024 Plan Year
Funding Rates – Constrained*		
First Segment Rate	5.07%	4.75%
Second Segment Rate	5.31%	4.87%
Third Segment Rate	5.50%	5.59%
Effective Interest Rate	5.37%	5.15%
Funding Rates – Unconstrained**		
First Segment Rate	5.07%	3.62%
Second Segment Rate	5.33%	4.46%
Third Segment Rate	5.36%	4.52%
Effective Interest Rate	5.33%	4.45%

* Used for minimum funding and benefit restriction purposes.

** Used for maximum tax-deduction, PBGC premium, and low-default-risk obligation measure purposes.

The interest rates used for funding purposes are the Segment Rates with four-month lookback, constrained in accordance with relevant legislation.

Mortality

Mortality tables mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, and as amended by IRS Notice 2024-42, applied on a fully generational basis using the IRS 2024 Adjusted Scale MP-2021 Rates mortality improvement scale.

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan administrative expenses to be paid from plan assets during the year.

NYU Langone Hospitals Retirement Plan
EIN/PN: 13-3971298 / 004

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary.

Salary increases
(active employees of NYU Langone Hospitals, NYU Grossman School of Medicine, and NYU Winthrop Hospital)

Current and Prior Years: 5.00%

Based on results of the experience study performed in 2021 and discussions with the Plan sponsor regarding future compensation expectations.

Expenses

Expected plan expenses of $8,167,000 were added to the Target Normal Cost. This equals prior year actual expenses less PBGC premiums increased by 2% for inflation plus this year's PBGC premiums, rounded up to the next $1,000.

Frequency of optional payment forms (based on 2021 experience study)

Payment Form	Probability LH	Probability LOH	Probability SOM	Probability LHB
Single Life Annuity	39.1%	54.8%	41.2%	53.7%
Lump Sum	15.0%	N/A	15.0%	25.0%
50% Joint & Survivor Annuity	16.0%	22.4%	13.0%	7.5%
66-2/3% Joint & Survivor Annuity	N/A	1.5%	N/A	N/A
75% Joint & Survivor Annuity	2.8%	N/A	1.8%	1.2%
100% Joint & Survivor Annuity	19.6%	10.7%	17.5%	8.3%
5-Year Certain & Life Annuity	1.7%	4.5%	4.3%	1.7%
10-Year Certain & Life Annuity	5.8%	6.1%	7.2%	2.6%

NYU Winthrop Hospital Form of Payment	Retired and Deferred Vested	Disabled
Single Life Annuity	58.7%	31.2%
Lump Sum	N/A	N/A
50% Joint & Survivor Annuity	14.6%	11.8%
66-2/3% Joint & Survivor Annuity	1.2%	0.0%
75% Joint & Survivor Annuity	1.0%	0.0%
100% Joint & Survivor Annuity	18.1%	47.7%
10-year Certain and Life Annuity	2.2%	3.4%
20-year Certain and Life Annuity	4.2%	5.9%

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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Marital percentage

	LH / LOH	SOM	LHB	WUH
Male	90%	90%	100%	80%
Female	60%	60%	100%	60%

Husbands assumed to be older than their wives (years)	LH / LOH	SOM	LHB	WUH
	3	3	3	4

Lump sum actuarial equivalency factors for funding purposes:

Mortality

Current year	2025 IRS Applicable Mortality Table under IRC 417(e)(3), as amended by IRS Notice 2024-42 as of the date of decrement
Prior year	2024 IRS Applicable Mortality Table under IRC 417(e)(3) issued in IRS Notice 2023-73 as of the date of decrement
Interest	Same segment rates as used to calculate the funding liability

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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Retirement rates

Based on Plan's 2021 experience study, sample rates are as follows:

Age	LH over 25 Years of Service at Age 62[1]	LH Under 25 Years of Service at Age 62 & LOH
55	2.84%	3.04%
56	2.48%	3.86%
57	3.41%	2.91%
58	3.11%	3.67%
59	4.40%	4.39%
60	3.73%	5.89%
61	9.21%	6.86%
62	22.50%	10.92%
63	17.28%	10.70%
64	20.55%	15.28%
65	24.52%	26.74%
66	25.32%	26.89%
67	18.25%	23.80%
68	21.46%	19.37%
69	19.73%	16.20%
70	20.00%	20.00%
71	20.00%	20.00%
72	20.00%	20.00%
73	20.00%	20.00%
74	20.00%	20.00%
75+	100.00%	100.00%

[1] Rates for NYU LH only.

NYU Langone Hospitals Retirement Plan
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Age	SOM Over 25 Years of Service at Age 62	SOM Under 25 Years of Service at Age 62
55	3.55%	2.66%
56	3.66%	2.89%
57	1.96%	1.88%
58	2.11%	3.71%
59	1.52%	3.76%
60	3.83%	4.31%
61	9.95%	4.84%
62	17.54%	5.69%
63	13.38%	6.12%
64	13.00%	9.74%
65	21.18%	24.59%
66	32.62%	23.56%
67	22.49%	14.39%
68	20.48%	14.02%
69	28.35%	9.60%
70	20.00%	20.00%
71	20.00%	20.00%
72	20.00%	20.00%
73	20.00%	20.00%
74	20.00%	20.00%
75+	100.00%	100.00%

NYU Langone Hospitals Retirement Plan
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Age	LHB Over 20 Years of Service at Age 62	LHB Under 20 Years of Service at Age 62
55	4.0%	5.0%
56	3.0%	3.0%
57	3.0%	3.0%
58	3.0%	3.0%
59	3.0%	3.0%
60	5.0%	3.0%
61	5.0%	3.0%
62	20.0%	10.0%
63	20.0%	10.0%
64	20.0%	10.0%
65	30.0%	25.0%
66	30.0%	50.0%
67	30.0%	50.0%
68	30.0%	50.0%
69	30.0%	50.0%
70	20.0%	20.0%
71	20.0%	20.0%
72	20.0%	20.0%
73	20.0%	20.0%
74	20.0%	20.0%
75+	100.0%	100.0%

LH, LOH, SOM and LHB vested terminated participants are assumed to commence benefits at age 65.

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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Age	WUH Nurses	WUH Non-nurses
55 - 61	0.0%	2.0%
62	10.0%	7.0%
63	10.0%	7.0%
64	15.0%	7.0%
65	25.0%	17.0%
66	25.0%	17.0%
67	20.0%	17.0%
68	20.0%	17.0%
69	20.0%	17.0%
70	25.0%	22.0%
71	27.5%	22.0%
72	30.0%	22.0%
73	35.0%	22.0%
74	40.0%	22.0%
75	100.0%	100.0%

Winthrop terminated vested participants are assumed to retire according to the non-nurse rates in the table above.

Late retirement

For active participants the late retirement assumption is the greater of the plan formula accrued benefit and the actuarially increased benefit beginning at age 70. For deferred vested participants, the participant is expected to receive actuarial increases from age 65.

Withdrawal rates[2]

Based on Plan's 2021 experience study, sample rates are as follows:

Age	LH/LOH/LHB/WUH Withdrawal %	SOM Withdrawal %
25	7.00%	0.00%
30	8.00%	10.00%
35	6.50%	7.50%
40	5.00%	6.00%
45	4.00%	4.50%
50	3.00%	3.00%
55	2.50%	3.00%
60	4.00%	2.00%
65	0.00%	0.00%

[2] For active participants not eligible for retirement.

NYU Langone Hospitals Retirement Plan
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Disability rates

Age	LH/LOH/SOM Disability %	LHB Disability %	WUH Disability %
20	0.00%	0.00%	0.44%
25	0.04%	0.10%	0.41%
30	0.07%	0.10%	0.41%
35	0.08%	0.10%	0.42%
40	0.09%	0.10%	0.47%
45	0.14%	0.16%	0.58%
50	0.29%	0.44%	0.76%
55	0.55%	0.90%	1.06%
56	0.61%	1.00%	1.13%
57	0.67%	1.10%	1.22%
58	0.83%	1.52%	1.31%
59	0.99%	1.94%	1.41%
60	1.16%	2.36%	1.52%
61	1.32%	2.78%	1.64%
62	1.49%	3.20%	1.77%
63	1.66%	3.62%	1.91%
64	1.83%	4.04%	2.05%

Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including the discounted value of accrued contributions, reduced by 2/3 of the gain/(loss) for the immediately preceding plan year and reduced by 1/3 of the gain/(loss) for the plan year before that. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by current law and regulation to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

	Actuary's Assumption	Third Segment Rate	Reflecting PPA Limit
2025 Expected Return	7.00%	5.50%	5.50%
2024 Expected Return	7.00%	5.59%	5.59%
2023 Expected Return	7.00%	5.74%	5.74%

NYU Langone Hospitals Retirement Plan
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Summary of Changes from the January 1, 2024 Valuation

- The interest rate basis was updated to the current rates as specified in IRS Regulation 1.430(h)(2)-1.
- The lump sum mortality was updated to the IRS 2025 Applicable mortality under 417(e)(3), as amended by IRS Notice 2024-42.
- The above changes decreased the funding target by $30.5 million.
- Expected expenses decreased from $15,224,000 to $8,167,000.

NYU Langone Hospitals Retirement Plan
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Schedule SB, Part V – Summary of Plan Provisions

NYU Langone Hospitals Retirement Plan

The following summary describes the main participation, benefit, and contribution provisions of the Amended and Restated Plan effective January 1, 2020.

Effective December 31, 2019, the New York University School of Medicine Defined Benefit Retirement Plan (the "School Plan") and the Retirement Plan for Employees of Winthrop-University Hospital (the "Winthrop Plan") have been merged with and into the NYU Langone Hospitals Retirement Plan (the "Plan") with all assets and liabilities transferred to the Plan. Also effective December 31, 2019, assets and liabilities associated with all participants in the NYU Langone Hospital-Brooklyn UFT Retirement Plan (formerly known as NYU Lutheran Medical Center Defined Benefit Retirement Plan, the "Lutheran" Plan), excluding participants who are or were employees of NYU Lutheran Medical Center or an affiliated employer (as defined in the Lutheran Plan) represented by the Federation of Nurses/UFT during their employment, have been spun off to the Plan.

As merged, the Plan is composed of three separate parts and documents:

Part 1:

A) the Plan Provisions for Employees at NYU Langone Hospitals;
B) the Plan Provisions for Employees at NYU Grossman School of Medicine; and
C) the Plan Provisions for Employees at NYU Langone Hospital-Brooklyn

Part 2: the Plan Provisions for Employees at NYU Langone Orthopedic Hospital

Part 3: the Plan Provisions for Employees at NYU Winthrop Hospital.

NYU Langone Hospitals Retirement Plan
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Schedule SB, Part V – Summary of Plan Provisions

Part 1A - For Employees at NYU Langone Hospitals

The following summary describes the main participation, benefit, and contribution provisions of the Amended and Restated Plan effective January 1, 2020.

Definitions

Earnings

W-2 pay plus any amounts paid under Internal Revenue Code Section 403(b) but not including overtime, bonuses, on call pay or premium payments for holiday work.

Final Average Earnings

The average of the highest 60 consecutive calendar months of compensation during the 10-year period ending on the earliest of termination, early retirement or normal retirement dates, limited as required by IRC Section 401(a)(17).

Vesting Service

An employee will be credited with one year of Vesting Service for each 1,000-hour Plan Year.

Benefit Accrual Service

An employee will be credited with one year of Benefit Accrual Service for each 1,000-hour Plan Year.

Participation in Plan

Employees regularly scheduled to work at least half-time will become participants upon completion of two consecutive months of employment. Those employees scheduled to work less than half-time who actually work at least 1,000 hours in the year following their date of hire or in the calendar year thereafter will become plan participants on the first of the month following completion of 1,000 hours. Effective July 1, 2000, the Plan was closed to new participation and no individual will become an active participant or resume active participation after such date.

Benefits

Normal Retirement Benefit

Condition for Benefit:

All participants on the later of age 65 or completion of 5 years of service credit including any related plan service credit.

Amount of Benefit:

The sum of (i) and (ii):

(i) Current Service Benefit:

1.76% of average monthly compensation multiplied by years of current service credit.

(ii) Past Service Benefit:

1.50% of past service compensation base multiplied by years of past service credit.

NYU Langone Hospitals Retirement Plan
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Schedule SB, Part V – Summary of Plan Provisions

Part 1A - For Employees at NYU Langone Hospitals (continued)

Early Retirement Benefit

Condition for Benefit:

On the first of the month on or next following attainment of age 55 and completion of 10 years of service credit including any related plan service credit.

Amount of Benefit:

The participant's benefit described in normal retirement pension above, based on service credit and average monthly compensation at retirement, reduced by 0.5% for each month that commencement of payments precedes the participant's 65th birthday, unless the participant retires after age 62 with 25 years of service, then the benefit is unreduced.

Late Retirement

For active participants the late retirement assumption is the greater of the plan formula accrued benefit and the actuarially increased benefit beginning at age 70. For deferred vested participants, the participant is expected to receive actuarial increases from age 65.

Deferred Vested Benefit

Condition for Benefit:

All participants who terminate employment after completing 5 years of service credit including any related plan service credit.

Amount of Benefit:

The participant's benefit described in normal retirement pension above, based on service credit and average monthly compensation at termination reduced by 0.5% for each month that commencement of payments precedes the participant's 65th birthday.

Disability Retirement Benefit

Condition for Benefit:

At least 10 years of service credit including any related plan service credit and is totally disabled.

Amount of Benefit:

The participant's benefit described in normal retirement pension above, based on service credit and average monthly compensation at disability. Payment of benefit commences immediately without reduction.

Preretirement Spousal Death Benefit

Condition for Benefit:

Spouses or designated beneficiaries of all vested participants who elected coverage and who die before payments have commenced.

Amount of Benefit:

(a) If eligible for early retirement, the amount which would have been payable to the spouse had the participant retired on the first day of the month in which his death occurred, having elected a 50% joint and survivor annuity. Monthly payments will begin as of the first day of the month following the participant's death and will continue for the life of the beneficiary.

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Schedule SB, Part V – Summary of Plan Provisions

Part 1A - For Employees at NYU Langone Hospitals (continued)

(b) If not eligible for early retirement, the amount which would have been payable to the beneficiary had the participant terminated on the day he dies, survived to his earliest retirement age, retired (having elected a 50% joint and survivor annuity) and then died the day after retirement. Monthly payments will begin on what would have been the participant's earliest retirement date and will continue for the life of the spouse.

Any benefit payable will be reduced for the period during which the election remains in effect as follows:

Participant's Age	Reduction Per Month
35 - 44	1/120%
45 - 54	1/60%
55 - 64	1/20%
65 and over	1/10%

Normal Form of Benefit

Single Life Annuity:

If you are single the normal form is a Single Life Annuity. You will be paid your accrued benefit in monthly installments for the rest of your lifetime only. When you die, no further benefits are payable on your behalf under the Plan.

50% Joint and Survivor Annuity:

If you are married the normal form is a 50% Joint and Survivor Annuity. This pays you a reduced benefit for your lifetime so that when you die your surviving spouse will receive 50% of that benefit for the rest of his or her life. However, if your spouse dies first, your benefit will continue without change. (Generally, you must have been married for at least one year prior to your retirement date for this to be your normal form of payment.)

Optional Benefits in Lieu of Regular Benefits

Actuarially equivalent 50%, 75%, or 100% joint and survivor, 5 or 10 years certain and continuous annuities and level income options. In addition, any participant may elect to take 25% or 50% of the benefit in a lump sum, with the remaining 75% or 50% of the benefit taken in one of the forms listed above.

Effective July 1, 2014 a one-time election was offered to terminated vested participants whose accrued benefit had a present value less than $10,000, to elect to receive the full value of their accrued benefit in a lump sum payment.

Contributions

NYU Langone Hospitals makes all contributions for the support of the Plan.

Summary of changes from January 1, 2024 valuation

None.

NYU Langone Hospitals Retirement Plan
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Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 1B - For Employees at NYU Grossman School of Medicine

The following summary describes the main participation, benefit, and contribution provisions of the Amended and Restated Plan effective January 1, 2020.

Definitions

Compensation

W-2 pay plus any amounts paid under Internal Revenue Code Section 403(b) but not including overtime, bonuses, on call pay or premium payments for holiday work.

Average Monthly Compensation

The average of the highest 60 consecutive calendar months of compensation during the 10-year period ending on the earliest of termination, early retirement, or normal retirement dates, limited as required by IRC Section 401(a)(17).

Past Service Compensation Base

The annualized rate of compensation in effect on the participant's first Contribution Effective Date.

Past Service Credit

A participant is credited with one month of past service credit for each month prior to his contribution effective date in which at least one day of service is completed.

Current Service Credit

A participant is credited with one month of current service credit for each month subsequent to his contribution effective date in which at least one day of service is completed. However, no service will be granted in a participant's final month of service if he terminates prior to the sixteenth day of the month.

Contribution Effective Date

The date that the contributing employer's participation in the fund commenced (January 1, 1972) for NYU Grossman School of Medicine.

Related Plan Service Credit

A participant who is eligible for service credit under a related plan will receive credit for such service under this plan but only for the purposes of determining eligibility for benefits and not for the purposes for determining the amount of the benefits.

Participation in Plan

Employees regularly scheduled to work at least half-time will become participants upon completion of two consecutive months of employment. Those employees scheduled to work less than half-time who actually work at least 1,000 hours in the year following their date of hire or in the calendar year thereafter will become plan participants on the first of the month following completion of 1,000 hours. Effective December 31, 2005, the School Plan was frozen for all School participants except those at least age 50 with at least five years of vesting service (a "grandfathered School Participant"). No individual will become an active participant or resume active participation after such date, including grandfathered School Participants who separate from service and are subsequently rehired.

NYU Langone Hospitals Retirement Plan
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Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 1B - For Employees at NYU Grossman School of Medicine (continued)

Benefits

Normal Retirement Pension

Condition for Pension:

All participants on the later of age 65 or completion of 5 years of service credit including any related plan service credit.

Amount of Pension:

The sum of (i) and (ii):

(i) Current Service Benefit:

1.76% of average monthly compensation multiplied by years of current service credit.

(ii) Past Service Benefit:

1.50% of past service compensation base multiplied by years of past service credit.

Effective on January 1, 2006, participants who were (1) under age 50, (2) age 50 or over with less than five years of vesting service, and (3) all individuals, regardless of age, who would have become participants on or after January 1, 2006, would have their accrued benefits frozen.

Frozen participants who were at least age 45 with at least 20 years of service as of December 31, 2005, shall be granted a 4% increase in accrued benefits for each calendar year of service after January 1, 2006 until such Frozen Participant ceases to be employed by NYU Grossman School of Medicine.

Early Retirement Pension

Condition for Pension:

On the first of the month on or next following attainment of age 55 and completion of 10 years of service credit including any related plan service credit.

Amount of Pension:

The participant's benefit described in normal retirement pension above, based on service credit and average monthly compensation at retirement, reduced by 0.5% for each month that commencement of payments precedes the participant's 65th birthday, unless the participant retires after age 62 with 25 years of service, then the benefit is unreduced.

Late Retirement

For active participants the late retirement assumption is the greater of the plan formula accrued benefit and the actuarially increased benefit beginning at age 70. For deferred vested participants, the participant is expected to receive actuarial increases from age 65.

Vested Termination Pension

Condition for Pension:

All participants who terminate employment after completing 5 years of service credit including any related plan service credit.

Amount of Pension:

The participant's benefit described in normal retirement pension above, based on service credit and average monthly compensation at termination reduced by 0.5% for each month that commencement of payments precedes the participant's 65th birthday.

NYU Langone Hospitals Retirement Plan
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Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 1B - For Employees at NYU Grossman School of Medicine (continued)

Disability Retirement Pension

Condition for Pension:

At least 10 years of service credit including any related plan service credit and is totally disabled.

Amount of Pension:

The participant's benefit described in normal retirement pension above, based on service credit and average monthly compensation at disability. Payment of benefit commences immediately without reduction.

Preretirement Death Benefit

Condition for Benefit:

Spouses or designated beneficiaries of all vested participants who elected coverage and who die before payments have commenced.

Amount of Benefit:

(a) If eligible for early retirement, the amount which would have been payable to the spouse had the participant retired on the first day of the month in which his death occurred, having elected a 50% joint and survivor annuity. Monthly payments will begin as of the first day of the month following the participant's death and will continue for the life of the beneficiary.

(b) If not eligible for early retirement, the amount which would have been payable to the beneficiary had the participant terminated on the day he dies, survived to his earliest retirement age, retired (having elected a 50% joint and survivor annuity with his beneficiary named as the survivor) and then died the day after retirement. Monthly payments will begin on what would have been the participant's earliest retirement date and will continue for the life of the beneficiary.

Any benefit payable will be reduced for the period during which the election remains in effect as follows:

Participant's Age	Reduction Per Month
35 - 44	1/120%
45 - 54	1/60%
55 - 64	1/20%
65 and over	1/10%

Normal Form of Pension

Actuarially equivalent 50% joint and survivor annuity if married on date payments commence; life annuity if single.

Optional Benefits in Lieu of Regular Benefits:

Actuarially equivalent 50%, 75%, or 100% joint and survivor, 5 or 10 years certain and continuous annuities and level income options. In addition, any participant may elect to take 25% or 50% of the benefit in a lump sum, with the remaining 75% or 50% of the benefit taken in one of the forms listed above.

Effective July 1, 2014 a one-time election was offered to terminated vested participants whose accrued benefit had a present value less than $10,000, to elect to receive the full value of their accrued benefit in a lump sum payment.

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Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 1B - For Employees at NYU Grossman School of Medicine (continued)

Contributions

All contributions for the support of the Plan are made by New York University.

Summary of changes from January 1, 2024 valuation

None.

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Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 1C - For Employees at NYU Langone Hospital-Brooklyn

The following summary describes the main participation, benefit, and contribution provisions of the Amended and Restated Plan effective January 1, 2020.

Definitions

Eligibility

Employees regularly scheduled to work at least half-time will become participants upon completion of two consecutive months of service. Employees not scheduled to work at least half-time but who work at least 1,000 hours in the year following their date of hire will become plan participants on the first of the month following completion of 1,000 hours. Effective July 1, 2001, employees of Shore Road Community Services, Inc. and Shore Hill Housing Company, Inc. who meet the above eligibility requirements shall become participants. Effective January 31, 2003, the Plan was closed to new participation for all non-union employees except for registered nurses. Effective July 1, 2006, the Plan was closed to new participation for all non-union registered nurses. Effective July 31, 2011, the Plan was closed to new participation for all employees covered by a collective bargaining agreement with the Special Superior Officers Benevolent Association.

Earnings

W-2 pay plus any amounts paid under Internal Revenue Code Section 403(b) but not including overtime, bonuses, on call pay or premium payments for holiday work.

Final Average Earnings Hired Prior to March 1, 2010

The average of the highest 60 consecutive calendar months of compensation during the 10-year period ending on the earliest of termination, early retirement or normal retirement dates, limited as required by IRC Section 401(a)(17).

Final Average Earnings Hired After to February 28, 2010

The average of the highest 84 consecutive calendar months of compensation during the 10-year period ending on the earliest of termination, early retirement or normal retirement dates, limited as required by IRC Section 401(a)(17).

Vesting Service

An employee will be credited with one year of Vesting Service for each 1,000-hour Plan Year.

Benefit Accrual Service

A participant is credited with one month of service for each month in which at least one day of service is completed. However, no service will be granted in a participant's final month of service if he terminates prior to the sixteenth day of the month.

Benefits

Normal Retirement Benefit

Condition for Benefit:

All participants on the later of age 65 or completion of 5 years of service credit including any related plan service credit.

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Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 1C - For Employees at NYU Langone Hospital-Brooklyn (continued)

Amount of Benefit:

The sum of (i) and (ii):

(i) Current Service Benefit:
1.76% (1.60% if hired after 2/28/2010) of average monthly compensation multiplied by years of current service credit.

(ii) Past Service Benefit:
1.50% of past service compensation base multiplied by years of past service credit.

Effective July 1, 2001, employees of Shore Road Community Services, Inc. and Shore Hill Housing Company, Inc. who meet the above eligibility requirements shall become participants. Effective January 31, 2003, the Plan was frozen for all non-union employees except for registered nurses. Effective July 1, 2006, the Plan was frozen for all non-union registered nurses. Effective July 31, 2011, the Plan was frozen for all employees who are covered by a collective bargaining agreement with the Special Superior Officers Benevolent Association.

Early Retirement Benefit

Condition for Benefit:

On the first of the month on or next following attainment of age 55 and completion of 5 years of service credit including any related plan service credit.

Amount of Benefit:

The participant's benefit described in normal retirement pension above, based on service credit and average monthly compensation at retirement, reduced by 0.5% for each month that commencement of payments precedes the participant's 65th birthday, unless the participant retires after age 62 with 20 years of service, then the benefit is unreduced.

Late Retirement

For active participants the late retirement assumption is the greater of the plan formula accrued benefit and the actuarially increased benefit beginning at age 70. For deferred vested participants, the participant is expected to receive actuarial increases from age 65.

Deferred Vested Benefit

Condition for Benefit:

All participants who terminate employment after completing 5 years of service credit including any related plan service credit.

Amount of Benefit:

The participant's benefit described in normal retirement pension above, based on service credit and average monthly compensation at termination reduced by 0.5% for each month that commencement of payments precedes the participant's 65th birthday.

Disability Retirement Benefit

Condition for Benefit:

At least 5 years of service credit including any related plan service credit and is totally disabled.

Amount of Benefit:

The participant's benefit described in normal retirement pension above, based on service credit and average monthly compensation at disability. Payment of benefit commences immediately without reduction.

NYU Langone Hospitals Retirement Plan
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Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 1C - For Employees at NYU Langone Hospital-Brooklyn (continued)

Preretirement Spousal Death Benefit

Condition for Benefit:

Spouses or designated beneficiaries of all vested participants who elected coverage and who die before payments have commenced.

Amount of Benefit:

(a) If eligible for early retirement, the amount which would have been payable to the spouse had the participant retired on the first day of the month in which his death occurred, having elected a 50% joint and survivor annuity. Monthly payments will begin as of the first day of the month following the participant's death and will continue for the life of the beneficiary.

(b) If not eligible for early retirement, the amount which would have been payable to the beneficiary had the participant terminated on the day he dies, survived to his earliest retirement age, retired (having elected a 50% joint and survivor annuity) and then died the day after retirement. Monthly payments will begin on what would have been the participant's earliest retirement date and will continue for the life of the spouse.

Any benefit payable will be reduced for the period during which the election remains in effect as follows:

Participant's Age	Reduction Per Month
35 - 44	1/120%
45 - 54	1/60%
55 - 64	1/20%
65 and over	1/10%

Normal Form of Benefit

Single Life Annuity:

If you are single the normal form is a Single Life Annuity. You will be paid your accrued benefit in monthly installments for the rest of your lifetime only. When you die, no further benefits are payable on your behalf under the Plan.

50% Joint and Survivor Annuity:

If you are married the normal form is a 50% Joint and Survivor Annuity. This pays you a reduced benefit for your lifetime so that when you die your surviving spouse will receive 50% of that benefit for the rest of his or her life. However, if your spouse dies first, your benefit will continue without change. (Generally, you must have been married for at least one year prior to your retirement date for this to be your normal form of payment.)

Optional Benefits in Lieu of Regular Benefits

Actuarially equivalent 50%, 75%, or 100% joint and survivor, 5 or 10 years certain and continuous annuities and level income options. In addition, any participant may elect to take 25% or 50% of the benefit in a lump sum, with the remaining 75% or 50% of the benefit taken in one of the forms listed above.

Contributions

NYU Langone Hospitals makes all contributions for the support of the Plan.

Summary of changes from January 1, 2024 valuation

None.

NYU Langone Hospitals Retirement Plan
EIN/PN: 13-3971298 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 2 - For Employees at NYU Langone Orthopedic Hospital

The following summary describes the main participation, benefit, and contribution provisions of the Amended and Restated Plan effective January 1, 2020.

Effective December 31, 1998, the Plan was merged with and into the Hospital for Joint Diseases/Orthopaedic Institute Salaried Employees' Pension Plan (the "HJD Plan"), which was immediately renamed the NYU Hospitals Center Retirement Plan. As merged, the Plan was composed of two separate parts and documents: the Hospital for Joint Diseases/Orthopaedic Institute Salaried Employees' Pension Plan part (referred to herein as the Plan, except where the context implies otherwise); and the NYU Hospitals Center Retirement Plan part. Effective July 20, 2017, the NYU Hospitals Center Retirement Plan was renamed the NYU Langone Hospitals Retirement Plan.

Definitions

Past Service Compensation

Compensation as of January 4, 1971.

Final Average Monthly Earnings (FAME)

Base rate of straight time pay, excluding differentials, averaged over highest five (5) consecutive years of final ten (10) years of employment. Effective for 1994, the Plan was amended to limit pay (used to calculate this amount) to $150,000 in accordance with Sec. 401(a)(17) as promulgated by OBRA'93.

Year of Service

A twelve (12) consecutive month period (computation period) during which an Employee or Participant completes at least one thousand (1,000) hours of service.

Participation in Plan

Enter on January 1 or July 1 after becoming an Employee provided not eligible for coverage under any other pension plan of the Employer. Effective January 1, 1995, the Registered Nurses were transferred to the Union Plan based upon collective bargaining. Effective July 1, 2000, the Plan was closed to new participation and no individual will become an active participant or resume active participation after such date. Effective January 1, 2006, an individual who was an active participant in the Plan on December 31, 2005 and was employed by NYU Langone Hospitals on January 1, 2006 shall continue to be an active participant in the Plan.

Benefits

Normal Retirement Pension

Condition for Pension:

All participants on the later of age 65 or completion of 5 years of service credit including any related plan service credit.

Amount of Pension:

The sum of (i), (ii), and (iii) minus (iv):

(i) 1.6% of FAME multiplied by Participant's Credited Service completed after January 1, 1993

(ii) 1.2% of FAME multiplied by Participant's Credited Service completed after January 4, 1971; but prior to January 1, 1993

(iii) 1% of Past Service Compensation multiplied by Credited Service completed prior to January 4, 1971; minus

(iv) the Accrued Benefit computed under the prior plan as of December 31, 1987.

NYU Langone Hospitals Retirement Plan
EIN/PN: 13-3971298 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 2 - For Employees at NYU Langone Orthopedic Hospital (continued)

Early Retirement Pension

Condition for Pension:

First day of the month after fulfilling one of the following age and service requirements:

Age	Required Years of Credited Service
60	15
61	14
62	13
63	12
64	11

Amount of Pension:

The participant's benefit described in normal retirement pension above, based on service credit and average monthly compensation at retirement, reduced by 0.5% for each month that commencement of payments precedes the participant's normal retirement date.

Late Retirement

For active participants the late retirement assumption is the greater of the plan formula accrued benefit and the actuarially increased benefit beginning at age 70. For deferred vested participants, the participant is expected to receive actuarial increases from age 65.

Vested Termination Pension

Condition for Pension:

All participants who terminate employment after completing 5 Years of Service.

Amount of Pension:

The participant's benefit described in normal retirement pension above, based on service credit and average monthly compensation at termination payable at the participant's normal retirement date.

Disability Retirement Pension

Condition for Pension:

The first day of the sixth month after becoming permanently and totally disabled with at least age 50 with 15 Years of Service credit.

Amount of Pension:

The participant's benefit described in normal retirement pension above, based on service credit and average monthly compensation at disability. Payment of benefit commences immediately without reduction.

Preretirement Death Benefit

Condition for Benefit:

Spouses or designated beneficiaries of all vested participants who elected coverage and who die before payments have commenced.

Amount of Benefit:

If eligible for early retirement, the amount which would have been payable to the spouse had the participant retired on the first day of the month in which his death occurred, having elected a 50% joint and survivor annuity. Monthly payments will begin as of the first day of the month following the participant's death and will continue for the life of the beneficiary.

NYU Langone Hospitals Retirement Plan
EIN/PN: 13-3971298 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 2 - For Employees at NYU Langone Orthopedic Hospital (continued)

Normal Form of Pension

Actuarially equivalent 50% joint and survivor annuity if married on date payments commence; life annuity if single.

Optional Benefits in Lieu of Regular Benefits

Actuarially equivalent 50%, 66-2/3% or 100% joint and survivor, 5 or 10 years certain and continuous annuities and level income options.

Effective July 1, 2014 a one-time election was offered to terminated vested participants whose accrued benefit had a present value less than $10,000, to elect to receive the full value of their accrued benefit in a lump sum payment.

Contributions

NYU Langone Hospitals makes all contributions for the support of the Plan.

Summary of changes from January 1, 2024 valuation

None.

NYU Langone Hospitals Retirement Plan
EIN/PN: 13-3971298 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 3 - For Employees at NYU Winthrop Hospital

The following summary describes the main participation, benefit, and contribution provisions of the Amended and Restated Plan effective January 1, 2020.

Definitions

Plan Administrator

Finance Committee, Retirement Plan for The Employees of Winthrop-University Hospital

Plan

Retirement Plan for the Employees of Winthrop-University Hospital. Prior to July 1, 1976, the Plan was known as the "Retirement Plan for the Employees of Nassau Hospital".

Eligible Employee

Each Employee of the Hospital, except Employees classified in any one or more of the below-listed categories (as determined by the Hospital) shall not be considered Eligible Employees. The consequence of an Employee being classified in one or more of the below-listed categories is that, except as otherwise provided in Section 1.33 of the Plan document, any service performed, and any compensation earned, by such Employee while he or she is not an Eligible Employee shall be disregarded for benefit accrual calculation purposes. (However, to the extent provided in Section 1.33 of the Plan document, an Employee may receive credit for eligibility and vesting purposes for service performed as an Employee in one of the below-listed categories.)

The categories of Employees who are not Eligible Employees are:

1.) Leased Employees, defined, effective for Plan Years beginning after December 31, 1996, as any person (other than an employee of the recipient) who, pursuant to an agreement between the recipient and any other person ("leasing organization"), has performed services for the recipient (or for the recipient and related persons determined in accordance with Code §414(n)(6)) on a substantially full-time basis for a period of at least one (1) year, and such services are performed under the primary direction or control by the recipient.

2.) Nonresident Aliens receiving no earned income from the Hospital which constitutes income from sources within the United States (within the meaning of Code §861(a)(3)).

3.) Union Employees, defined as those individuals whose employment with the Hospital is covered by a collective bargaining agreement, if retirement benefits were the subject of good faith bargaining between the Hospital and the individual's collective bargaining representative, unless participation in the Plan is provided for under the collective bargaining agreement.

4.) House Staff Interns/Residents, Fellow or Students who are first employed after December 31, 1987.

5.) Physician Partners of the Hospital.

6.) Per Diem Physicians who are employed at the Hospital's United Presbyterian Residence location.

7.) Per Diem/Per Visit Employees. Effective January 1, 2015, any employee who is classified by the Hospital as a per diem or per visit employee (regardless of whether the individual was an Eligible Employee prior to January 1, 2015).

NYU Langone Hospitals Retirement Plan
EIN/PN: 13-3971298 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 3 - For Employees at NYU Winthrop Hospital (continued)

Participation

Any individual who is an Eligible Employee shall become a Participant following the completion of one (1) Year of Service for eligibility purposes and the attainment of age twenty-one (21).

Effective January 1, 2008, no Employee first employed or re-employed on or after January 1, 2008 will be eligible to become a Participant in the Plan.

However, any individual who terminates employment, who is then reemployed on or after January 1, 2008 and who, pursuant to Sections 1.33 and 2.3 of the Plan documents, is eligible to have his or her pre-termination Years of Service considered for benefit accrual purposes, shall again become a Participant in accordance with Sections 1.33 and 2.3 of the Plan documents.

Normal Retirement Date

The first day of the month coinciding with or next following the Participant's sixty-fifth (65^{th}) birthday.

Late Retirement Date

A participant may continue in employment with the Hospital after his Normal Retirement Date. In such event he will receive at actual retirement the benefit based on Years of Service and Annual Earnings as of his actual Retirement Date.

Early Retirement Date

The first day of the month coinciding with or next following the Participant's (a) attainment of age fifty-five (55) and (b) completion of five (5) Years of Service for vesting purposes.

Disability Retirement Date

Enhanced Disability Retirement Benefits

If a Participant who is at least age fifty (50) and who has at least ten (10) Years of Service for vesting purposes terminates employment with the Hospital before his or her Normal Retirement Date due to his or her Total and Permanent Disability, the Participant shall be entitled to commence receiving his or her Accrued Benefit as of the first day of the month on or following the date he or she is determined to have terminated employment due to a Total and Permanent Disability.

Regular Disability Retirement Benefits (Effective October 1, 2004)

If a Vested Participant terminates employment with the Hospital on or after October 1, 2004 and prior to his or her Normal Retirement Date due to his or her Total and Permanent Disability and he or she is not eligible for an Enhanced Disability Retirement Benefit, the participant can either

1.) Wait and Receive an Unadjusted Benefit At Normal Retirement Date; or

2.) Receive a Benefit Prior to Normal Retirement Date, adjusted for Early Payment.

Employee Contributions

Discontinued July 1, 1970.

NYU Langone Hospitals Retirement Plan
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Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 3 - For Employees at NYU Winthrop Hospital (continued)

Year of Service

Eligibility Purposes

An Employee shall receive credit for a Year of Service for eligibility purposes at the close of any of the following twelve (12) month periods, but only if, during such period, the Employee is credited with at least one thousand (1,000) Hours of Service:

1.) the twelve (12) month period beginning on the Employee's date of hire (i.e., the first day on which the Employee completes an Hour of Service) by the Hospital; or

2.) any Plan Year (other than the short Plan Year beginning July 1, 1999 and ending December 31, 1999) commencing after the Employee's date of hire by the Hospital; or

3.) the twelve (12) month period beginning July 1, 1999 and ending June 30, 2000.

With respect to any Employee who was employed by Women's Contemporary Care and who became an Employee of the Hospital on March 1, 1993, service performed with Women's Contemporary Care shall be considered in determining whether or not an Employee has earned a Year of Service for eligibility purposes.

Vesting Purposes

An employee shall receive credit for a Year of Service for vesting purposes for each of the following:

1.) for periods prior to July 1, 1985, each Year of Service credited to the Employee pursuant to the terms of the Plan then in effect;

2.) for periods on and after July 1, 1985:

A.) each Plan Year (other than the short Plan Year beginning July 1, 1999 and ending December 31, 1999) during which the Employee is (or becomes) at least age eighteen (18) and is credited with at least one thousand (1,000) Hours of Service; and

B.) the twelve (12) month period beginning July 1, 1999 and ending June 30, 2000 if, during such period, the Employee is (or becomes) at least eighteen (18) and is credited with at least one thousand (1,000) Hours of Service.

Benefit Accrual Purposes

An Eligible Employee who has become a Participant pursuant to Article 2 of the Plan document shall receive credit for a Year of Service for benefit accrual purposes for each of the following (disregarding any service performed prior to the date he or she commenced participation):

1.) for periods prior to July 1, 1985, each Year of Active Participatory Service credited to the Eligible Employee pursuant to the terms of the Plan then in effect;

2.) for periods on and after July 1, 1985:

A.) For Plan Years beginning prior to January 1, 2008, each Plan Year (other than the short Plan Year beginning July 1, 1999 and ending December 31, 1999) during which the Eligible Employee

i.) is credited with at least one thousand (1,000) Hours of Service; or

ii.) effective July 1, 1989, terminates employment during the Plan Year; or

iii.) effective January 1, 2000, ceases to be an Eligible Employee (without terminating employment) during the Plan Year.

B.) the short Plan Year beginning July 1, 1999 and ending December 31, 1999, if the Eligible Employee

i.) is credited with at least one thousand (1,000) Hours of Service during the period beginning July 1, 1999 and ending June 30, 2000; or

ii.) terminates employment during the short Plan Year.

NYU Langone Hospitals Retirement Plan
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Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 3 - For Employees at NYU Winthrop Hospital (continued)

C.) for Plan Years beginning on and after January 1, 2008, each Plan Year during which the Eligible Employee

i.) is credited with at least one thousand (1,000) Hours of Service; or

ii.) terminates employment during the Plan Year due to death, Total and Permanent Disability or retirement.

In addition, a Vested Participant who terminates employment due to a Total and Permanent Disability prior to October 1, 2004 shall receive credit for a Year of Service for benefit accrual purposes for each Plan Year following the Plan Year of his or her termination of employment due to a Total and Permanent Disability if the sum of the Participant's age and number of Years of Service for vesting purposes is at least forty-five (45); provided, however, that the Participant shall only receive service credit for benefit accrual purposes under this paragraph for continuous periods of absence due to a Total and Permanent Disability and only while the Participant is not receiving benefits under the Plan.

Annual earnings

For Plan Years beginning on January 1, 2000 through December 31, 2010

Subject to the Code §401(a)(17) dollar limit described below and except as otherwise provided below, the actual compensation paid by the Hospital to the Participant during the Plan Year, as reflected on Form W-2, plus employee deferrals under Code sections 125, 403(b) and (effective as of January 1, 2001) 132(f)(4), less any severance pay and any imputed income for group term life insurance.

For Plan year beginning on and after January 1, 2011

Subject to the Code §401 (a)(17) dollar limit described below and as otherwise provided below, the base rate of earnings paid by the Hospital to the Participant during the Plan Year.

Notwithstanding the preceding, with respect to a Participant who receives credit for Years of Service for benefit accrual purposes because such Participant terminates employment with the Hospital prior to October 1, 2004 due to a Total and Permanent Disability (and satisfies the other requirements for continued service under Section 1.33), Annual earnings means the Participant's basic annual rate of earning by the Hospital:

1.) as of the July 1 prior to termination of employment due to a Total and Permanent Disability if the termination occurs prior to January 1, 2000;

2.) as of the January 1 prior to termination of employment due to a Total and Permanent Disability if the termination occurs on or after January 1, 2000 and Prior to October 1, 2004.

3.) Effective as of September 1, 2003, Annual Earnings shall not include "Part B" compensation received by any Employee who is a member of the Hospital's physician faculty (as described by the Hospital, in its discretion); provided, however that if such Employee is a member of the Hospital's Department of Obstetrics and Gynecology, such Employee's "Part B" compensation shall not be excluded from the date that Hospital converts the Employee's compensation methodology to the "incentive mode' methodology.

4.) Code §401(a)(17) Compensation Dollar Limit

5.) Notwithstanding any other provision of this Plan, effective as of July 1, 1989, the Annual earnings of any Participant taken into account under the Plan for any Plan Year shall not exceed the dollar limit under Code 401(a)(17).

Accrued Benefit

The benefit to which a Participant is entitled to under the Plan expressed in the form of an annual benefit commencing as of the Participant's Normal Retirement Date and continuing for the life of the Participant, determined as of the Participant's Normal Retirement Date or as of the date the Participant ceases to be an Eligible Employee.

NYU Langone Hospitals Retirement Plan
EIN/PN: 13-3971298 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 3 - For Employees at NYU Winthrop Hospital (continued)

Benefits

Normal Retirement Benefit

The sum of (1) through (10) below.

1.) For Service Prior to October 1, 1955

For participants on October 1, 1955, ½% of the first $4,200 of Annual Earnings plus ¾% of the excess of annual earnings on October 1, 1955 times continuous service to October 1, 1955.

2.) For Service on October 1, 1955 through June 30, 1966

1% of the first $4,200 of Annual Earnings, plus 1.5% of the excess of Annual Earnings over $4,200 for each plan year (years and months) for which the participant made the required contributions.

3.) For Service on July 1, 1966 through June 30, 1970

1% of the first $6,600 of Annual Earnings, plus 2% of the excess of Annual Earnings over $6,600 for each plan year (years and months) for which the participant made the required contributions.

4.) For Service on July 1, 1970 through June 30, 1989

1.125% of the first $6,600 of Annual Earnings, plus 2% of the excess of Annual Earnings over $6,600 for each plan year (years and months).

5.) For Service on July 1, 1989 through June 30, 1994

A.) If the participant has actively participated in the Plan for thirty-five (35) Plan Years or less:

1.4% of the first $10,000 of Annual Earnings, plus 2% of the excess of Annual Earnings over $10,000 for each plan year.

B.) If the participant has actively participated in the Plan for more than thirty-five (35) Plan Years:

1.4% of Annual Earnings.

6.) For Service on July 1, 1994 through December 31, 2010

2% of Annual Earnings for each plan year.

7.) For Service on January 1, 2011 through December 31, 2011

0% of Annual Earnings for each plan year.

8.) For Service on or after January 1, 2012

1.5% of Annual Earnings for each plan year.

9.) For eligible active participants on December 31, 1980

1% of Annual Earnings as of July 1, 1979 times credited service to July 1, 1979.

10.) For eligible active participants on December 31, 1987

1% of Annual Earnings as of July 1, 1987 times credited service from July 1, 1979 to July 1, 1987.

Minimum Plan Benefit

Notwithstanding any Plan provision to the contrary, any Participant who terminates employment on or after January 1, 2004 shall be entitled to a Plan benefit equal to the greater of the sum of (1.) through (8.) above, or two thousand dollars ($2,000).

NYU Langone Hospitals Retirement Plan
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Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 3 - For Employees at NYU Winthrop Hospital (continued)

Notwithstanding the preceding, certain Participants listed by Social Security number on Exhibit B in the Plan Document, shall be entitled to receive an additional accrued benefit, as specified on Exhibit B, over and above the Participant's Accrued Benefit. Each Participant listed on Exhibit B shall be entitled to receive the additional accrued benefit specified on Exhibit B for the applicable Plan Year only if the Participant is employed by the Employer on the last day of the applicable Plan Year or the Participant's employment with the Employer terminates during such applicable Plan Year because of the Participant's death or Total and Permanent Disability. Notwithstanding any provision of this Section to the contrary, in no event shall any benefit be payable under this Section if such benefit would cause the Plan or any other plan maintained by the Hospital to violate the limitations of §415 of the Code and the regulations thereunder.

Early Retirement Benefit

Upon the completion of 5 years of service and the attainment of age 55, a participant may elect to retire. He may receive an immediate benefit equal to the Normal Retirement Benefit accrued to the Early Retirement Date, reduced by 7% per year for each of the first five years, and 5% per year for each of the next five years, that the Early Retirement Date precedes the Normal Retirement Date.

Late Retirement

For active participants the late retirement assumption is the greater of the plan formula accrued benefit and the actuarially increased benefit beginning at age 70. For deferred vested participants, the participant is expected to receive actuarial increases from age 65.

Disability Retirement Benefit

Enhanced Disability Retirement Benefits

The participant shall receive his or her Accrued Benefit, without any reduction due to commencement of payments prior to his or her Normal Retirement Date.

Regular Disability Retirement Benefits (Effective October 1, 2004)

The Participant shall receive his or her Accrued Benefit under 1.) or 2.) below, as elected by the Participant:

1.) Wait and Receive an Unadjusted Benefit at Normal Retirement Date:

Unless the Participant elects to receive his or her Accrued Benefit early (under 2.) below), the Participant shall commence receiving his or her Accrued Benefit as of his or her Normal Retirement Date, Subject to possible postponement due to reasonable administrative delay. If a Participant's benefit commences under this paragraph, such benefit shall be computed without the adjustment for early payment.

2.) Receive Benefit Prior to Normal Retirement Date, Adjusted for Early Payment:

Instead of waiting to receive his or her Accrued Benefit as of his or her Normal Retirement Date, the Participant may elect to commence receiving his or her Accrued Benefit as of the first day of any month on or following the date he or she is determined to have terminated employment due to a Total and Permanent Disability and before his or her Normal Retirement Date (such commencement date to be determined by the Participant by notice to the Administrator in accordance with the rules adopted by the Administrator), subject to possible postponement due to reasonable administrative delay. If a Participant's benefit commences in accordance with this paragraph, such benefit shall be the Accrued Benefit, reduced in accordance with either the "Early Retirement Reduction Factors" or the "Deferred Early Pension Reduction Factors" as shown in the Plan document; provided, however, in no event shall the Participant's benefit be reduced in an amount greater than the amount the benefit would have been reduced had the Participant's Benefit Starting Date been exactly ton (10) years prior to his or her Normal Retirement Date.

NYU Langone Hospitals Retirement Plan
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Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 3 - For Employees at NYU Winthrop Hospital (continued)

Death Benefit

Eligibility

If a vested participant dies prior to receiving any benefits under the plan, his or her beneficiary will be entitled to a pension payable for life.

1.) If the Participant dies on or after age 55

A.) Married Vested Participant: The surviving spouse shall receive a benefit that is the greater of:

i.) The benefit equal to 50% of the Participant's Accrued Benefit as of the day of the Participant's death and without any actuarial or early retirement adjustment. The benefit shall be reduced by 2% for each full year by which the spouse is more than 5 years younger than the Participant, or

ii.) the benefit that would have been payable if the Participant had retired with an immediate joint and 100% survivor spouse annuity on the day before his or her death.

B.) Unmarried Vested Participant

The beneficiary shall receive the benefit as described in (A.ii.) above.

2.) If the Participant dies before age 55

The surviving Spouse or the designated beneficiary shall receive a monthly benefit that would have been payable if the Participant had terminated on the date of death, survived to age 55, begun to receive an immediate joint and 100% survivor spouse annuity at his or her Early Retirement Date, and died on the day after benefits began. The benefit shall be actuarially adjusted to reflect commencement before Participant's age 55.

The benefits shall commence immediately following the Participant's death and are payable as monthly annuities. If the Participant had terminated employment prior to his or her date of death, the date of Termination of Employment shall be used for calculating the accrued benefit. For unmarried deceased participants, the beneficiary is assumed to be the same age as the Participant and the commuted value is distributed to the estate.

Minimum Death Benefit

In no event will the benefits payable be less that the participant's contributions plus credited interest to the participant's date of death.

Severance Benefit

Prior to the completion of 5 years of service, employee contributions, if any, with interest are refunded.

Upon the completion of 5 years of service, the Normal Retirement Benefit accrued to the date of termination is payable at Normal Retirement Date. Participants may elect to commence payment of benefits on the first of any month coinciding with or following age 55, reduced 8% per year for each of the first five years and 4% per year for each of the next five years that the commencement date precedes the Normal Retirement Date if the participant terminates before age 55. If the participant terminates after age 55, the factors for early retirement apply.

Normal Form of Payment

The normal form of benefit payable to a Participant who is unmarried as of his or her Benefit Starting Date is a single life annuity.

The normal form of benefit payable to a Participant who is married as of his or her Benefit Starting Date is an actuarially equivalent Qualified Joint and 50% Survivor annuity.

NYU Langone Hospitals Retirement Plan
EIN/PN: 13-3971298 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 3 - For Employees at NYU Winthrop Hospital (continued)

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment. If a married participant does not elect the Normal Form of Payment or does not elect one of the Optional Methods of Settlement described below, then the participant's Retirement Benefit shall automatically be paid under option 1.) below. The options are:

1.) A reduced benefit to be paid during the participant's lifetime with 50% of the reduced benefit to be continued to his spouse for her lifetime after his death.

2.) A reduced benefit to be paid during the participant's lifetime with 66 2/3%, 75%, or 100% of the reduced benefit to be continued to his spouse for her lifetime after his death.

3.) A reduced benefit to be paid for 120 or 240 Months Certain and thereafter for life (effective January 1, 2005).

All Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment on a unisex basis based on the mortality table described in Revenue Ruling 2001-62 and an interest rate of 6%.

Automatic Rollover or Cashout

If the Actuarial Equivalent Value of the vested Accrued Benefit of a Participant who terminates employment on or after July 1, 1998 does not exceed five thousand dollars ($5,000), such Participant's vested Accrued Benefit will be distribute in a lump sum at the time the Participant (or Beneficiary) is otherwise entitled to receive benefits payments under the plan (e.g., upon the later of termination of employment or his or her Early or Normal Retirement Date). Such payment shall represent the full and final payment from the Plan and shall completely discharge the Plan's obligation to pay such benefit.

Notwithstanding the above, effective for cashout distributions payable to a Participant on or after March 28, 2005, any distribution of an amount in excess of one thousand dollars ($1,000) will be made as a direct rollover to an individual retirement account, described in Code §408(a), for the benefit of the Participant, unless the Participant elects a cash distribution or a rollover or transfer to another Eligible Retirement Plan.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Summary of Changes from the January 1, 2024 Valuation

None.

NYU Langone Hospitals Retirement Plan
EIN/PN: 13-3971298 / 004
For Employees at NYU Langone Hospitals

Schedule SB, Line 26a - Schedule of Active Participant Data

	Years of Credited Service									
	Under 1		1 - 4		5 - 9		10 - 14		15 - 19	
Attained Age	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp
Under 25	0		0		0		0		0	
25 - 29	0		0		0		0		0	
30 - 34	0		0		0		0		0	
35 - 39	0		0		0		3		10	
40 - 44	0		0		0		5		80	119,423
45 - 49	0		0		2		9		77	123,932
50 - 54	0		0		2		4		68	136,295
55 - 59	0		0		0		3		48	118,104
60 - 64	0		0		1		6		55	114,221
65 - 69	0		1		0		1		31	112,538
70 +	0		0		0		0		3	

	20 - 24		25 - 29		30 - 34		35 - 39		40 & up	
Attained Age	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp
Under 25	0		0		0		0		0	
25 - 29	0		0		0		0		0	
30 - 34	0		0		0		0		0	
35 - 39	0		0		0		0		0	
40 - 44	23	96,180	0		0		0		0	
45 - 49	66	130,677	15		0		0		0	
50 - 54	59	127,196	45	149,150	14		0		0	
55 - 59	59	123,492	33	136,134	35	141,451	27	150,264	0	
60 - 64	76	113,801	26	143,527	42	139,847	56	142,048	5	
65 - 69	26	123,865	17		22	135,653	17		23	153,456
70 +	11		11		7		6		11	

NYU Langone Hospitals Retirement Plan
EIN/PN: 13-3971298 / 004
For Employees at NYU Langone Hospitals

Schedule SB, Line 26a - Schedule of Frozen Active Participant Data

	Years of Credited Service									
	Under 1		1 - 4		5 - 9		10 - 14		15 - 19	
Attained Age	No.	Avg Annual Accrued Benefit	No.	Avg Annual Accrued Benefit	No.	Avg Annual Accrued Benefit	No.	Avg Annual Accrued Benefit	No.	Avg Annual Accrued Benefit
Under 25	0		0		0		0		0	
25 - 29	0		0		0		0		0	
30 - 34	0		0		0		0		0	
35 - 39	0		1		3		11		0	
40 - 44	10		13		12		18		13	
45 - 49	34	520	57	1,795	31	5,393	26	11,415	18	
50 - 54	15		100	2,073	78	5,851	35	12,025	20	17,216
55 - 59	10		83	2,208	96	6,931	69	11,274	38	17,861
60 - 64	5		54	2,457	83	6,348	91	13,531	74	17,375
65 - 69	4		39	2,581	23	7,113	30	14,920	32	17,675
70 +	4		14		4		7		4	

	20 - 24		25 - 29		30 - 34		35 - 39		40 & up	
Attained Age	No.	Avg Annual Accrued Benefit	No.	Avg Annual Accrued Benefit	No.	Avg Annual Accrued Benefit	No.	Avg Annual Accrued Benefit	No.	Avg Annual Accrued Benefit
Under 25	0		0		0		0		0	
25 - 29	0		0		0		0		0	
30 - 34	0		0		0		0		0	
35 - 39	0		0		0		0		0	
40 - 44	1		0		0		0		0	
45 - 49	14		0		0		0		0	
50 - 54	9		3		0		0		0	
55 - 59	16		10		5		0		0	
60 - 64	32	20,268	12		16		2		0	
65 - 69	29	22,347	8		5		2		0	
70 +	4		6		1		2		1	