

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>THE HOSPITAL FOR SPECIAL SURGERY 403(B) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/01/1964</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>06/01/1964</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>06/01/1964</u>					
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) <u>NEW YORK SOCIETY FOR THE RELIEF OF THE RUPTURED AND CRIPPLED</u> <u>THE HOSPITAL FOR SPECIAL SURGERY</u> <u>535 EAST 70TH STREET</u> <u>NEW YORK, NY 10021-4872</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>13-1624135</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>646-797-8483</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>13-1624135</u>	2c Plan Sponsor's telephone number <u>646-797-8483</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>13-1624135</u>					
2c Plan Sponsor's telephone number <u>646-797-8483</u>					
2d Business code (see instructions) <u>622000</u>					

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.	10/17/2022	REGINALD ODOM
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	6690
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)	4619
a(2) Total number of active participants at the end of the plan year		6a(2)	4756
b Retired or separated participants receiving benefits.....		6b	22
c Other retired or separated participants entitled to future benefits		6c	2161
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	6939
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	16
f Total. Add lines 6d and 6e		6f	6955
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	6955
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 Characteristics Codes in the instructions: 2F 2G 2L 2M 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>5</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan THE HOSPITAL FOR SPECIAL SURGERY 403(B) PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 NEW YORK SOCIETY FOR THE RELIEF OF THE RUPTURED AND CRIPPLED	D Employer Identification Number (EIN) 13-1624135

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

(a) Name of insurance carrier
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	TT069314	6354	01/01/2021	12/31/2021

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
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	(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** 163176**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 93527**c** Additions: (1) Contributions deposited during the year **7c(1)** 68276(2) Dividends and credits..... **7c(2)**(3) Interest credited during the year..... **7c(3)** 1375(4) Transferred from separate account..... **7c(4)**(5) Other (specify below)..... **7c(5)** 46800

▶ EBA ADDITIONS

(6) Total additions **7c(6)** 116451**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 209978**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier..... **7e(2)** 46800(3) Transferred to separate account..... **7e(3)**(4) Other (specify below)..... **7e(4)** 2

▶ EMPLOYER ACCOUNT ACTIVITY

(5) Total deductions **7e(5)** 46802**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 163176

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan THE HOSPITAL FOR SPECIAL SURGERY 403(B) PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 NEW YORK SOCIETY FOR THE RELIEF OF THE RUPTURED AND CRIPPLED	D Employer Identification Number (EIN) 13-1624135

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

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	095140-001	23	01/01/2021	12/31/2021

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

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(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** 1125192**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY GUARANTEED FUND**b** Balance at the end of the previous year **7b** 1101001**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)** 43519
(4) Transferred from separate account..... **7c(4)**
(5) Other (specify below) **7c(5)**
▶(6) Total additions **7c(6)** 43519**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 1144520**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 19328
(2) Administration charge made by carrier..... **7e(2)**
(3) Transferred to separate account..... **7e(3)**
(4) Other (specify below) **7e(4)**
▶(5) Total deductions **7e(5)** 19328**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 1125192

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan THE HOSPITAL FOR SPECIAL SURGERY 403(B) PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 NEW YORK SOCIETY FOR THE RELIEF OF THE RUPTURED AND CRIPPLED	D Employer Identification Number (EIN) 13-1624135

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

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	1007001-01	4	01/01/2021	12/31/2021

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

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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** 62108**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT****b** Balance at the end of the previous year **7b** 57652**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)** 1320
(4) Transferred from separate account..... **7c(4)**
(5) Other (specify below)..... **7c(5)** 3506
▶ **TRANSFERS**(6) Total additions **7c(6)** 4826**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 62478**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
(2) Administration charge made by carrier..... **7e(2)** 370
(3) Transferred to separate account..... **7e(3)**
(4) Other (specify below)..... **7e(4)**
▶(5) Total deductions **7e(5)** 370**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 62108

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan THE HOSPITAL FOR SPECIAL SURGERY 403(B) PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 NEW YORK SOCIETY FOR THE RELIEF OF THE RUPTURED AND CRIPPLED	D Employer Identification Number (EIN) 13-1624135

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

(a) Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE CO.

(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
74-1625348	70238	59688	462	01/01/2021	12/31/2021

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	3626652
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	17640986

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	3723229
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	103363	
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)	186533	

▶ TRANSFERS

(6) Total additions	7c(6)	289896
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	4013125
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	357424	
	(2) Administration charge made by carrier.....	7e(2)	3721	
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below)	7e(4)	25328	

▶ TRANSFERS

(5) Total deductions	7e(5)	386473
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	3626652
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan THE HOSPITAL FOR SPECIAL SURGERY 403(B) PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 NEW YORK SOCIETY FOR THE RELIEF OF THE RUPTURED AND CRIPPLED	D Employer Identification Number (EIN) 13-1624135

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

(a) Name of insurance carrier
TIAA-CREF

(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	103623	546	01/01/2021	12/31/2021

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	29538755
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	42778685

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	31134420
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)	925638	
(4) Transferred from separate account.....	7c(4)	373505	
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions	7c(6)	1299143
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d Total of balance and additions (add lines 7b and 7c(6))	7d	32433563
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2389162	
(2) Administration charge made by carrier.....	7e(2)		
(3) Transferred to separate account.....	7e(3)	491279	
(4) Other (specify below)	7e(4)	14367	
▶ TRANSFERS			

(5) Total deductions	7e(5)	2894808
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	29538755
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan THE HOSPITAL FOR SPECIAL SURGERY 403(B) PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 NEW YORK SOCIETY FOR THE RELIEF OF THE RUPTURED AND CRIPPLED	D Employer Identification Number (EIN) 13-1624135	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS
13-3689044

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
LINCOLN
35-1140070

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VALIC
74-1625348

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
METLIFE LIFE INSURANCE COMPANY
11225 NORTH COMMUNITY HOUSE ROAD CHARLOTTE, NC 28277

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

FIDELITY

04-2647786

(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

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

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

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

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

(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)

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 28 37 38 50 54 59 61 62 63 64 65	RECORD KEEPER	209877	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

NATIONAL FINANCIAL SERVICES

04-3523567

(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?
33 71	SECURITIES BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

METLIFE LIFE INSURANCE COMPANY

11225 NORTH COMMUNITY HOUSE ROAD CH
CHARLOTTE, NC 28277

(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?
64 50	RECORD KEEPER	5178	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

FIDELITY

04-2647786

(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?
37 64 65	RECORD KEEPER	5115	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

VALIC

74-1625348

(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?
64 50	RECORD KEEPER	32791	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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
NATIONAL FINANCIAL SERVICES	33 71	0
(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.	
CHAMPLAIN 101 FEDERAL STREET BOSTON, MA 02110	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(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.	
DFA-DIMENSIONAL 6300 BEE CAVE RD BUILDING ONE AUSTIN, TX 78746	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(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.	
DODGE & COX 555 CALIFORNIA STREET 40TH FLOOR SAN FRANCISCO, CA 94104	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

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
NATIONAL FINANCIAL SERVICES	33 71	0
(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.	
FIDELITY 100 CROSBY PARKWAY COVINGTON, KY 41015	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(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.	
PRINCIPAL 711 HIGH STREET DES MOINES, IA 50309	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

(Complete as many entries as needed to report all participating plans)

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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan THE HOSPITAL FOR SPECIAL SURGERY 403(B) PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 NEW YORK SOCIETY FOR THE RELIEF OF THE RUPTURED AND CRIPPLED	D Employer Identification Number (EIN) 13-1624135	

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)	939845	0
(2) Participant contributions.....	1b(2)	392078	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1277443	1188286
(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)	5269528	5620010
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	18374533	19992162
(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)	524279034	639672840
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	36109829	33635094
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	586642290	700108392

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	284309	296471
k Total liabilities (add all amounts in lines 1g through 1j)	1k	284309	296471

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	586357981	699811921
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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)	10857978	
(B) Participants	2a(1)(B)	54229093	
(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)		65087071
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	128	
(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)	191964	
(F) Other	2b(1)(F)	1075214	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1267306
(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)	13743138	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		13743138
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		2930694
(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)		67806201
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		150834410
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	36824833	
(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)		36824833
f Corrective distributions (see instructions).....	2f		2850
g Certain deemed distributions of participant loans (see instructions).....	2g		299825
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	252962	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		252962
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		37380470
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		113453940
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: ERNST & YOUNG, LLP

(2) EIN: 34-6565596

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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	
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		X	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan THE HOSPITAL FOR SPECIAL SURGERY 403(B) PLAN	B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 NEW YORK SOCIETY FOR THE RELIEF OF THE RUPTURED AND CRIPPLED	D Employer Identification Number (EIN) 13-1624135

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
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): 13-3689044 13-1624203	
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	3 296

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

The Hospital for Special Surgery 403(b) Plan
December 31, 2021 and 2020,
and Year Ended December 31, 2021
With Report of Independent Auditors

Ernst & Young LLP



The Hospital for Special Surgery 403(b) Plan
Financial Statements and Supplemental Schedule
December 31, 2021 and 2020, and Year Ended December 31, 2021

Contents

Report of Independent Auditors.....	1
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits.....	5
Notes to Financial Statements.....	6
Supplemental Schedule	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	18

Report of Independent Auditors

The Plan Administrator
The Hospital for Special Surgery 403(b) Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We were engaged to perform an audit of the financial statements of The Hospital for Special Surgery 403(b) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (collectively referred to as the “financial statements”).

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

Management has obtained a certification from a qualified institution as of December 31, 2021, and for the year then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion on the 2021 Financial Statements

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 on the 2021 Financial Statements 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 on the 2021 Financial Statements

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 financial statements may have been affected by these conditions.

Responsibilities of Management for the 2021 Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matter described in the Basis for Disclaimer of Opinion on the 2021 Financial Statements section of our report, we were not able to obtain sufficient appropriate 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 Matters

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2021 (referred to as the “supplemental schedule”), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2021 Financial Statements section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedules.

Auditor’s Report on the 2020 Financial Statements

We were engaged to audit the financial statements of the Plan as of and for the year ended December 31, 2020. As permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the investment information certified by a qualified institution. Further, the Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts issued to current and former employees prior to January 1, 2009. In our report dated October 13, 2021, we indicated that because of the significance on the information that we did not audit, we were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements.

Ernst + Young LLP

October 14, 2022

The Hospital for Special Surgery 403(b) Plan

Statements of Net Assets Available for Benefits

	December 31	
	2021	2020
Assets		
Investments, at fair value:		
Equity and money market mutual funds	\$ 264,055,724	\$ 215,575,179
Fixed income funds	22,115,837	23,337,675
Lifecycle funds (hybrid funds)	373,541,131	304,882,814
Fixed income annuity contracts	798,094	944,428
Pooled separate accounts	2,351,175	2,218,686
	662,861,961	546,958,782
Guaranteed investment contracts, at contract value	31,626,421	33,082,057
Contributions receivable	–	1,331,923
Notes receivable from participants	5,620,010	5,269,528
Total assets	700,108,392	586,642,290
Liabilities		
Due to TIAA-CREF	(296,471)	(284,309)
Total liabilities	(296,471)	(284,309)
Net assets available for benefits	\$ 699,811,921	\$ 586,357,981

See accompanying notes.

The Hospital for Special Surgery 403(b) Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2021

Additions

Interest and dividends on investments	\$ 23,332,838
Interest income on notes receivable from participants	105,020

Contributions:

Employee	54,229,093
Employer	10,857,978
	<u>65,087,071</u>

Total additions	<u>88,524,929</u>
-----------------	-------------------

Deductions

Benefit payments	37,127,470
Administrative expenses	253,000
Total deductions	<u>37,380,470</u>

Net realized and unrealized appreciation in fair value of investments	<u>62,309,481</u>
Net increase	113,453,940

Net assets available for benefits:

Beginning of year	<u>586,357,981</u>
End of year	<u><u>\$ 699,811,921</u></u>

See accompanying notes.

The Hospital for Special Surgery 403(b) Plan

Notes to Financial Statements

December 31, 2021

1. Description of the Plan

The following description of The Hospital for Special Surgery 403(b) Plan (the Plan) provides general information about the Plan's provisions. The Hospital for Special Surgery (the Hospital) is the plan sponsor. Participants should refer to the plan document and summary plan description for a more complete description of the Plan's provisions, copies of which may be obtained from the plan sponsor.

General

The Plan is a 403(b) defined contribution plan covering full-time and part-time employees of the Hospital with at least one year of service. Effective January 1, 2010, employer contributions are made for eligible participants of the Plan.

The Finance Committee of the Hospital is responsible for the general administration of the Plan. Effective January 1, 2009, all contributions to the Plan are remitted to State Street Bank and Trust Company and Transamerica Retirement Solutions Corporation, custodians of the Plan. Prior to January 1, 2009, there were several custodians of the Plan to which contributions were remitted.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Contributions

Each year, participants may make contributions to the Plan by means of a salary reduction agreement between the Hospital and the participant, provided that in no event shall the amount of contributions made pursuant to the salary reduction agreement for any participant for any calendar year be in excess of Internal Revenue Service (IRS) limits during a full calendar year. Participants direct their elective contributions into various investment options offered by the Plan and can change their investment options on a daily basis.

Effective January 1, 2010, eligible employees will receive employer contributions equal to a percentage of eligible compensation (from 4% to 8% annually) depending on years of service. Employees must be employed by the Hospital for 12 consecutive months before becoming eligible for employer contributions.

The Hospital for Special Surgery 403(b) Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

The employee is responsible for deciding how the contributions in his or her account are invested among the fund options available under the Plan, and bears the full risk of investment gains and losses in his or her account.

Participant Accounts

Each participant's account is credited with the participant's contributions and any employer contributions and earnings thereon. Plan earnings are allocated based on the participant's share of net earnings or losses of his or her respective elected investment options. Allocations of administrative expenses are based on the participant's account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participant accounts are vested immediately.

Notes Receivable From Participants

Participants may borrow from their accounts up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balances. Loan terms range from 1 to 5 years or up to 15 years for the purchase of a primary residence. The loans bear interest at a rate commensurate with local prevailing rates at the date of issuance as determined quarterly by the plan administrator. If a participant terminates employment with the Hospital, he or she may continue to make loan payments through a pre-authorized check agreement. If the loan is not repaid, it will automatically be treated as a distribution to the participant after three months.

Participants are also allowed to borrow directly from Teachers Insurance and Annuity Association and College Retirement Equities Fund (TIAA-CREF). Adequate security is required and a portion of the participant's Plan account is reserved, or held in collateral, to guarantee 110% of the outstanding loan in case of default. At December 31, 2021 and 2020, the balance of such loans is \$388,643 and \$418,134, respectively. The amounts held as collateral are included in investments on the statements of net assets available for benefits.

The Hospital for Special Surgery 403(b) Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

In response to COVID-19, the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) was signed into law on March 27, 2020. The CARES Act includes various provisions that temporarily ease rules regarding distributions and loans in 2020 for eligible Plan participants in reaction to the economic conditions during the COVID-19 pandemic. The Plan was amended, effective January 1, 2020, to increase the loan limit for qualifying participants from March 27, 2020 through September 22, 2020, to the lesser of \$100,000 or 100% of the participant's vested account balance. Also, qualifying participants with outstanding loans are permitted to delay certain payments due before December 31, 2020, for up to one year.

Payment of Benefits

A participant may elect to receive in-service withdrawals from all of the value of his or her respective account only if the participant incurs a hardship as defined by the Plan, or the participant has attained age 59-1/2. In addition, a participant (or his or her beneficiary, if applicable) may elect to receive a distribution of all or part of the value of his or her account if the participant dies, incurs a disability, or incurs a termination of employment. In response to the CARES Act provisions, the Plan was amended, effective January 1, 2020, to waive the required minimum distributions in 2020. Additionally, in response to the Setting Every Community Up for Retirement Enhancement Act of 2019, the Plan was amended, effective January 1, 2020, to increase the required minimum distribution age from 70-1/2 to 72.

Administrative Expenses

All administrative expenses of the Plan are paid by the Plan unless reimbursed by the Hospital. Any loan, withdrawal, contribution, benefit, taxes applicable to contributions, or maintenance charges or similar fees imposed by any custodian shall be deductible from the contributions from accounts of participants or from the benefit payments made by the custodian.

Investment Funds

A participant may direct contributions to be invested in eligible funds with Transamerica Retirement Solutions Corporation. The Investment Committee of the Hospital may designate additional investment alternatives, withdraw alternatives, or change the designation of investment alternatives.

The Hospital for Special Surgery 403(b) Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Plan Termination

Although it has not expressed any intent to do so, the Hospital has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Payment of Benefits

Benefits are recorded when paid.

Notes Receivable From Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance, plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 or 2020. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates.

The Hospital for Special Surgery 403(b) Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

Investments held by the Plan (except for guaranteed investment contracts (GICs)) are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 4 for further discussion and disclosures related to fair value measurements.

The Plan invests in fully benefit-responsive GICs. These investment contracts are recorded at contract value (see Note 5). Contract value is the relevant measurement attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The contract value of the fully benefit-responsive investment contracts represents contributions plus earnings, less participant withdrawals and administrative expenses.

The Plan has investments in TIAA Traditional Annuities. The TIAA Traditional Annuities guarantee principal and a specified interest rate, with the opportunity for additional amounts determined annually by TIAA's Board of Trustees. Certain restrictions limit participant access to funds based on the type of contract held. Participants with a Retirement Annuity contract are unable to receive lump-sum cash withdrawals from the TIAA Traditional Annuities and transfers must be spread over a ten-year period. Participants with a Group Retirement Annuity contract are able to receive lump-sum withdrawals from the TIAA Traditional Annuities only within 120 days after termination of employment. All other transfers from the TIAA Traditional Annuities must be spread over a ten-year period (five years for withdrawals after termination of employment). Given the aforementioned limitations on participant access to the fund, management does not consider these TIAA Traditional Annuities to be fully benefit responsive. These investments are reported at contract value, which approximates fair value, on the accompanying statements of net assets available for benefits.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. Net realized and unrealized appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The Hospital for Special Surgery 403(b) Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Due to TIAA-CREF

Amounts due to TIAA-CREF represent loans taken directly from TIAA-CREF that are in default (see Note 1). Such amounts are recorded by the Plan upon notification of default by TIAA-CREF. Amounts are distributed to TIAA-CREF upon the related participant's separation from service with the Hospital due to death, disability, retirement, or termination.

3. Investments

Except for investments held by MetLife Resources (MetLife), certain investment information disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivables from participants held at December 31, 2021 and 2020, and net realized and unrealized appreciation in fair value of investments, interest and dividends and interest income from notes receivables from participants for the year ended December 31, 2021, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by State Street Bank and Trust Company, Transamerica Financial Life Insurance Company, The Variable Annuity Life Insurance Company, TIAA-CREF, Lincoln Life and Annuity Company of New York, and Fidelity Management Trust Company, the custodians of the Plan.

4. Fair Value Measurements

At December 31, 2021 and 2020, MetLife held Plan investments of approximately \$872,000 and \$757,000, respectively. Investment related income on such investments was not material during 2021.

The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

The Hospital for Special Surgery 403(b) Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

- Quoted prices for similar assets and liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in markets that are not active
- Observable inputs other than quoted prices that are used in the valuation of the asset or liability (e.g., interest rate and yield curve quotes at commonly quoted intervals)
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumptions about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measurement in its entirety.

The Hospital for Special Surgery 403(b) Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets carried at fair value:

	Assets at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Equity and money market mutual funds ^(a)	\$ 264,055,724	\$ —	\$ —	\$ 264,055,724
Fixed income funds ^(b)	22,115,837	—	—	22,115,837
Lifecycle funds (hybrid funds) ^(c)	373,541,131	—	—	373,541,131
Fixed income annuity contracts ^(d)	—	—	798,094	798,094
Pooled separate accounts ^(e)	2,351,175	—	—	2,351,175
Total assets at fair value	\$ 662,063,867	\$ —	\$ 798,094	\$ 662,861,961

	Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Equity and money market mutual funds ^(a)	\$ 215,575,179	\$ —	\$ —	\$ 215,575,179
Fixed income funds ^(b)	23,337,675	—	—	23,337,675
Lifecycle funds (hybrid funds) ^(c)	304,882,814	—	—	304,882,814
Fixed income annuity contracts ^(d)	—	—	944,428	944,428
Pooled separate accounts ^(e)	2,218,686	—	—	2,218,686
Total assets at fair value	\$ 546,014,354	\$ —	\$ 944,428	\$ 546,958,782

^(a) This category includes investments in mutual funds that invest primarily in common stock of large-cap, mid-cap, and small-cap domestic and international corporations, and investments in mutual funds that invest primarily in short-term debt securities, including treasury bills, commercial paper, and certificates of deposit. They are valued at the net asset value of shares held by the Plan at year-end based on quoted market prices.

^(b) This category includes investments in mutual funds that invest primarily in debt securities of the U.S. Government and corporations with short-term, intermediate, and long-term maturities. They are valued at the net asset value of shares held by the Plan at year-end based on quoted market prices.

^(c) This category includes investments in mutual funds that are made up primarily of a mix of stocks and bonds, which vary proportionally over time or remain fixed. Lifecycle funds are automatically adjusted during the course of the funds' time horizons. They are valued at the net asset value of shares held by the Plan at year-end based on quoted market prices.

The Hospital for Special Surgery 403(b) Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

^(d) See Note 2.

^(e) This category includes funds that are designed to achieve long-term capital appreciation. There are currently no redemption restrictions or unfunded commitments on these investments. They are valued at the net asset value of shares held by the Plan at year-end based on quoted market prices.

Level 3 Gains and Losses

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2021:

	Fixed Income Annuity Contracts
Balance, beginning of year	\$ 944,428
Interest earned	28,139
Purchases	—
Sales	(174,473)
Balance, end of year	<u><u>\$ 798,094</u></u>

5. Fully Benefit-Responsive Investment Contracts

The Plan has investment contracts with Transamerica Financial Life Insurance Company, The Variable Annuity Life Insurance Company, and TIAA-CREF (the Insurance Companies), providing benefits to eligible employees. The contracts are credited with earnings on the underlying investments and charged for participant-initiated withdrawals or transfer requests. The contracts meet the fully benefit-responsive investment contract criteria and therefore are included in the accompanying financial statements at contract value as reported to the Plan by the Insurance Companies.

Transamerica Financial Life Insurance Company determines the crediting interest rates annually on January 1, and those rates cannot be less than 1.65%.

The Hospital for Special Surgery 403(b) Plan

Notes to Financial Statements (continued)

5. Fully Benefit-Responsive Investment Contracts (continued)

The Variable Annuity Life Insurance Company determines the crediting interest rates annually on January 1, and those rates cannot be less than 3.00% for participant accounts set up before December 1, 2003, and 2.00% for accounts set up on or after December 1, 2003.

TIAA-CREF determines the crediting interest rates based on a formula agreed upon with the issuer, and those rates cannot be less than 3.00%. The crediting interest rate is reviewed and may be reset on a quarterly basis.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuers' ability to meet their financial obligations. The issuers' ability to meet their contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuers. These events may be different under each contract. Examples of such events include the following:

- The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code (the Code) or the failure of the trust to be tax-exempt under Section 501(a) of the Code
- Premature termination of the contracts
- Plan termination or merger
- Changes to the Plan's prohibition on competing investment options
- Bankruptcy of the plan sponsor or other plan sponsor events (e.g., divestitures or spin-offs of a subsidiary) that significantly affect the Plan's normal operations

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

The Hospital for Special Surgery 403(b) Plan

Notes to Financial Statements (continued)

5. Fully Benefit-Responsive Investment Contracts (continued)

In addition, certain events allow the issuers to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

- An uncured violation of the Plan's investment guidelines
- A breach of material obligation under the contract
- A material misrepresentation
- A material amendment to the agreements without the consent of the issuer

6. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, 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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

7. Tax Status

The Plan has been designed to qualify under Section 403(b) of the Code and, therefore, it is not currently eligible to receive a determination letter from the IRS. The Plan is required to operate in conformity with the Code to maintain its qualification under Section 403(b). The plan administrator believes that the Plan is operating in accordance with the applicable requirements of Section 403(b) of the Code and, therefore, believes the Plan is qualified and the related custodial accounts are tax-exempt.

The Hospital for Special Surgery 403(b) Plan

Notes to Financial Statements (continued)

7. Tax Status (continued)

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain tax positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Transactions With Parties in Interest

The Plan holds certain investments managed by custodians. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

9. Subsequent Events

Management evaluated subsequent events for the Plan through October 14, 2022, the date the financial statements were available to be issued.

Supplemental Schedule

The Hospital for Special Surgery 403(b) Plan

EIN 13-1624135 Plan #003

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

December 31, 2021

Identity of Issue and Description of Investment	Cost	Current Value
Equity and money market mutual funds		
* Amer Beacon Brdwy Lg Cap Grw	**	\$ 7,392
American Beacon Small cap Val Investor	**	5,138
American Funds Income Fund of America	**	161,022
American Funds Washington Mutual Fund	**	73,421
* Ariel Appreciation Fund	**	368,717
* Ariel Fund	**	445,491
Baron Small Cap Fund	**	9,244
* Blue Chip Growth Fund	**	126,564
Causeway Intl Value Fund- Inv	**	81,160
Champlain Mid Cap Insl	**	9,811,972
* CREF Equity Index	**	4,254,181
* CREF Global Equities	**	4,837,601
* CREF Growth	**	7,694,721
* CREF Money Market	**	337,825
* CREF Social Choice	**	1,980,208
* CREF Stock	**	19,218,556
DFA US Small Cap 1	**	8,195,257
* Dividend Value (Core)	**	75,907
Dodge & Cox Stock	**	14,115,527
* Emerging Economics	**	377,208
* FID 500 Index PR	**	2,239,151
* FID Blue Chip Growth	**	5,176,762
* FID Blue Chip Value	**	110,974
* FID Canada	**	3,879
* FID Cap Appreciation	**	24,786
* FID China Region	**	6,896
* FID Contra fund	**	6,317,704
* FID Disciplined Eqty	**	60,571
* FID Diversified Intl	**	1,147,363
* FID Dividend Growth	**	130,069
* FID EMERG MKT DSIC	**	115,885
* FID Emerging Asia	**	9,998
* FID EMRG MKTS IDX	**	6,598
* FID Equity Div Income	**	24,661
* FID Equity Income	**	821,860
* FID Europe	**	222,373
* FID Ext Mkt IDX	**	91,789
* FID Fidelity Fund	**	231,894
* FID Focused Stock	**	70,180

The Hospital for Special Surgery 403(b) Plan

EIN 13-1624135 Plan #003

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

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* FID Growth Discovery	**	3,853
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* FID Intl Discovery	**	31,124
* FID INTL INDEX	**	95,581
* FID Intl Real Estate	**	65,373
* FID Intl Small Cap	**	221,037
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* FID Japan	**	3,274
* FID Japan Small Co	**	16,122
* FID Large Cap Stock	**	39,036
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* FID LC Core Enh Indx	**	2,930
* FID LC VAL ENH INDX	**	471,257
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* FID Mega Cap Stock	**	2,576
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* FID New Markets Inc	**	85,076
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* FID SEL Biotech	**	143,132
* FID SEL Brokerage	**	137,142
* FID SEL Chemicals	**	34,689
* FID SEL Comm Serv	**	16,301
* FID SEL Cons Discr	**	20,613
* FID Sel Cons Staples	**	7,418

The Hospital for Special Surgery 403(b) Plan

EIN 13-1624135 Plan #003

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* FID SEL Gold	**	557,905
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* FID SEL Hth care Svc	**	36,907
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* FID SEL Leisure	**	37,439
* FID SEL Materials	**	170
* FID SEL Med Tech&Dv	**	461,073
* FID SEL Natural Res	**	17,069
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* FID Sel Semiconduct	**	740,157
* FID SEL Software	**	80,447
* FID Sel Tec Hardware	**	51,708
* FID SEL Technology	**	324,629
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* FID SEL Utilities	**	68,679
* FID SEL Wireless	**	88,096
* FID SM Cap Discovery	**	521,660
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* FID Small Cap Growth	**	78,074
* FID Small Cap Stock	**	207,566
* FID Small Cap Value	**	150,315
* FID STK Sel Mid Cap	**	128,065
* FID STK Sel Sm Cap	**	940,450
* FID STKSEL Lg Cap Val	**	235,831
* FID TOTAL MKT IDX	**	728,561
* FID Trend	**	42,532
* FID US Gov't MMKT	**	759,332
* FID US Treasury only MM	**	15,756
* FID Value	**	155,368
* FID Value Discovery	**	27,991
* FID Value Strategies	**	154,237
* FID Worldwide	**	2,153
* Fidelity 500 Index Institutional Prem	**	51,999,574
* Fidelity Emerg Mrkts	**	1,041,865

The Hospital for Special Surgery 403(b) Plan

EIN 13-1624135 Plan #003

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

Identity of Issue and Description of Investment	Cost	Current Value
Equity and money market mutual funds (continued)		
* Fidelity New Millen	**	\$ 103,540
* Fidelity International Discovery	**	8,042,479
* Fidelity Low Pr Stk	**	320,410
* Fidelity Magellan	**	2,509,998
* Fidelity Spartan Intl Idx Premium	**	8,023,163
* Fidelity Spartan Extnd Mkt Idx	**	16,544,578
* Global Real Estate Fund	**	140,035
* Global Strategy	**	242,191
* Growth Fund	**	1,185,927
* International Equities Index Fund	**	606,850
* International Growth I Fund	**	121,227
* International Value Fund	**	303,337
* Intl Opportunities	**	332,078
Invesco Main Street All Cap	**	9,359
JP Morgan Mid Cap Value Fund - A	**	108,276
* Large Capital Growth	**	612,168
Lord Abbett Small -Cap Val Fund -P	**	61,953
MainStay Large Cap Growth R6	**	25,273,422
* Mid Cap Index Fund	**	1,522,511
* Mid Cap Strategic Growth	**	488,952
* Mid Cap Value Fund	**	539,158
* Moderate Growth Lifestyle	**	2,567
* Money Market I Fund	**	104,940
* NASDAQ - 100 ® Index Fund	**	82,416
Principal Global Real Estate Sec Inst	**	3,401,510
* Science & Technology Fund	**	2,005,404
* Small Cap Growth Fund	**	97,017
* Small Cap Index Fund	**	626,582
* Small Cap Special Value Fund	**	221,360
* Small Cap Value Fund	**	198,322
* Socially Responsible Fund (US)	**	662,857
* Socially Responsible Fund Int'l	**	240,646
* Stock Index Fund	**	1,478,903
* Systematic Core Fund	**	59,396
* Systematic Value	**	135,475
* TIAA-CREF Intl EQ-RTMT	**	758,880
* TIAA-CREF LG-Cap Val-RTMT	**	354,083
* TIAA-CREF Mid-Cap GR-RTMT	**	472,122
* TIAA-CREF Mid-Cap Val-RTMT	**	390,761
* TIAA-CREF SM-Cap EQ-RTMT	**	454,502
Vanguard Federal Money Market Inv	**	23,224,701

The Hospital for Special Surgery 403(b) Plan

EIN 13-1624135 Plan #003

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

Identity of Issue and Description of Investment	Cost	Current Value
Equity and money market mutual funds (continued)		
* Vanguard Life Strategy Moderate	**	\$ 398,577
* Vanguard Windsor II	**	1,524,000
Total Equity and money market mutual funds		264,055,724
Fixed income funds		
* Core Bond Fund	**	384,385
* CREF Bond Market	**	1,225,620
* CREF Inflation- Linked Bond	**	878,798
* FID Capital & Income	**	258,682
* FID CORPORATE BOND	**	10,356
* FID FDM IDX 2020 IPR	**	5,621
* FID Float RT HI Inc	**	3,429
* FID Focused High Inc.	**	13,505
* FID GLB High Income	**	5,432
* FID GNMA	**	150,960
* FID High Income	**	30,742
* FID INFL PR BD IDX	**	135,849
* FID Intermed Bond	**	39,823
* FID Intm Gov't Income	**	5,187
* FID INTM TR BD IDX	**	45,750
* FID LT TR BD IDX	**	252,210
* FID Short Term Bond	**	18,136
* FID ST TR BD IDX	**	3,311
* FID Strategic Income	**	103,412
* FID Total Bond	**	368,337
* FID US BOND IDX	**	161,425
* Fidelity Gov Cash Reserve	**	321,007
* Fidelity Gov't Income	**	108,883
* Fidelity Invst GR BD	**	196,657
* Fixed Account	**	1,125,192
* Government Securities Fund	**	16,960
* High Yield Bond Fund	**	232,691
* Inflation Protected Fund	**	150,508
* International Government Bond	**	7,278
* Loomis Sayles Bond Fund -Admin	**	113,431
* MetLife Liberty Fixed Interest	**	62,108
* Metropolitan West Total Return Bond Plan	**	6,430,833
* Pimco Real Return Fund - R	**	40,114
* Short Term Fixed Account	**	740,891
* Vanguard Long - Term Treasury	**	92,338
* Vanguard LT Inv-Grade Fund	**	139,847

The Hospital for Special Surgery 403(b) Plan

EIN 13-1624135 Plan #003

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

Identity of Issue and Description of Investment	Cost	Current Value
Equity and money market mutual funds (continued)		
Vanguard Total Bond Market Index Signal	**	\$ 8,236,129
Total Fixed income funds		22,115,837
Lifecycle funds (hybrid funds)		
* Aggressive Growth Lifestyle	**	14,990
American Funds Growth Fund of America	**	134,850
* FID Asset Mgr 20%	**	47,152
* FID Asset Mgr 50%	**	566,801
* FID Asst Mgr 70%	**	572,234
* FID Balanced	**	2,146,963
* FID Convertible Sec	**	104,659
* FID Freedom 2005	**	7,410
* FID Freedom 2010	**	126,885
* FID Freedom 2015	**	13,600
* FID Freedom 2020	**	284,772
* FID Freedom 2025	**	488,664
* FID Freedom 2030	**	994,804
* FID Freedom 2035	**	624,550
* FID Freedom 2040	**	842,174
* FID Freedom 2045	**	151,401
* FID Freedom 2050	**	11,184
* FID Freedom Income	**	48,274
* FID Puritan	**	390,461
* FID STK SEL all Cap	**	2,526
* FID Strat Div & Inc	**	15,175
* TIAA CREF Lifecycle 2010-RTMT	**	125,368
* TIAA CREF Lifecycle 2015-RTMT	**	270,047
* TIAA CREF Lifecycle 2020-RTMT	**	162,976
* TIAA CREF Lifecycle 2025-RTMT	**	174,947
* TIAA CREF Lifecycle 2030-RTMT	**	379,006
* TIAA CREF Lifecycle 2035-RTMT	**	183,927
* TIAA CREF Lifecycle 2040-RTMT	**	759,129
Vanguard Institutional Target Retirement 2015	**	8,348,330
Vanguard Institutional Target Retirement 2020	**	23,218,729
Vanguard Institutional Target Retirement 2025	**	42,569,275
Vanguard Institutional Target Retirement 2030	**	35,433,913
Vanguard Institutional Target Retirement 2035	**	45,201,085
Vanguard Institutional Target Retirement 2040	**	43,573,408
Vanguard Institutional Target Retirement 2045	**	62,956,529
Vanguard Institutional Target Retirement 2050	**	65,356,611

The Hospital for Special Surgery 403(b) Plan

EIN 13-1624135 Plan #003

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

Identity of Issue and Description of Investment	Cost	Current Value
Lifecycle funds (hybrid funds) (continued)		
Vanguard Institutional Target Retirement 2055	**	\$ 21,112,724
Vanguard Institutional Target Retirement 2060	**	8,503,515
Vanguard Institutional Target Retirement 2065	**	1,125,584
Vanguard Institutional Target Retirement Inc	**	5,946,299
* Vanguard Wellington Fund, Inc.	**	493,682
* VC I Capital Appreciation	**	6
* VC I Conservation Growth Lifestyle	**	56,512
Total Lifecycle funds (hybrid funds)		<u>373,541,131</u>
Fixed income annuity contracts		
* TIAA Traditional Non Benefit Responsive	**	798,094
Pooled separate accounts		
* TIAA Real Estate	**	2,351,175
Guaranteed investment contracts, at contract value		
* Fixed Account Plus	***	2,885,760
Plan Loan Default Fund	***	296,471
* TIAA Traditional Benefit Responsive	***	28,444,190
Total Guaranteed investment contracts, at contract value		<u>31,626,421</u>
Notes receivable from participants		
Notes receivable from participants	****	5,620,010
Total investments		<u><u>\$ 700,108,392</u></u>

* Investments are with parties-in-interest to the Plan

** Participant-directed investment, cost not required

*** Reported at contract value

**** Loans have varying maturity dates with interest rates ranging from 1.00%–9.25%

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Schedule C, Line 2(h) Formula Descriptions	
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The Hospital for Special Surgery 403(b) Plan

EIN No.: 13-1624135, Plan No. 003

Plan Year Ending: 12/31/2021

Indirect Compensation in the form of revenue sharing was paid to the following Service Providers:

NATIONAL FINANCIAL SERVICES

04-3523567

Revenue amounts are shown in annualized basis points of plan assets invested in applicable fund

Fund Family	Fund Name	Start Date	End Date	Revenue to National Financial Services
CHAMPLAIN	CHAMPLAIN MIDCAP FUND INSTL	1/1/2021	12/31/2021	0.360
DFA-DIMENSIONAL	DFA US SMALL CAP PORTFOLIO	1/1/2021	12/31/2021	0.060
DODGE & COX	DODGE & COX STOCK FUND	1/1/2021	12/31/2021	0.300
FIDELITY	FIDELITY INTERNATIONAL DISCOV	1/1/2021	12/31/2021	0.750
PRINCIPAL	PRINCIPAL GLBL REAL EST SEC	1/1/2021	12/31/2021	0.300

The Hospital for Special Surgery 403(b) Plan

EIN 13-1624135 Plan #003

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The Hospital for Special Surgery 403(b) Plan

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The Hospital for Special Surgery 403(b) Plan

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* Mid Cap Strategic Growth	**	488,952
* Mid Cap Value Fund	**	539,158
* Moderate Growth Lifestyle	**	2,567
* Money Market I Fund	**	104,940
* NASDAQ - 100 ® Index Fund	**	82,416
Principal Global Real Estate Sec Inst	**	3,401,510
* Science & Technology Fund	**	2,005,404
* Small Cap Growth Fund	**	97,017
* Small Cap Index Fund	**	626,582
* Small Cap Special Value Fund	**	221,360
* Small Cap Value Fund	**	198,322
* Socially Responsible Fund (US)	**	662,857
* Socially Responsible Fund Int'l	**	240,646
* Stock Index Fund	**	1,478,903
* Systematic Core Fund	**	59,396
* Systematic Value	**	135,475
* TIAA-CREF Intl EQ-RTMT	**	758,880
* TIAA-CREF LG-Cap Val-RTMT	**	354,083
* TIAA-CREF Mid-Cap GR-RTMT	**	472,122
* TIAA-CREF Mid-Cap Val-RTMT	**	390,761
* TIAA-CREF SM-Cap EQ-RTMT	**	454,502
Vanguard Federal Money Market Inv	**	23,224,701

The Hospital for Special Surgery 403(b) Plan

EIN 13-1624135 Plan #003

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

Identity of Issue and Description of Investment	Cost	Current Value
Equity and money market mutual funds (continued)		
* Vanguard Life Strategy Moderate	**	\$ 398,577
* Vanguard Windsor II	**	1,524,000
Total Equity and money market mutual funds		264,055,724
Fixed income funds		
* Core Bond Fund	**	384,385
* CREF Bond Market	**	1,225,620
* CREF Inflation- Linked Bond	**	878,798
* FID Capital & Income	**	258,682
* FID CORPORATE BOND	**	10,356
* FID FDM IDX 2020 IPR	**	5,621
* FID Float RT HI Inc	**	3,429
* FID Focused High Inc.	**	13,505
* FID GLB High Income	**	5,432
* FID GNMA	**	150,960
* FID High Income	**	30,742
* FID INFL PR BD IDX	**	135,849
* FID Intermed Bond	**	39,823
* FID Intm Gov't Income	**	5,187
* FID INTM TR BD IDX	**	45,750
* FID LT TR BD IDX	**	252,210
* FID Short Term Bond	**	18,136
* FID ST TR BD IDX	**	3,311
* FID Strategic Income	**	103,412
* FID Total Bond	**	368,337
* FID US BOND IDX	**	161,425
* Fidelity Gov Cash Reserve	**	321,007
* Fidelity Gov't Income	**	108,883
* Fidelity Invst GR BD	**	196,657
* Fixed Account	**	1,125,192
* Government Securities Fund	**	16,960
* High Yield Bond Fund	**	232,691
* Inflation Protected Fund	**	150,508
* International Government Bond	**	7,278
* Loomis Sayles Bond Fund -Admin	**	113,431
* MetLife Liberty Fixed Interest	**	62,108
* Metropolitan West Total Return Bond Plan	**	6,430,833
* Pimco Real Return Fund - R	**	40,114
* Short Term Fixed Account	**	740,891
* Vanguard Long - Term Treasury	**	92,338
* Vanguard LT Inv-Grade Fund	**	139,847

The Hospital for Special Surgery 403(b) Plan

EIN 13-1624135 Plan #003

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

Identity of Issue and Description of Investment	Cost	Current Value
Equity and money market mutual funds (continued)		
Vanguard Total Bond Market Index Signal	**	\$ 8,236,129
Total Fixed income funds		22,115,837
Lifecycle funds (hybrid funds)		
* Aggressive Growth Lifestyle	**	14,990
American Funds Growth Fund of America	**	134,850
* FID Asset Mgr 20%	**	47,152
* FID Asset Mgr 50%	**	566,801
* FID Asst Mgr 70%	**	572,234
* FID Balanced	**	2,146,963
* FID Convertible Sec	**	104,659
* FID Freedom 2005	**	7,410
* FID Freedom 2010	**	126,885
* FID Freedom 2015	**	13,600
* FID Freedom 2020	**	284,772
* FID Freedom 2025	**	488,664
* FID Freedom 2030	**	994,804
* FID Freedom 2035	**	624,550
* FID Freedom 2040	**	842,174
* FID Freedom 2045	**	151,401
* FID Freedom 2050	**	11,184
* FID Freedom Income	**	48,274
* FID Puritan	**	390,461
* FID STK SEL all Cap	**	2,526
* FID Strat Div & Inc	**	15,175
* TIAA CREF Lifecycle 2010-RTMT	**	125,368
* TIAA CREF Lifecycle 2015-RTMT	**	270,047
* TIAA CREF Lifecycle 2020-RTMT	**	162,976
* TIAA CREF Lifecycle 2025-RTMT	**	174,947
* TIAA CREF Lifecycle 2030-RTMT	**	379,006
* TIAA CREF Lifecycle 2035-RTMT	**	183,927
* TIAA CREF Lifecycle 2040-RTMT	**	759,129
Vanguard Institutional Target Retirement 2015	**	8,348,330
Vanguard Institutional Target Retirement 2020	**	23,218,729
Vanguard Institutional Target Retirement 2025	**	42,569,275
Vanguard Institutional Target Retirement 2030	**	35,433,913
Vanguard Institutional Target Retirement 2035	**	45,201,085
Vanguard Institutional Target Retirement 2040	**	43,573,408
Vanguard Institutional Target Retirement 2045	**	62,956,529
Vanguard Institutional Target Retirement 2050	**	65,356,611

The Hospital for Special Surgery 403(b) Plan

EIN 13-1624135 Plan #003

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

Identity of Issue and Description of Investment	Cost	Current Value
Lifecycle funds (hybrid funds) (continued)		
Vanguard Institutional Target Retirement 2055	**	\$ 21,112,724
Vanguard Institutional Target Retirement 2060	**	8,503,515
Vanguard Institutional Target Retirement 2065	**	1,125,584
Vanguard Institutional Target Retirement Inc	**	5,946,299
* Vanguard Wellington Fund, Inc.	**	493,682
* VC I Capital Appreciation	**	6
* VC I Conservation Growth Lifestyle	**	56,512
Total Lifecycle funds (hybrid funds)		<u>373,541,131</u>
Fixed income annuity contracts		
* TIAA Traditional Non Benefit Responsive	**	798,094
Pooled separate accounts		
* TIAA Real Estate	**	2,351,175
Guaranteed investment contracts, at contract value		
* Fixed Account Plus	***	2,885,760
Plan Loan Default Fund	***	296,471
* TIAA Traditional Benefit Responsive	***	28,444,190
Total Guaranteed investment contracts, at contract value		<u>31,626,421</u>
Notes receivable from participants		
Notes receivable from participants	****	5,620,010
Total investments		<u><u>\$ 700,108,392</u></u>

* Investments are with parties-in-interest to the Plan

** Participant-directed investment, cost not required

*** Reported at contract value

**** Loans have varying maturity dates with interest rates ranging from 1.00%–9.25%