

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
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: THE HOSPITAL FOR SPECIAL SURGERY 403(B) PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 06/01/1964
2a Plan sponsor's name (employer, if for a single-employer plan): THE HOSPITAL FOR SPECIAL SURGERY, 535 EAST 70TH STREET, NEW YORK, NY 10021-4872
2b Employer Identification Number (EIN): 13-1624135
2c Plan Sponsor's telephone number: 212-774-7650
2d Business code (see instructions): 622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	7611
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	4968
	6a(2)	5338
	6b	26
	6c	2709
	6d	8073
	6e	15
	6f	8088
	6g(1)	7611
6g(2)	8088	
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:
2E 2F 2G 2L 2M 2T 3H

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)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 5
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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.

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	7515	01/01/2024	12/31/2024

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
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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
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(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	224571
5	Current value of plan's interest under this contract in separate accounts at year end.....	
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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 218173
c	(1) Contributions deposited during the year	7c(1) 2498
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 2195
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶ EMPLOYER ACCOUNT ACTIVITY	7c(5) 2034
	(6) Total additions	7c(6) 6727
d	Total of balance and additions (add lines 7b and 7c(6))	7d 224900
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)
	(2) Administration charge made by carrier.....	7e(2) 197
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶ EMPLOYER ACCOUNT ACTIVITY	7e(4) 132
(5) Total deductions	7e(5) 329	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 224571

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE 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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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.

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	17	01/01/2024	12/31/2024

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
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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	

(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	1073893
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. 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 ▶ GROUP ANNUITY GUARANTEED FUND

b Balance at the end of the previous year	7b	1155363
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c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	42915
	7c(4)	
	7c(5)	

(6) Total additions	7c(6)	42915
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d Total of balance and additions (add lines 7b and 7c(6))	7d	1198278
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e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	124385
	7e(2)	
	7e(3)	
	7e(4)	

(5) Total deductions	7e(5)	124385
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	1073893
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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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE 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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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.

1 Coverage Information:

(a) Name of insurance carrier

METROPOLITAN LIFE

(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	01/01/2024	12/31/2024

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
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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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	(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	156828
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. 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 ▶ GROUP ANNUITY CONTRACT

b Balance at the end of the previous year	7b	154832
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)	3647	
	7c(4)	2407	
	7c(5)		

(6) Total additions	7c(6)	6054
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d Total of balance and additions (add lines 7b and 7c(6))	7d	160886
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e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3086	
	7e(2)	972	
	7e(3)		
	7e(4)		

(5) Total deductions	7e(5)	4058
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	156828
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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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)			9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)
(2) Claim reserves			9d(2)
(3) Other reserves			9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

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

1 Coverage Information:

(a) Name of insurance carrier
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	420	01/01/2024	12/31/2024

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
1891	

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

THOMAS J LYNCH **2929 ALLEN PARKWAY**
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
761			3

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

MICHAEL R GROFSICK **2929 ALLEN PARKWAY**
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
741			3

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

DAVID T CASSIN 2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
126			3

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

RICHARD P GROFSICK 2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
80			3

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

PETER A RIVOIR 2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
75			3

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

ANGELA P FOLIT 2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
66			3

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

MARC Z KLEIMAN 2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
29			3

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

MICHAUD GAMALIEL

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13			3

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

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

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

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

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

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

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

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

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	2821292
5	Current value of plan's interest under this contract in separate accounts at year end.....	15414244
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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 3333614
c	(1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 84436
	(4) Transferred from separate account	7c(4) 38170
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 122606
d	Total of balance and additions (add lines 7b and 7c(6))	7d 3456220
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 509251
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3) 121240
	(4) Other (specify below)..... ▶ CONTRACT SURRENDER CHARGES	7e(4) 4437
(5) Total deductions	7e(5) 634928	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 2821292

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	103623	482	01/01/2024	12/31/2024

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
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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	26931649
5	Current value of plan's interest under this contract in separate accounts at year end.....	40029235
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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 28345579
c	(1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 1020912
	(4) Transferred from separate account	7c(4) 2787561
	(5) Other (specify below)..... ▶ TRANSFERS	7c(5) 108
	(6) Total additions	7c(6) 3808581
d	Total of balance and additions (add lines 7b and 7c(6))	7d 32154160
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 2104223
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3) 3095480
	(4) Other (specify below)..... ▶ TRANSFERS	7e(4) 22808
(5) Total deductions	7e(5) 5222511	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 26931649

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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)

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	406479	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(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	5785	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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)

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	30857	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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.	
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)	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIAA REAL ESTATE</u>		
b Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>		
c EIN-PN <u>13-1624203-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1729268</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	555577	617733
(2) Participant contributions	1b(2)	1473439	1330626
(3) Other	1b(3)	73789	171278
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2513979	2976015
(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)	6479118	7149060
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1814815	1729268
(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)	701658970	820305450
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	33207561	31206394
(15) Other	1c(15)	702518	790769

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	748479766	866276593
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	291312	210073
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	291312	210073
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	748188454	866066520

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)	15339391	
(B) Participants.....	2a(1)(B)	50160288	
(C) Others (including rollovers).....	2a(1)(C)	5009645	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		70509324
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	106149	
(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)	218698	
(F) Other.....	2b(1)(F)	11958524	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12283371
(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)	19011352	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		19011352
(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)		-74412
(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)		74910431
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		176640066

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	58470967	
(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)		58470967
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	291033	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		291033
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		58762000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		117878066
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** as part of Schedule H because:

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?		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?		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?		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?		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.)	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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.		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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 13-3689044 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	
---	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

The Hospital for Special Surgery 403(b) Plan
December 31, 2024 and 2023,
and Year Ended December 31, 2024
With Report of Independent Auditors



The better the question.
The better the answer.
The better the world works.



Shape the future
with confidence

The Hospital for Special Surgery 403(b) Plan

Financial Statements and Supplemental Schedule

December 31, 2024 and 2023, and Year Ended December 31, 2024

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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

We were engaged to perform audits 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 statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes (collectively referred to as the “financial statements”).

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

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion

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



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Basis for Disclaimer of Opinion

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

Responsibilities of Management for the Financial Statements

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

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



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Other Matters

Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024 (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 section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule.

Ernst & Young LLP

October 2, 2025

The Hospital for Special Surgery 403(b) Plan
 Statements of Net Assets Available for Benefits

	December 31	
	2024	2023
Assets		
Investments, at fair value:		
Equity and money market mutual funds	\$ 317,744,148	\$ 267,823,024
Fixed income funds	20,977,645	21,040,429
Lifecycle funds (hybrid funds)	487,270,772	418,133,172
Fixed income annuity contracts	721,297	737,047
Pooled separate accounts	1,729,268	1,814,815
	828,443,130	709,548,487
Guaranteed investment contracts, at contract value	28,564,766	30,423,526
Contributions receivable	2,119,637	2,028,635
Notes receivable from participants	7,149,060	6,479,118
Total assets	866,276,593	748,479,766
Liabilities		
Due to TIAA-CREF	210,073	291,312
Total liabilities	210,073	291,312
Net assets available for benefits	\$ 866,066,520	\$ 748,188,454

See accompanying notes.

The Hospital for Special Surgery 403(b) Plan
Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2024

Additions

Interest and dividends on investments	\$ 31,001,613
Interest income on notes receivable from participants	218,698

Contributions:

Employee	55,107,396
Employer	15,401,928
Total contributions	<u>70,509,324</u>
Total additions	<u>101,729,635</u>

Deductions

Benefit payments	58,470,967
Administrative expenses	291,033
Total deductions	<u>58,762,000</u>

Net realized and unrealized appreciation in fair value of investments	<u>74,910,431</u>
Net increase	<u>117,878,066</u>

Net assets available for benefits:

Beginning of year	<u>748,188,454</u>
End of year	<u><u>\$ 866,066,520</u></u>

See accompanying notes.

The Hospital for Special Surgery 403(b) Plan

Notes to Financial Statements

December 31, 2024

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 Financial Life Insurance Company, custodian 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 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 of America 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, 2024 and 2023, the balance of such loans is \$222,659 and \$318,065, respectively. The amounts held as collateral are included in investments on the accompanying 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)

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. Additionally, in response to the Setting Every Community Up for Retirement Enhancement 2.0 Act of 2022, the Plan was amended, effective January 1, 2023, to increase age from 72 to 73 and to allow a participant to elect to receive in-service withdrawals from all or part of the value of the participant's rollover account at any time.

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 custodians.

Investment Funds

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

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.

The Hospital for Special Surgery 403(b) Plan

Notes to Financial Statements (continued)

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, 2024 or 2023. 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.

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 Hospital for Special Surgery 403(b) Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

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.

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.

The Hospital for Special Surgery 403(b) Plan

Notes to Financial Statements (continued)

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 receivable from participants held at December 31, 2024 and 2023, and net realized and unrealized appreciation in fair value of investments, interest and dividends on investments and interest income on notes receivable from participants for the year ended December 31, 2024, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by State Street Bank and Trust Company (on behalf of Transamerica Retirement Solutions, LLC), 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.

At December 31, 2024 and 2023, MetLife held Plan investments of approximately \$961,000 and \$870,000, respectively. Investment related income on such investments was not material during 2024.

4. Fair Value Measurements

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.

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

The Hospital for Special Surgery 403(b) Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

- 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 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, 2024			
	Level 1	Level 2	Level 3	Total
Equity and money market mutual funds ^(a)	\$ 317,744,148	\$ –	\$ –	\$ 317,744,148
Fixed income funds ^(b)	20,977,645	–	–	20,977,645
Lifecycle funds (hybrid funds) ^(c)	487,270,772	–	–	487,270,772
Fixed income annuity contracts ^(d)	–	–	721,297	721,297
Pooled separate accounts ^(e)	1,729,268	–	–	1,729,268
Total assets at fair value	\$ 827,721,833	\$ –	\$ 721,297	\$ 828,443,130

The Hospital for Special Surgery 403(b) Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Equity and money market mutual funds ^(a)	\$ 267,823,024	\$ –	\$ –	\$ 267,823,024
Fixed income funds ^(b)	21,040,429	–	–	21,040,429
Lifecycle funds (hybrid funds) ^(c)	418,133,172	–	–	418,133,172
Fixed income annuity contracts ^(d)	–	–	737,047	737,047
Pooled separate accounts ^(e)	1,814,815	–	–	1,814,815
Total assets at fair value	\$ 708,811,440	\$ –	\$ 737,047	\$ 709,548,487

^(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.

^(d) This category includes the TIAA Traditional Annuities as described in Note 2.

^(e) Pooled separate accounts are valued at their accumulation unit value (AUV), a measure of net asset value (NAV). The AUV is determined daily based on the AUV of shares of the underlying fund and the separate account charges (i.e., the daily asset charge). The Plan's investments in the pooled separate accounts may be redeemed daily. There are no redemption fees or notice periods and no unfunded commitments. The Plan reports pooled separate accounts within level one of the fair value hierarchy.

The Hospital for Special Surgery 403(b) Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

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 years ended:

	December 31	
	2024	2023
Balance, beginning of year	\$ 737,047	\$ 750,353
Interest earned	31,627	34,075
Purchases	–	62
Sales	(47,377)	(47,443)
Balance, end of year	<u>\$ 721,297</u>	<u>\$ 737,047</u>

5. Fully Benefit-Responsive Investment Contracts

The Plan has investment contracts with 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.

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 Hospital for Special Surgery 403(b) Plan

Notes to Financial Statements (continued)

5. Fully Benefit-Responsive Investment Contracts (continued)

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.

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

The Hospital for Special Surgery 403(b) Plan

Notes to Financial Statements (continued)

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.

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 2, 2025, 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, 2024

Identity of Issuer and Description of Investment	Cost	Current Value
Equity and money market mutual funds		
* Fidelity – 500 Index	**	\$ 2,399,657
* Fidelity – Blue Chip Growth	**	5,719,699
* Fidelity – Blue Chip Value	**	127,226
* Fidelity – Canada	**	4,558
* Fidelity – China Region	**	934
* Fidelity – Contrafund	**	6,399,725
* Fidelity – Disciplined Equity	**	66,251
* Fidelity – Diversified International	**	846,868
* Fidelity – Dividend Growth	**	183,293
* Fidelity – Emerging Asia	**	8,923
* Fidelity – Emerging Markets	**	654,637
* Fidelity – Environment Alternative Energy	**	129,127
* Fidelity – Equity Dividend Income	**	30,549
* Fidelity – Equity Inc	**	755,676
* Fidelity – Europe	**	173,217
* Fidelity – Extended Market Index	**	7,702
* Fidelity – Fidelity Fund	**	285,950
* Fidelity – Focused Stock	**	37,450
* Fidelity – Global Credit	**	12,404
* Fidelity – Govt Money Market	**	2,028,482
* Fidelity – Govt Money Market Fund	**	173,408
* Fidelity – Growth & Inc	**	517,453
* Fidelity – Growth Company	**	4,923,197
* Fidelity – Growth Strategy	**	215,313
* Fidelity – International Cap Appreciation	**	69,054
* Fidelity – International Discovery	**	9,403
* Fidelity – International Index	**	19,243
* Fidelity – International Real Estate	**	6,714
* Fidelity – International Small Cap	**	91,392
* Fidelity – Japan	**	3,170
* Fidelity – Japan Small Co	**	17,165
* Fidelity – Large Cap Stock	**	48,568
* Fidelity – Leveraged Co Stock	**	275,243
* Fidelity – Low Priced Stock	**	195,483
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* Fidelity – Mid Cap Stock	**	25,858
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The Hospital for Special Surgery 403(b) Plan

EIN 13-1624135 Plan #003

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* Fidelity – Sel Chemicals	**	31,661
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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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* Fidelity – Worldwide	**	2,223
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MetLife – American Funds Washington Mutual Fund	**	81,826
MetLife – Baron Small Cap Fund	**	11,277
MetLife – Causeway International Value Fund	**	92,082
MetLife – Invesco Main Street All Cap	**	11,392
MetLife – Jp Morgan Mid Cap Value Fund – A	**	119,314
MetLife – Lord Abbett Small – Cap Val Fund – P	**	68,671
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* TIAA Cref Global Equities R2	**	4,920,572
* TIAA Cref Growth R2	**	9,097,378
* TIAA Cref Money Market R2	**	187,772
* TIAA Cref Social Choice R2	**	1,812,791
* TIAA Cref Stock R2	**	17,061,394
TIAA – Nuveen Lifecycle 2035 Retire	**	111,081
TIAA – Nuveen Lifecycle 2040 Retire	**	605,066
TIAA – Nuveen Mid Cap Growth Retire	**	356,080
TIAA – Nuveen Mid Cap Value Retire	**	382,798
TIAA – Nuveen Quant Sm Cp Eq Retire	**	448,221
Transamerica – Champlain Mid Cap Insl	**	8,617,531
Transamerica – DFA Us Small Cap 1	**	9,501,432
Transamerica – Dodge & Cox Stock X	**	18,843,059
* Transamerica – Fidelity Extend Market Index	**	18,121,145
* Transamerica – Fidelity 500 Index Premium	**	88,840,995
* Transamerica – Fidelity International Discovery	**	8,315,368
* Transamerica – Fidelity International Index	**	9,760,983
Transamerica – NYLI Winslow Large Cap Growth R6	**	37,893,092
Transamerica – Principal Global Real Estate	**	3,133,068
* Transamerica – Stable Value Core Account	**	222,732
Transamerica – Vanguard Federal Money Market Inv	**	23,633,279

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 Issuer and Description of Investment	Cost	Current Value
Equity and money market mutual funds (continued)		
Valic – Amer Bea Man Large Cap Growth Inv Cl	**	\$ 8,661
Valic – Ariel Appreciation Fund	**	323,993
Valic – Ariel Fund	**	336,406
* Valic – Dividend Value	**	8,860
* Valic – Emerging Economies	**	334,879
* Valic – Global Real Estate Fund	**	112,230
* Valic – Global Strategy	**	146,590
* Valic – Growth Fund	**	1,036,159
Valic – GS Vit Gov Money Market Fund Inst	**	312,901
* Valic – International Growth Fund	**	56,109
* Valic – International Value Fund	**	220,793
* Valic – International Equities Index Fund	**	594,184
* Valic – International Opportunities	**	201,161
* Valic – International Socially Responsible Fund	**	268,424
* Valic – Large Capital Growth	**	538,327
* Valic – Mid Cap Index Fund	**	1,189,189
* Valic – Mid Cap Strategic Growth	**	487,859
* Valic – Mid Cap Value Fund	**	467,606
* Valic – Moderate Growth Lifestyle	**	2,690
* Valic – Nasdaq – 100(R) Index Fund	**	118,027
* Valic – Science & Technology Fund	**	1,965,279
* Valic – Small Cap Growth Fund	**	59,105
* Valic – Small Cap Index Fund	**	451,255
* Valic – Small Cap Special Value Fund	**	175,448
* Valic – Small Cap Value Fund	**	192,270
* Valic – Stock Index Fund	**	1,420,482
* Valic – Systematic Core Fund	**	33,403
* Valic – Systematic Value	**	158,326
* Valic – Us Socially Responsible Fund	**	519,461
Valic – Vanguard Lifestrategy Growth	**	19,627
Valic – Vanguard Windsor II	**	1,429,965
* Valic – Systematic Growth Fund	**	149,134
Total Equity and money market mutual funds		317,744,148
Fixed income funds		
* Fidelity – Capital & Income	**	244,605
* Fidelity – FDM Index 2020	**	60,024
* Fidelity – Float Rt Hi Inc	**	23,723
* Fidelity – Focused High Inc	**	22,760
* Fidelity – GNMA	**	102,278

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 Issuer and Description of Investment	Cost	Current Value
Fixed income funds (continued)		
* Fidelity – Government Cash Reserve	**	\$ 715,275
* Fidelity – High Income	**	7,862
* Fidelity – Inflation Protected Bond Index	**	41,143
* Fidelity – International Bond	**	87,648
* Fidelity – International Government Income	**	5,833
* Fidelity – International Tr Bond Index	**	10,475
* Fidelity – Investment Grade Bond	**	191,123
* Fidelity – Lt Tr Bd Index	**	304,773
* Fidelity – Short Term Bond	**	20,137
* Fidelity – St Tr Bd Index	**	2,761
* Fidelity – Strategic Income	**	104,412
* Fidelity – Total Bond	**	318,787
* Fidelity – Us Bond Index	**	105,674
* Fidelity – Us Sustn Index	**	12,128
* Fidelity – Fidelity Government Income	**	83,908
* Lincoln Fixed Account	**	1,073,893
MetLife – Loomis Sayles Bond Fund – Admin		81,449
* MetLife Liberty Fixed International		156,828
MetLife – Pimco Real Return Fund – R		40,967
* TIAA Cref Core Bond R2	**	899,058
* TIAA Cref Inflation – Linked Bond R2	**	714,764
Transamerica – TCW Metwest Total Return	**	6,160,765
Transamerica – Vanguard Total Bond Market Index I	**	8,020,065
* Valic – Core Bond Fund	**	381,037
* Valic – Government Securities Fund	**	33,233
* Valic – High Yield Bond Fund	**	239,267
* Valic – Inflation Protected Fund	**	178,393
* Valic – International Government Bond	**	6,182
* Valic – Short Term Fixed Account	**	466,879
* Valic – Vanguard Long–Term Treasury	**	52,332
* Valic – Vanguard Long term Inv–Grade Fund	**	7,204
Total fixed income funds		20,977,645
Lifecycle funds (hybrid funds)		
* Fidelity – Asset Manager 20%	**	48,160
* Fidelity – Asset Manager 50%	**	589,144
* Fidelity – Asset Manager 60%	**	494,407
* Fidelity – Asset Manager 70%	**	112,239
* Fidelity – Balanced	**	1,467,995
* Fidelity – Freedom 2010	**	110,719

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 Issuer and Description of Investment	Cost	Current Value
Lifecycle funds (hybrid funds) (continued)		
* Fidelity – Freedom 2015	**	\$ 4,864
* Fidelity – Freedom 2020	**	276,645
* Fidelity – Freedom 2025	**	288,152
* Fidelity – Freedom 2030	**	1,027,284
* Fidelity – Freedom 2035	**	705,333
* Fidelity – Freedom 2040	**	880,872
* Fidelity – Freedom 2045	**	166,334
* Fidelity – Freedom 2050	**	12,434
* Fidelity – Freedom Inc	**	34,559
* Fidelity – Puritan	**	460,104
* Fidelity – Stock Selector All Cap	**	3,092
* Fidelity – Strategic Dividend & Income	**	16,696
* MetLife – American Funds Growth Fund of America	**	162,319
TIAA – Nuveen International Equity Retire	**	555,189
TIAA – Nuveen Large Cap Value Retire	**	505,414
TIAA – Nuveen Lifecycle 2010 Retire	**	95,401
TIAA – Nuveen Lifecycle 2015 Retire	**	10,213
TIAA – Nuveen Lifecycle 2020 Retire	**	47,796
TIAA – Nuveen Lifecycle 2025 Retire	**	174,378
TIAA – Nuveen Lifecycle 2030 Retire	**	391,759
Transamerica – Vanguard Institutional Target Retirement Inc.	**	9,076,321
Transamerica – Vanguard Target Retirement 2020	**	20,003,313
Transamerica – Vanguard Target Retirement 2025	**	43,834,003
Transamerica – Vanguard Target Retirement 2030	**	43,804,074
Transamerica – Vanguard Target Retirement 2035	**	59,270,999
Transamerica – Vanguard Target Retirement 2040	**	57,270,380
Transamerica – Vanguard Target Retirement 2045	**	84,213,616
Transamerica – Vanguard Target Retirement 2050	**	89,682,039
Transamerica – Vanguard Target Retirement 2055	**	40,655,767
Transamerica – Vanguard Target Retirement 2060	**	25,339,400
Transamerica – Vanguard Target Retirement 2065	**	4,620,204
Transamerica – Vanguard Target Retirement 2070	**	426,160
* Valic – Aggressive Growth Lifestyle	**	16,323
* Valic – Vanguard Wellington Fund Inc	**	315,102
* Valic – VC I Capital Appreciation	**	90,667
* Valic – VC I Conserv Growth Lifestyle	**	10,902
Total lifecycle funds (hybrid funds)		487,270,772

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 Issuer and Description of Investment	Cost	Current Value
Fixed income annuity contracts		
* TIAA Traditional Non Benefit Responsive	**	\$ 721,297
Pooled separate accounts		
* TIAA Real Estate	**	1,729,268
Guaranteed investment contracts		
* TIAA – TIAA Traditional Benefit Responsive	***	26,000,279
* Valic – Fixed Account Plus	***	2,354,414
Plan Loan Default Fund	**	210,073
Total guaranteed investment contracts		<u>28,564,766</u>
* Notes receivable from participants	****	7,149,060
Total investments		<u><u>\$ 864,156,956</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% - 9.50%

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Schedule C, Line 2(h) Formula Descriptions

The Hospital for Special Surgery 403(b) Plan
 EIN No.: 13-1624135, Plan No. 003
 Plan Year Ending: 12/31/2024

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	1/1/2024	12/31/2024	0.396
FIDELITY	FIDELITY INTERNATIONAL DISCOV	1/1/2024	12/31/2024	0.825
PRINCIPAL	PRINCIPAL GLBL REAL EST SEC	1/1/2024	12/31/2024	0.330

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

EIN 13-1624135 Plan #003

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TIAA – Nuveen Mid Cap Growth Retire	**	356,080
TIAA – Nuveen Mid Cap Value Retire	**	382,798
TIAA – Nuveen Quant Sm Cp Eq Retire	**	448,221
Transamerica – Champlain Mid Cap Insl	**	8,617,531
Transamerica – DFA Us Small Cap 1	**	9,501,432
Transamerica – Dodge & Cox Stock X	**	18,843,059
* Transamerica – Fidelity Extend Market Index	**	18,121,145
* Transamerica – Fidelity 500 Index Premium	**	88,840,995
* Transamerica – Fidelity International Discovery	**	8,315,368
* Transamerica – Fidelity International Index	**	9,760,983
Transamerica – NYLI Winslow Large Cap Growth R6	**	37,893,092
Transamerica – Principal Global Real Estate	**	3,133,068
* Transamerica – Stable Value Core Account	**	222,732
Transamerica – Vanguard Federal Money Market Inv	**	23,633,279

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 Issuer and Description of Investment	Cost	Current Value
Equity and money market mutual funds (continued)		
Valic – Amer Bea Man Large Cap Growth Inv Cl	**	\$ 8,661
Valic – Ariel Appreciation Fund	**	323,993
Valic – Ariel Fund	**	336,406
* Valic – Dividend Value	**	8,860
* Valic – Emerging Economies	**	334,879
* Valic – Global Real Estate Fund	**	112,230
* Valic – Global Strategy	**	146,590
* Valic – Growth Fund	**	1,036,159
Valic – GS Vit Gov Money Market Fund Inst	**	312,901
* Valic – International Growth Fund	**	56,109
* Valic – International Value Fund	**	220,793
* Valic – International Equities Index Fund	**	594,184
* Valic – International Opportunities	**	201,161
* Valic – International Socially Responsible Fund	**	268,424
* Valic – Large Capital Growth	**	538,327
* Valic – Mid Cap Index Fund	**	1,189,189
* Valic – Mid Cap Strategic Growth	**	487,859
* Valic – Mid Cap Value Fund	**	467,606
* Valic – Moderate Growth Lifestyle	**	2,690
* Valic – Nasdaq – 100(R) Index Fund	**	118,027
* Valic – Science & Technology Fund	**	1,965,279
* Valic – Small Cap Growth Fund	**	59,105
* Valic – Small Cap Index Fund	**	451,255
* Valic – Small Cap Special Value Fund	**	175,448
* Valic – Small Cap Value Fund	**	192,270
* Valic – Stock Index Fund	**	1,420,482
* Valic – Systematic Core Fund	**	33,403
* Valic – Systematic Value	**	158,326
* Valic – Us Socially Responsible Fund	**	519,461
Valic – Vanguard Lifestrategy Growth	**	19,627
Valic – Vanguard Windsor II	**	1,429,965
* Valic – Systematic Growth Fund	**	149,134
Total Equity and money market mutual funds		317,744,148
Fixed income funds		
* Fidelity – Capital & Income	**	244,605
* Fidelity – FDM Index 2020	**	60,024
* Fidelity – Float Rt Hi Inc	**	23,723
* Fidelity – Focused High Inc	**	22,760
* Fidelity – GNMA	**	102,278

The Hospital for Special Surgery 403(b) Plan

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

Identity of Issuer and Description of Investment	Cost	Current Value
Fixed income funds (continued)		
* Fidelity – Government Cash Reserve	**	\$ 715,275
* Fidelity – High Income	**	7,862
* Fidelity – Inflation Protected Bond Index	**	41,143
* Fidelity – International Bond	**	87,648
* Fidelity – International Government Income	**	5,833
* Fidelity – International Tr Bond Index	**	10,475
* Fidelity – Investment Grade Bond	**	191,123
* Fidelity – Lt Tr Bd Index	**	304,773
* Fidelity – Short Term Bond	**	20,137
* Fidelity – St Tr Bd Index	**	2,761
* Fidelity – Strategic Income	**	104,412
* Fidelity – Total Bond	**	318,787
* Fidelity – Us Bond Index	**	105,674
* Fidelity – Us Sustn Index	**	12,128
* Fidelity – Fidelity Government Income	**	83,908
* Lincoln Fixed Account	**	1,073,893
MetLife – Loomis Sayles Bond Fund – Admin		81,449
* MetLife Liberty Fixed International		156,828
MetLife – Pimco Real Return Fund – R		40,967
* TIAA Cref Core Bond R2	**	899,058
* TIAA Cref Inflation – Linked Bond R2	**	714,764
Transamerica – TCW Metwest Total Return	**	6,160,765
Transamerica – Vanguard Total Bond Market Index I	**	8,020,065
* Valic – Core Bond Fund	**	381,037
* Valic – Government Securities Fund	**	33,233
* Valic – High Yield Bond Fund	**	239,267
* Valic – Inflation Protected Fund	**	178,393
* Valic – International Government Bond	**	6,182
* Valic – Short Term Fixed Account	**	466,879
* Valic – Vanguard Long–Term Treasury	**	52,332
* Valic – Vanguard Long term Inv–Grade Fund	**	7,204
Total fixed income funds		20,977,645
Lifecycle funds (hybrid funds)		
* Fidelity – Asset Manager 20%	**	48,160
* Fidelity – Asset Manager 50%	**	589,144
* Fidelity – Asset Manager 60%	**	494,407
* Fidelity – Asset Manager 70%	**	112,239
* Fidelity – Balanced	**	1,467,995
* Fidelity – Freedom 2010	**	110,719

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

Identity of Issuer and Description of Investment	Cost	Current Value
Lifecycle funds (hybrid funds) (continued)		
* Fidelity – Freedom 2015	**	\$ 4,864
* Fidelity – Freedom 2020	**	276,645
* Fidelity – Freedom 2025	**	288,152
* Fidelity – Freedom 2030	**	1,027,284
* Fidelity – Freedom 2035	**	705,333
* Fidelity – Freedom 2040	**	880,872
* Fidelity – Freedom 2045	**	166,334
* Fidelity – Freedom 2050	**	12,434
* Fidelity – Freedom Inc	**	34,559
* Fidelity – Puritan	**	460,104
* Fidelity – Stock Selector All Cap	**	3,092
* Fidelity – Strategic Dividend & Income	**	16,696
* MetLife – American Funds Growth Fund of America	**	162,319
TIAA – Nuveen International Equity Retire	**	555,189
TIAA – Nuveen Large Cap Value Retire	**	505,414
TIAA – Nuveen Lifecycle 2010 Retire	**	95,401
TIAA – Nuveen Lifecycle 2015 Retire	**	10,213
TIAA – Nuveen Lifecycle 2020 Retire	**	47,796
TIAA – Nuveen Lifecycle 2025 Retire	**	174,378
TIAA – Nuveen Lifecycle 2030 Retire	**	391,759
Transamerica – Vanguard Institutional Target Retirement Inc.	**	9,076,321
Transamerica – Vanguard Target Retirement 2020	**	20,003,313
Transamerica – Vanguard Target Retirement 2025	**	43,834,003
Transamerica – Vanguard Target Retirement 2030	**	43,804,074
Transamerica – Vanguard Target Retirement 2035	**	59,270,999
Transamerica – Vanguard Target Retirement 2040	**	57,270,380
Transamerica – Vanguard Target Retirement 2045	**	84,213,616
Transamerica – Vanguard Target Retirement 2050	**	89,682,039
Transamerica – Vanguard Target Retirement 2055	**	40,655,767
Transamerica – Vanguard Target Retirement 2060	**	25,339,400
Transamerica – Vanguard Target Retirement 2065	**	4,620,204
Transamerica – Vanguard Target Retirement 2070	**	426,160
* Valic – Aggressive Growth Lifestyle	**	16,323
* Valic – Vanguard Wellington Fund Inc	**	315,102
* Valic – VC I Capital Appreciation	**	90,667
* Valic – VC I Conserv Growth Lifestyle	**	10,902
Total lifecycle funds (hybrid funds)		487,270,772

The Hospital for Special Surgery 403(b) Plan

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

Identity of Issuer and Description of Investment	Cost	Current Value
Fixed income annuity contracts		
* TIAA Traditional Non Benefit Responsive	**	\$ 721,297
Pooled separate accounts		
* TIAA Real Estate	**	1,729,268
Guaranteed investment contracts		
* TIAA – TIAA Traditional Benefit Responsive	***	26,000,279
* Valic – Fixed Account Plus	***	2,354,414
Plan Loan Default Fund	**	210,073
Total guaranteed investment contracts		<u>28,564,766</u>
* Notes receivable from participants	****	7,149,060
Total investments		<u><u>\$ 864,156,956</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% - 9.50%