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 HOSPITAL-LONG ISLAND 403(B) PLAN

1b Three-digit plan number (PN) ▶ 010

1c Effective date of plan 01/01/2008

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
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**	9639
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)**	5957
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	5590
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	3605
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	9195
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	21
f	Total. Add lines **6d** and **6e**.	**6f**	9216
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)**	9582
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)**	9149
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	12
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:

2F 2G 2L 2M 2R 2S 2T 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] 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)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
NYU LANGONE HOSPITAL-LONG ISLAND 403(B) PLAN

B Three-digit plan number (PN) ▶ 010

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	408042	626	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	15847073
5	Current value of plan's interest under this contract in separate accounts at year end	5	4986748

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	14131617
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	613382		
	(4) Transferred from separate account	7c(4)	2968172		
	(5) Other (specify below)	7c(5)	71827		
	▶ MISCELLANEOUS CREDITS, INCLUDING INVESTMENT GAINS AND TRANSFERS FROM FULLY ALLOCATED CONTRACTS				
	(6) Total additions			7c(6)	3653381
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	17784998
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	893329		
	(2) Administration charge made by carrier	7e(2)	1616		
	(3) Transferred to separate account	7e(3)	1027897		
	(4) Other (specify below)	7e(4)	15083		
	▶ MISCELLANEOUS DEBITS, INCLUDING INVESTMENT LOSSES AND TRANSFERS TO FULLY ALLOCATED CONTRACTS				
	(5) Total deductions			7e(5)	1937925
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	15847073

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
NYU LANGONE HOSPITAL-LONG ISLAND 403(B) PLAN

B Three-digit plan number (PN) ▶ 010

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 Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

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

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

TIAA

13-1624203

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

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

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

TIAA

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17 27 28 38 50 52 54 64 66	NONE	180453	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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(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 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 HOSPITAL-LONG ISLAND 403(B) PLAN

B Three-digit plan number (PN) ▶ 010

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2389495	3546786
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	6333718	5747517
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	521187234	588066611
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	14131617	15847073
(15) Other	1c(15)	50361	98330

		(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	544092425	613306317
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	25300	27000
1k Total liabilities (add all amounts in lines 1g through1j)	1k	25300	27000
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	544067125	613279317

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)	13874	
(B) Participants	2a(1)(B)	306	
(C) Others (including rollovers)	2a(1)(C)	47481	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		61661
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	137913	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	565420	
(F) Other	2b(1)(F)	613382	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1316715
(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)	22154082	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		22154082
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		71616724
c Other income	2c		44122
d Total income. Add all **income** amounts in column (b) and enter total	2d		95193304
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	25668857	
(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)		25668857
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		131802
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	1347	
(3) Recordkeeping fees	2i(3)	179106	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		180453
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		25981112
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		69212192
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: FORVIS MAZARS, LLP **(2)** EIN: 44-0160260

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

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 HOSPITAL-LONG ISLAND 403(B) PLAN

B Three-digit plan number (PN) ▶ 010

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): 82-2826183

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 234

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

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

NYU Langone Hospital - Long Island 403(b) Plan

Financial Statements and Supplemental Schedule
December 31, 2025 and 2024

NYU Langone Hospital - Long Island 403(b) Plan
Index

Page(s)

Independent Auditor's Report 1–2

Financial Statements

Statements of Net Assets Available for Benefits
December 31, 2025 and 2024 3

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2025 4

Notes to Financial Statements 5–13

Supplemental Schedule*

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025 14

*All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974* ("ERISA") have been omitted because they are not applicable.

Forvis Mazars, LLP
8200 W. Interstate 10, Suite 900
San Antonio, TX 78230
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forvismazars.us

Independent Auditor's Report

Plan Administrator
NYU Langone Hospital - Long Island 403(b) Plan
New York, New York

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

We were engaged to perform audits of the financial statements of NYU Langone Hospital - Long Island 403(b) 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 statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

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

Disclaimer of Opinion

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

Basis for Disclaimer of Opinion

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Responsibilities of Management

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

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

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

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule listed in the table of contents is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section it is inappropriate to and we do not express an opinion on this supplemental schedule.

Forvis Mazars, LLP

San Antonio, Texas
October 9, 2026

Federal Employer Identification Number: 44-0160260

NYU Langone Hospital - Long Island 403(b) Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024
(In thousands)

	2025	2024
Assets		
Investments		
Investments, at fair value (Note 3 and 4)	$ 594,612	$ 525,809
Investments, at contract value (Note 3)	12,947	11,950
Total investments	607,559	537,759
Receivables		
Notes receivable from participants (Note 1 and 3)	5,748	6,334
Total receivables	5,748	6,334
Total assets	613,307	544,093
Liabilities		
Accrued expenses	27	25
Total liabilities	27	25
Net assets available for benefits	$ 613,280	$ 544,068

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

NYU Langone Hospital - Long Island 403(b) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2025
(In thousands)

Additions to net assets attributed to:		
Net investment income (Note 3)		
Interest and dividend income	$	22,472
Net appreciation in fair value of investments		72,479
Net investment income		94,951
Contributions		
Employer contributions		13
Participant rollover contributions		47
Total contributions		60
Total additions, net		95,011
Deductions from net assets attributed to:		
Benefits paid to participants and beneficiaries		25,799
Total deductions		25,799
Net increase in net assets available for benefits		69,212
Net assets available for benefits		
Beginning of year		544,068
End of year	$	613,280

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

1. Description of the Plan

The following description of NYU Langone Hospital - Long Island (the "Plan") provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions. Copies are available from the Plan sponsor, NYU Langone Hospitals ("NYULH").

General

The Plan was established effective January 1, 2008. The Plan is subject to the provisions of the *Employee Retirement Income Security Act* ("ERISA").

The Plan is a defined contribution 403(b) plan available to all employees of NYU Langone Hospital - Long Island ("NYULI") through December 31, 2021. Employees were eligible to participate in the Plan and make employee contributions immediately upon the start of employment, as soon as their completed election form was filed, and receive employer contributions as further described below. To be eligible for employer contributions, an employee must have completed one year of service (defined as completing at least one thousand hours in the first twelve months of employment or in any calendar year beginning after date of hire) and attained the age of 21. Additionally, employees in the following categories were excluded from receiving employer contributions: employees covered by a collective bargaining agreement, classified as student, house staff, intern, resident, fellow, leased employees, nonresident aliens, and per visit employees. Effective December 31, 2021, the Plan was frozen to new contributions and new participation. No individuals shall become a participant after such date. No contributions shall be made to the Plan for periods of service after December 31, 2021, and no rollover contributions shall be permitted after such date.

The Plan assets are held by Teachers Insurance and Annuity Association of America ("TIAA"), as the insurance company of the Plan. TIAA is the custodian and trustee for the non-annuity assets, including mutual funds. TIAA is a nonprofit, legal reserve life insurance and annuity company. College Retirement Equities Fund ("CREF") is an open-end diversified management investment company. Plan assets can also be invested in mutual funds managed by The Vanguard Group ("Vanguard"), Allspring Global Investments ("Allspring"), and Dimensional Fund Advisors ("DFA"). Vanguard, Allspring, and DFA are investment management companies that offer mutual funds, financial products, and services to both individual and institutional customers.

The Plan allows participants to purchase unallocated insurance contracts. The Plan also allows participants to purchase a pooled separate account, variable annuity contracts, mutual funds, and money market funds.

The balance in each participant's account consists of NYULH's contributions made on their behalf, the participant's contributions and investment return less expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Contributions

Effective December 31, 2021, the Plan was frozen to new contributions and new participation. As a result, no ongoing employer contributions were made during the year ended December 31, 2025. Employer contributions during the year consist of various retroactive adjustments associated with prior-period compensation for existing Plan participants.

Vesting
If the participant was hired prior to January 1, 2021, terminated employment prior to January 1, 2021, and was not employed by the Plan sponsor on December 31, 2020, they will be 100% vested after three years of vesting service.

If the participant was hired prior to January 1, 2021, was actively employed on December 31, 2020, and continues to be actively employed on or after January 1, 2021, he or she will be 25% vested after two years, but less than three years of vesting service, and 100% vested after three years of vesting service.

Employees will earn a year of vesting service for each calendar year in which the employee is credited with at least one thousand hours of service with NYULI.

A participant who dies while still employed, reaches normal retirement age, or becomes fully disabled, becomes fully vested in their account.

Forfeitures
When a participant's employment with NYULI is terminated before they are 100% vested in employer contributions, the unvested portion of their employer contributions will be forfeited upon the earlier of the distribution of their vested Plan benefits or the expiration of five consecutive calendar years in which they are not credited with at least 501 hours of service. If they return to employment with NYULI before the expiration of that five-year period, their forfeited account balance will be restored (without interest). The balance in the forfeiture account will be used first to restore returning employees whose balances were forfeited or to fund administrative expenses and employer contributions required to be made to the Plan. NYULI utilized $62 to fund administrative expenses in 2025. Administrative expenses paid via forfeitures are reported net against employer contributions. At December 31, 2025 and 2024, the amounts available in the forfeiture account totaled $244 and $185, respectively.

Notes Receivable From Participants
Participants may borrow against their annuity contract or custodial account, a minimum of one thousand dollars up to a maximum equal to the lesser of 50% of their individual vested account or fifty thousand dollars. At December 31, 2025 and December 31, 2024, participant loans in the amount of $5,748 and $6,334, respectively, are included in notes receivable from participants in the statements of net assets available for benefits. For the participant loans outstanding, the range of interest rates was 3.25% to 9.50% for December 31, 2025 and 2024.

Plan Loans
Participants are no longer allowed to obtain Plan loans directly from TIAA. Previously, participants were allowed to request loans not to exceed the lesser of 50% of their individual vested account or fifty thousand dollars. Plan loans outstanding will be repaid in accordance with the payment terms and schedule established at loan origination. Loan terms may not exceed five years, except for loans used to acquire the participant's principal residence (10 years). The interest rate charged on a loan must be at least equivalent to the prevailing interest rate charged by persons in the business of lending money which would be made under similar circumstances. Principal and interest are paid ratably either monthly or quarterly depending on the election of the participant. Participants make payments directly to TIAA. Each loan is fully secured by the participant's interest in their TIAA Traditional Annuity account. To secure a Plan loan, a participant must transfer 110% of the requested loan into the TIAA Traditional Annuities to be held as collateral. As of December 31, 2025 and 2024, participants had $24 and $37, respectively,

of Plan loans with TIAA with $27 and $40, respectively, of Plan assets designated as collateral for these loans. Were a Plan loan to go into default, the collateral associated with the loan would not be distributed to TIAA unless the participant was otherwise eligible for a distribution. The active Plan loan interest rate was 5.85% as of December 31, 2025 and 5.28% as of December 31, 2024.

Payment of Benefits
Participants may receive all or a portion of their vested account balance upon reaching 59½ years of age or termination of employment in the form of a cash lump sum or transfer their balance to an individual retirement account ("IRA") or another employer's qualified plan. Participants can elect to receive all or a portion of amounts attributable to rollovers because of financial hardship. This will result in the participant being suspended from participation for six months following the receipt of the hardship withdrawal. Death benefits are paid according to the beneficiary designation in effect at the time of death.

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

The Plan allows participants to direct the investment of their accounts into various investment options, including but not limited to, the TIAA Traditional Annuity, the TIAA Real Estate Account, CREF Variable Annuity contracts, Allspring mutual fund, DFA mutual fund, Vanguard mutual funds, and Vanguard money market fund. Participants may change their investment options at their discretion.

2. Summary of Significant Accounting Policies

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

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

Valuation of Investments and Income Recognition
The Plan's investments are held by TIAA and are stated at fair value except for the fully benefit-responsive investment contracts that are stated at contract value. Shares of mutual and money market funds are valued at daily closing price as reported by the fund. These are open-end funds that are registered with the U.S. Securities Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price and are deemed to be actively traded. Investments in variable annuities are valued at current fair value, which represents the net asset value of the units held at year end. Investments in non-fully benefit-responsive investment contracts are valued at fair value based on discounted cash flows as more fully described in Note 4.

Investments in fully benefit-responsive investment contracts are valued at contract value, which equals the accumulated cash contributions and interest credited to the contracts less any withdrawals.

Transfers to the TIAA Traditional Annuities are used to purchase a guaranteed amount of future retirement benefits. TIAA provides annuities, which are considered unallocated contracts. The TIAA Traditional Annuities are guaranteed annuities which guarantee principal and pays a guaranteed minimum interest, currently 3% during the accumulation phase and 2.5% during the payout phase. Additional amounts above the guaranteed minimum interest rate may be declared at the discretion of the TIAA Board of Trustees on a year-by-year basis. When declared, the additional amounts remain in effect for the declaration year that begins each March 1 and are not guaranteed for future years. Together, the guaranteed minimum and additional amounts make up the crediting rate in the accumulation phase. TIAA groups premium dollars received over defined periods into vintages for purposes of determining the crediting rate for the applicable declaration year during the accumulation period. The crediting rate for non-fully benefit-responsive annuity contracts in the accumulation phase ranged from 4.50% to 5.25% in 2025, and from 4.75% to 6.00% in 2024. For fully benefit-responsive contracts in the accumulation phase, the crediting rate ranged from 3.75% to 4.50% in 2025, and from 4.00% to 5.25% in 2024.

TIAA Traditional Annuity investments are offered through Retirement Annuity ("RA") contracts ($2,900 and $2,182 at December 31, 2025 and 2024, respectively) and Group Supplemental Retirement Annuity ("GSRA") and Supplemental Retirement Annuity ("SRA") contracts ($12,947 and $11,950 at December 31, 2025 and 2024, respectively). The TIAA Traditional Annuity holdings within the RA contracts have restrictions, are non-fully benefit-responsive and are reported at fair value. The TIAA Traditional Annuity holdings within the GSRA and SRA contracts contain no liquidity restrictions, are fully benefit-responsive, and accordingly are reported at contract value. Contract value is the relevant measure for fully-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Distributions, withdrawals, and transfers out of these contracts can only be made in 10 annual installments over a period of nine years plus one day through TIAA Transfer Payout Annuities.

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

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

Payment of Benefits
Benefits are recorded when paid.

Expenses of the Plan
Custodian-related expenses are deducted from the net assets of each account each valuation day for investment management, administration, and distribution.

Investment management and operating expenses charged to the Plan for investments are deducted from income earned on a daily basis and are not separately reflected. Consequently, management

and operating expenses are reflected as a reduction of net appreciation in the fair market value of such investments.

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

3. Certified Financial Data

The 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, TIAA and CREF, qualified institutions, have certified the following investment information included in the accompanying financial statements and ERISA-required supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) is complete and accurate.

	2025	2024
Statements of net assets available for benefits		
Investments, at fair value	$ 594,612	$ 525,809
Investments, at contract value	12,947	11,950
Total investments	$ 607,559	$ 537,759
Notes receivable from participants	$ 5,748	$ 6,334

Net investment income for the year ended December 31, 2025, consisted of the following:

Statement of changes in net assets available for benefits	
Net investment income	
Interest and dividend income	$ 22,472
Net appreciation in fair value of investments	72,479
Net investment income	$ 94,951

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

4. Fair Value Measurement

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*, establishes a hierarchy of valuation methodologies based on the extent to which asset valuations are observable in the marketplace. The following describes the hierarchy of methodologies used to measure the fair value of investments:

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

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

Level 3 Inputs to the valuation methodology are unobservable.

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

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

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

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

	Active Markets Level 1	Observable Inputs Level 2	Unobservable Inputs Level 3	Total 2025
Variable annuities [1]	$ -	$ 4,987	$ -	$ 4,987
Fixed income annuity	-	-	2,900	2,900
Mutual funds [2]	583,178	-	-	583,178
Money market	3,547	-	-	3,547
Total investments, at fair value	$ 586,725	$ 4,987	$ 2,900	$ 594,612

	Active Markets Level 1	Observable Inputs Level 2	Unobservable Inputs Level 3	Total 2024
Variable annuities [1]	$ -	$ 4,584	$ -	$ 4,584
Fixed income annuity	-	-	2,182	2,182
Mutual funds [2]	516,654	-	-	516,654
Money market	2,389	-	-	2,389
Total investments, at fair value	$ 519,043	$ 4,584	$ 2,182	$ 525,809

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

2. This category includes investments in the TIAA Self-Directed Account. Effective April 1, 2021, participants have the option to open a brokerage account to direct retirement Plan contributions and account balances amongst a variety of mutual funds. The investment choices within this brokerage account consist only of mutual funds. There is a one thousand dollar minimum initial investment for most funds and additional minimums may apply for subsequent investments. Once the account is open, participants can transfer/contribute up to 95% of their available balances.

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

There were no unfunded commitment as of December 31, 2025 and 2024.

Level 3 Investments
The Level 3 investment assets consist of the TIAA Retirement Annuity contracts. The classification of an investment within Level 3 is based upon the significance of the unobservable inputs to the overall fair value measurement.

	Level 3 Investment Assets at Fair Value as of December 31, 2025
Balance at January 1	$ 2,182
Purchases	671
Sales	(78)
Investment return	125
Balance at December 31	$ 2,900

The following table presents information about significant unobservable inputs relating to the Plan's investments in assets categorized as Level 3 at December 31, 2025 and 2024:

As of December 31, 2025

Type	Fair Value	Valuation Technique	Significant Unobservable Inputs	Range
TIAA Retirement Annuity-RA	$ 2,900	Discounted cash flow	Risk-adjusted discount rate applied	3.55% – 6.50%

As of December 31, 2024

Type	Fair Value	Valuation Technique	Significant Unobservable Inputs	Range
TIAA Retirement Annuity-RA	$ 2,182	Discounted cash flow	Risk-adjusted discount rate applied	3.65% – 6.50%

5. Plan Termination

Although it has not expressed any intent to do so, NYULH has the right to discontinue its contributions and to terminate the Plan at any time subject to the provisions of ERISA and the IRC. In the event of plan termination, Plan assets will be distributed to the Plan participants. In the event of plan termination, participants would become 100% vested in their employer contributions.

6. Tax Status

The Plan has been designed to qualify for tax-exempt status under Section 403(b) of the IRC. The terms of the Plan have been prepared to conform with the sample language provided by the IRS in Revenue Procedure 2007-71. The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for Plan participants under Section 403(b). NYULH believes that the Plan is currently designed and operating in accordance with the applicable requirements of Section 403(b)

of the IRC and, therefore, believes the Plan is qualified and the related (custodial) accounts (and tax-deferred annuities) are tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

Certain assets of the Plan, as noted in Schedule H, Line 4i are investments managed by TIAA and, therefore, these qualify as party-in-interest transactions. The total fair value of such investments managed by TIAA and notes receivable from participants was $26,680 and $25,100 at December 31, 2025 and 2024, respectively. The Plan Administrator and the Plan's counsel believe that the Plan's transactions with related parties are permitted by the U.S. Department of Labor's prohibited transaction exemptions.

8. Subsequent Events

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

Supplemental Schedule

NYU Langone Hospital - Long Island 403(b) Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025

	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
**	TIAA Traditional – GSRA & SRA	Guaranteed Insurance Contract	***	$ 12,946,849
**	TIAA Traditional – RA	Guaranteed Insurance Contract	***	2,900,224
**	TIAA-CREF Self Directed Acct	Self-Directed Account	***	98,330
**	CREF Stock R3	Variable Annuity	***	1,839,065
**	CREF Money Market R3	Variable Annuity	***	639,819
**	CREF Social Choice R3	Variable Annuity	***	1,027,522
**	CREF Core Bond R3	Variable Annuity	***	1,480,342
	DFA Global Equity Portfolio Institutional Class	Mutual Fund	***	1,919,795
	Allspring Special Small Cap Value Fund – Class R6	Mutual Fund	***	524,451
	Vanguard Equity Income Admiral	Mutual Fund	***	12,642,922
	Vanguard Explorer Admiral	Mutual Fund	***	6,364,186
	Vanguard Federal Money Market Fund Inv Class	Money Market Fund	***	3,546,786
	Vanguard Inflation Protected Securities Institutional	Mutual Fund	***	5,046,028
	Vanguard Institutional Index Institutional Plus	Mutual Fund	***	74,848,471
	Vanguard Mid-Cap Growth Index Fund Admiral Shares	Mutual Fund	***	11,520,437
	Vanguard Target Retirement 2020	Mutual Fund	***	22,013,384
	Vanguard Target Retirement 2025	Mutual Fund	***	23,601,086
	Vanguard Target Retirement 2030	Mutual Fund	***	54,641,206
	Vanguard Target Retirement 2035	Mutual Fund	***	25,507,549
	Vanguard Target Retirement 2040	Mutual Fund	***	58,037,571
	Vanguard Target Retirement 2045	Mutual Fund	***	38,371,361
	Vanguard Target Retirement 2050	Mutual Fund	***	48,714,576
	Vanguard Target Retirement 2055	Mutual Fund	***	41,656,387
	Vanguard Target Retirement 2060	Mutual Fund	***	14,973,899
	Vanguard Target Retirement 2065	Mutual Fund	***	801,808
	Vanguard Target Retirement 2070	Mutual Fund	***	478,930
	Vanguard Target Retirement Income	Mutual Fund	***	5,447,491
	Vanguard High-Yield Corp Admiral	Mutual Fund	***	4,756,263
	Vanguard Wellesley Income Admiral	Mutual Fund	***	779,712
	Vanguard US Growth Admiral	Mutual Fund	***	3,138,835
	Vanguard Real Estate Index Institutional	Mutual Fund	***	5,505,520
	Vanguard Growth Index Institutional	Mutual Fund	***	32,179,335
	Vanguard Value Index Institutional	Mutual Fund	***	6,041,989
	Vanguard Small-Cap Growth Index Institutional	Mutual Fund	***	1,132,609
	Vanguard Small Cap Val Index Institutional	Mutual Fund	***	3,291,765
	Vanguard Short-Term Bond Index Institutional	Mutual Fund	***	2,561,255
	Vanguard Developed Markets Index Fund Institutional Plus Shares	Mutual Fund	***	29,202,500
	Vanguard Emerging Markets Stock Index Fund Institutional Plus Shares	Mutual Fund	***	7,398,339
	Vanguard Extended Market Index Fund Institutional Plus Shares	Mutual Fund	***	25,080,940
	Vanguard Total Bond Market Index Fund Institutional Plus Shares	Mutual Fund	***	7,203,011
	Vanguard Mid-Cap Value Index Fund Admiral Shares	Mutual Fund	***	7,696,451
		Total Investments		607,558,999
**	Notes Receivable From Participants	Interest Rates Ranging From 3.25% to 9.50%; Maturity Dates Ranging From 2026 – 2050	***	5,747,517
		Total Investments and Notes Receivable		$ 613,306,516

* The information in this schedule has been certified as to its completeness and accuracy by TIAA and CREF, as insurance companies.

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

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

Plan Name	**NYU Langone Hospital-Long Island 403(b) Plan**
Plan Sponsor EIN	**010**
ERISA Plan #	**13-3971298**
Plan Year Ending	**December 31, 2025**

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

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

Plan Name	**NYU Langone Hospital-Long Island 403(b) Plan**
Plan Sponsor EIN	**010**
ERISA Plan #	**13-3971298**
Plan Year Ending	**December 31, 2025**

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

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