

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan THE HOSPITAL FOR SPECIAL SURGERY RETIREMENT PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 06/01/1955
2a Plan sponsor's name (employer, if for a single-employer plan) NY SOCIETY FOR THE RELIEF OF THE RUPTURED & CRIPPLED
2b Employer Identification Number (EIN) 13-1624135
2c Plan Sponsor's telephone number 646-797-8483
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, Date, and Name. Rows include 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:		4b EIN	
a Sponsor's name			
c Plan Name		4d PN	
5 Total number of participants at the beginning of the plan year		5	2329
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	1097
a(2) Total number of active participants at the end of the plan year		6a(2)	1042
b Retired or separated participants receiving benefits.....		6b	399
c Other retired or separated participants entitled to future benefits		6c	773
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	2214
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	28
f Total. Add lines 6d and 6e		6f	2242
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1C 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 type="checkbox"/> Insurance		(1) <input 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		b General Schedules	
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)		(1) <input checked="" type="checkbox"/> H (Financial Information)	
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) <input type="checkbox"/> I (Financial Information – Small Plan)	
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>	
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____		(4) <input checked="" type="checkbox"/> C (Service Provider Information)	
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)		(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)	
		(6) <input type="checkbox"/> 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 SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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

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

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

A Name of plan <u>THE HOSPITAL FOR SPECIAL SURGERY RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NY SOCIETY FOR THE RELIEF OF THE RUPTURED & CRIPPLED</u>	D Employer Identification Number (EIN) <u>13-1624135</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	<u>383445561</u>	
b Actuarial value	2b	<u>405126035</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>423</u>	<u>29720626</u>	<u>29720626</u>
b For terminated vested participants	<u>809</u>	<u>66795858</u>	<u>66795858</u>
c For active participants	<u>1097</u>	<u>251714265</u>	<u>263827427</u>
d Total	<u>2329</u>	<u>348230749</u>	<u>360343911</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.39 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>8254474</u>	
b Expected plan-related expenses	6b	<u>980000</u>	
c Target normal cost	6c	<u>9234474</u>	

Statement by Enrolled Actuary

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

SIGN HERE		
	Signature of actuary	<u>09/18/2025</u> Date
	<u>ROBERT F. LIPSET</u> Type or print name of actuary	<u>23-06136</u> Most recent enrollment number
	<u>MERCER</u> Firm name	<u>609-520-2484</u> Telephone number (including area code)
	<u>ONE UNIVERSITY SQUARE DRIVE SUITE 100 PRINCETON, NJ 08540-6455</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	4435758	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	4435758	0
10	Interest on line 9 using prior year's actual return of <u>12.98</u> %	575761	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2736662
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.51</u> %		150790
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		2887452
	d Portion of (c) to be added to prefunding balance		2887452
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	5011519	2887452

Part III Funding Percentages			
14	Funding target attainment percentage	14	110.23 %
15	Adjusted funding target attainment percentage	15	112.42 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	112.83 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:				
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	9234474
b Excess assets, if applicable, but not greater than line 31a	31b	9234474

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

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

SCHEDULE C (Form 5500) <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 RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NY SOCIETY FOR THE RELIEF OF THE RUPTURED & 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

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

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	282621	Yes <input type="checkbox"/> No <input checked="" 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)

JP MORGAN CHASE BANK

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	78870	Yes <input type="checkbox"/> No <input checked="" 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)

WELLINGTON MICRO CAP FUND

20-3460618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	59543	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input 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)

ERNST AND YOUNG LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	54690	Yes <input type="checkbox"/> No <input checked="" 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)

JPMCB LONG CREDIT FUND

13-4027152

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	45264	Yes <input type="checkbox"/> No <input checked="" 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)

JPMCB LONG TREASURY FUND

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	39199	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input 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)

BLACKROCK LONG DURATION CORPORATE

27-4520291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	31096	Yes <input type="checkbox"/> No <input checked="" 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"/>

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(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.	OMB No. 1210-0110 <hr/> 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 RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NY SOCIETY FOR THE RELIEF OF THE RUPTURED & 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>WELLINGTON MICRO CAP FUND</u>		
b Name of sponsor of entity listed in (a): <u>WELLINGTON</u>		
c EIN-PN <u>20-3460618-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6651461</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)

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 RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NY SOCIETY FOR THE RELIEF OF THE RUPTURED & CRIPPLED	D Employer Identification Number (EIN) 13-1624135

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	2900000
(2) Participant contributions	1b(2)	0
(3) Other	1b(3)	15716701
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	16856587
(2) U.S. Government securities	1c(2)	53146854
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	5895050
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	113968818
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	191116469

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	399600479	376967875
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	15335010	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	15335010	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	384265469	376967875

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)	0	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1668813	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1668813
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	9236535	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	6032540	
(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)		
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		16937888

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	23439670	
(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)		23439670
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)		
(4) IQPA audit fees	2i(4)	54690	
(5) Investment advisory and investment management fees	2i(5)	204730	
(6) Bank or trust company trustee/custodial fees	2i(6)	49241	
(7) Actuarial fees	2i(7)	282621	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	204530	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		795812
j Total expenses. Add all expense amounts in column (b) and enter total	2j		24235482

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-7297594
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 AND 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		20000000
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		148859859
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.			

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 557639.

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 RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NY SOCIETY FOR THE RELIEF OF THE RUPTURED & 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): 13-4994650

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	75
--	---	----

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: 28.4 % Private Equity: 8.8 % Investment-Grade Debt and Interest Rate Hedging Assets: 40.6 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 3.3 % Other: 18.9 %

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 SCHEDULES

The Hospital for Special Surgery Retirement Plan
Years Ended December 31, 2024 and 2023
With Report of Independent Auditors



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The better the answer.
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The Hospital for Special Surgery Retirement Plan
Financial Statements and Supplemental Schedules

Years Ended December 31, 2024 and 2023

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Report of Independent Auditors

The Plan Administrator
The Hospital for Special Surgery Retirement Plan

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

We have performed audits of the financial statements of The Hospital for Special Surgery Retirement 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 statements of changes in net assets available for benefits for the years then ended, 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 a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



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Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.



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In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.



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Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2024, and reportable transactions for the year then ended (referred to as the “supplemental schedules”), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Ernst + Young LLP

October 2, 2025

The Hospital for Special Surgery Retirement Plan

Statements of Net Assets Available for Benefits

	December 31	
	2024	2023
Assets		
Investments, at fair value:		
Money market funds	\$ 11,961,601	\$ 16,856,587
Equity mutual funds	63,350,587	53,971,814
Fixed income funds	128,498,079	59,997,004
Fixed income securities	23,891,695	53,146,854
Alternative investments	148,859,859	197,011,519
	376,561,821	380,983,778
Receivables:		
Contributions receivable	–	2,900,000
Unsettled sale of securities	–	15,256,088
Accrued investment income receivable	406,054	460,613
Total receivables	406,054	18,616,701
Liabilities		
Unsettled purchase of securities	–	15,335,010
Total liabilities	–	15,335,010
Net assets available for benefits	\$ 376,967,875	\$ 384,265,469

See accompanying notes.

The Hospital for Special Surgery Retirement Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2024	2023
Additions		
Employer contributions	\$ —	\$ 2,900,000
Interest and dividends	10,905,349	3,542,205
Total additions	10,905,349	6,442,205
Deductions		
Benefits paid to participants	23,439,670	13,455,829
Administrative expenses	795,813	1,830,487
Total deductions	24,235,483	15,286,316
Net realized and unrealized appreciation in fair value of investments	6,032,540	41,482,810
(Decrease) increase in net assets available for benefits	(7,297,594)	32,638,699
Net assets available for benefits at beginning of year	384,265,469	351,626,770
Net assets available for benefits at end of year	\$ 376,967,875	\$ 384,265,469

See accompanying notes.

The Hospital for Special Surgery Retirement Plan

Notes to Financial Statements

December 31, 2024

1. Significant Accounting Policies

Basis of Accounting

The financial statements of The Hospital for Special Surgery Retirement Plan (the Plan) are prepared on the accrual basis of accounting.

Payment of Benefits

Benefits are recorded when paid.

Valuation of Investments

Investments consist of money market funds, equity mutual funds, fixed income pooled funds, fixed income securities, and alternative investments. Equity mutual funds and fixed income securities are carried at fair value based on quoted market prices in an active market. Fixed income pooled funds are valued at readily determinable fair value based on the net asset value of the fund as provided by the issuer. Money market funds are carried at fair value based on the net asset value per share provided by the administrator of the applicable fund.

Alternative investments (non-traditional, not readily marketable securities) consist of event-driven funds, multi-strategy hedge funds, emerging market debt funds, global hedge funds, and private equity funds. Alternative investment interests generally are structured such that the Plan holds a limited partnership interest or an interest in an investment management company. The Plan's ownership structure does not provide for control over the related investees and the Plan's financial risk is limited to the carrying amount reported for each investee, in addition to any unfunded capital commitment.

Individual investment holdings within the alternative investments include non-marketable and market-traded debt and equity securities and interests in other alternative investments. The Plan may be exposed indirectly to securities lending, short sales of securities and trading in futures and forward contracts, options, and other derivative products. Alternative investments often have liquidity restrictions under which the Plan's capital may be divested only at specified times. Liquidity restrictions may apply to all or portions of a particular invested amount.

The Hospital for Special Surgery Retirement Plan

Notes to Financial Statements (continued)

1. Significant Accounting Policies (continued)

Alternative investments are stated in the accompanying statements of net assets available for benefits at fair value, as estimated in an unquoted market. Fair value is determined by the Plan's management for each investment based upon, as a practical expedient, net asset values. Financial information used by the Plan to evaluate its alternative investments is provided by the investment manager or general partner and includes fair value valuations (quoted market prices and values determined through other means) of underlying securities and other financial instruments held by the investee, and estimates that require varying degrees of judgment. The financial statements of the investee companies are audited annually by independent auditors, although the timing for reporting the results of such audits does not necessarily coincide with the Plan's annual financial statement reporting.

There is uncertainty in determining fair values of alternative investments arising from factors such as lack of active markets (primary and secondary), lack of transparency into underlying holdings, time lags associated with reporting by the investee companies and the subjective evaluation of liquidity restrictions. As a result, the estimated fair values reported in the accompanying statements of net assets available for benefits might differ from the values that would have been used had a ready market for the alternative investment interests existed and there is at least a reasonable possibility that estimates will change by a material amount in the near term. The Plan's valuation methods described above may produce a fair value that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

Investment Transactions

All investment transactions are recorded on the date the trade takes place. The realized gain or loss resulting from these transactions is the difference between the proceeds received and the average historical cost of the assets sold and is included in net realized and unrealized appreciation in fair value of investments in the accompanying statements of changes in net assets available for benefits. Investment income is recorded on the accrual basis.

The Hospital for Special Surgery Retirement Plan

Notes to Financial Statements (continued)

1. Significant Accounting Policies (continued)

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 and assumptions that affect the amounts reported in the financial statements, accompanying notes and supplemental schedules. Actual results could differ from those estimates.

2. Description of the Plan

The Plan is a non-contributory, single-employer, cash balance defined benefit plan covering all eligible employees of the New York Society for the Relief of the Ruptured and Crippled, Maintaining the Hospital for Special Surgery (the Hospital). The Plan reports accrued benefits to participants in the form of notional individual account balances. The Plan was amended so that effective January 1, 2001, account balances are credited each December 31 with an amount based on a percentage of a participant's compensation (based on years of service), plus an investment credit of 4.5%. However, if an employee was 50 years old or older on January 1, 2001, a second account balance is credited each December 31 by an amount based upon the previous compensation schedule (based on years of service and age) and an investment credit of 4.0%. The employee will receive the larger of the two benefits upon retirement or termination. The Plan is administered by the Finance Committee of the Hospital.

Actuarial and custodial fees and certain other administrative expenses are paid directly from Plan assets. The Hospital provides certain administrative services to the Plan at no cost. Such expenses are excluded from the amount of administrative expenses included in the Statements of Changes in Net Assets Available for Benefits.

The Hospital amended the Plan to implement a "soft freeze" effective October 17, 2009. Any new employees hired on or after October 17, 2009 are not eligible to participate in the Plan. In addition, existing employees employed on October 16, 2009 had the option to remain a Participant or freeze their status, with new benefits accruing in the 403(b) Plan sponsored by the Hospital. Any rehires after October 16, 2009 who previously elected to remain a Participant prior to October 17, 2009 are still eligible to participate in the Plan.

The Hospital for Special Surgery Retirement Plan

Notes to Financial Statements (continued)

2. Description of the Plan (continued)

Should the Plan terminate at some future time, its net assets will generally not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (the PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC's guarantee, while other benefits may not be provided for at all.

Participants should refer to the pamphlet *Your Employee Benefits and Policy Handbook*, the Plan document, and amendments for more complete information.

3. Contributions

The Hospital has agreed to voluntarily contribute actuarially determined amounts necessary to provide assets sufficient to meet the benefits to be paid to the Plan participants. The contributions of the Hospital are made in amounts sufficient to fund the Plan in such amounts as are necessary to maintain the Plan on a sound actuarial basis and to meet the minimum funding standards as prescribed by applicable law. The Plan has met the Employee Retirement Income Security Act of 1974 (ERISA) minimum funding requirements for the years ended December 31, 2024 and 2023.

4. Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by Plan participants through the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries and (b) present participants or their beneficiaries.

Benefits under the Plan accumulate to the date a participant leaves the employ of the Hospital, is disabled, dies, or retires on either the early or normal retirement date. Benefits for all participants or their beneficiaries are based on the methodology described in Note 2. Benefits payable are included in the valuation to the extent they are deemed attributable to service rendered through the valuation date.

The Hospital for Special Surgery Retirement Plan

Notes to Financial Statements (continued)

4. Accumulated Plan Benefits (continued)

The Plan's consulting actuaries estimate the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment, by means of decrements (such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefit information as of December 31, 2023, is as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 251,965,116
Other participants	<u>58,135,556</u>
Total vested benefits	310,100,672
Non-vested benefits	<u>8,658,767</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 318,759,439</u>

Following are the significant changes in the actuarial present value of accumulated plan benefits during the year ended December 31, 2023:

Actuarial present value of accumulated plan benefits	
as of December 31, 2022	\$ 308,519,555
Increase (decrease) due to:	
Benefits accumulated and losses	2,719,799
Benefits paid	(13,455,829)
Change in actuarial assumptions	(110,255)
Change in interest due to decrease in the discount period	<u>21,086,169</u>
Net increase	<u>10,239,884</u>
Actuarial present value of accumulated plan benefits	
as of December 31, 2023	<u>\$ 318,759,439</u>

The Hospital for Special Surgery Retirement Plan

Notes to Financial Statements (continued)

5. Actuarial Assumptions

The more significant assumptions used by the Plan's consulting actuaries to estimate the accumulated plan benefits and determine Plan funding levels, among other things, are as follows:

Assumed rate of return on investments	7.0% per annum compounded annually (7.0% in prior year)
Mortality basis after normal retirement age	Pri-2012 White Collar mortality table with the MP-2021 mortality projection scale. The annuitant and non-annuitant mortality tables are used for all healthy participants and beneficiaries, except for surviving spouses for whom the contingent annuitant table has been used.
Normal retirement age	65

The Plan offers an optional lump-sum form of payment upon termination of employment to participants. For purposes of this valuation, lump sums are calculated using Internal Revenue Service (IRS) mandated rates of interest and mortality. The lump-sum interest rates are based on 417(e) spot lump sum rates in effect as of the benefit information of 4.17% for payments occurring in the first five years, 4.76% for payments occurring in years 6–20, and 5.25% thereafter.

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The actuary estimated the accumulated plan benefits as of January 1, 2024 and 2023. There were no significant changes to the Plan that would have changed the valuations had they been performed as of December 31, 2023 and 2022.

The Hospital for Special Surgery Retirement Plan

Notes to Financial Statements (continued)

6. Investments

The Plan's investments are currently administered by JPMorgan Chase Bank, N.A., the Plan's trustee (Trustee). The Plan invests in certain investment securities that report their fair values and related investment information on a three- to six-month lag to the Trustee. Other than the investments reported on the lag at December 31, 2024 and 2023 and the related realized and unrealized appreciation for the years then ended for such investments, all investment information disclosed in the accompanying financial statements and notes, including investments held at December 31, 2024 and 2023, and net realized and unrealized appreciation in fair value of investments for the years then ended was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee.

	December 31	
	2024	2023
Assets		
Investments, at fair value:		
Money market funds*	\$ 11,961,601	\$ 16,856,587
Equity mutual funds*	63,350,587	53,971,814
Fixed income funds*	128,498,079	59,997,004
Fixed income securities*	23,891,695	53,146,854
Alternative investments*	114,028,923	158,566,804
Alternative investments	34,830,936	38,444,715
	<u>\$ 376,561,821</u>	<u>\$ 380,983,778</u>

*This information has been certified as complete and accurate by the Trustee.

The Hospital for Special Surgery Retirement Plan

Notes to Financial Statements (continued)

6. Investments (continued)

Following is a summary of appreciation of the Plan's investments (including investments bought, sold, and held during the year):

	Year Ended December 31	
	2024	2023
Net realized and unrealized appreciation in fair value of investments (certified by Trustee)	\$ 3,810,340	\$ 39,371,262
Net realized and unrealized appreciation in fair value of investments (not certified by Trustee)	2,222,200	2,111,548
Total net realized and unrealized appreciation in fair value of investments	<u>\$ 6,032,540</u>	<u>\$ 41,482,810</u>

7. Fair Value Measurements

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 (i.e., an exit price). To measure fair value, a hierarchy has been established that requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs. As such, 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 Retirement Plan

Notes to Financial Statements (continued)

7. 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.

Financial assets carried at fair value as of December 31, 2024 and 2023, are classified in the tables below in one of the three categories described above:

	Level 1	Level 2	Level 3	Total
2024				
Money market funds	\$ 11,961,601	\$ –	\$ –	\$ 11,961,601
Equity mutual funds	63,350,587	–	–	63,350,587
Fixed income funds	128,498,079	–	–	128,498,079
Fixed income securities	23,891,695	–	–	23,891,695
	<u>\$ 227,701,962</u>	<u>\$ –</u>	<u>\$ –</u>	<u>227,701,962</u>

Alternative investments measured at net asset value:

U.S. equity large/small cap ⁽ⁱ⁾	19,984,188
International equity ⁽ⁱⁱ⁾	23,565,875
Long/short equity ⁽ⁱⁱⁱ⁾	55,948,686
Multi-strategy ^(iv)	14,530,174
Private equity ^(v)	34,830,936
	<u>\$ 376,561,821</u>

The Hospital for Special Surgery Retirement Plan

Notes to Financial Statements (continued)

7. Fair Value Measurements (continued)

	Level 1	Level 2	Level 3	Total
2023				
Money market funds	\$ 16,856,587	\$ —	\$ —	\$ 16,856,587
Equity mutual funds	53,971,814	—	—	53,971,814
Fixed income funds	59,997,004	—	—	59,997,004
Fixed income securities	53,146,854	—	—	53,146,854
	<u>\$ 183,972,259</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 183,972,259</u>

Alternative investments measured at net asset value:

U.S. equity large/small cap ⁽ⁱ⁾	33,040,177
International equity ⁽ⁱⁱ⁾	33,203,252
Long/short equity ⁽ⁱⁱⁱ⁾	69,886,919
Multi-strategy ^(iv)	22,436,456
Private equity ^(v)	38,444,715
	<u>\$ 380,983,778</u>

The table below provides information regarding the Plan's alternative investments as of December 31, 2024:

Description of Investment	Fair Value	Unfunded Commitments	Redemption Notice Period	Funds Availability
U.S. equity large/ small cap ⁽ⁱ⁾	\$ 19,984,188	\$ —	30–90 days	1–3 months
International equity ⁽ⁱⁱ⁾	23,565,875	—	0–90 days	1 week–4 months
Long/short equity ⁽ⁱⁱⁱ⁾	55,948,686	—	45–180 days	4–7 months
Multi-strategy ^(iv)	14,530,174	—	60 days	10 months–1 year
Private equity ^(v)	34,830,936	6,835,611	n/a	1–13 years
	<u>\$ 148,859,859</u>	<u>\$ 6,835,611</u>		

⁽ⁱ⁾ Hedge funds holding common stock of corporations primarily domiciled in the United States.

⁽ⁱⁱ⁾ Hedge funds holding common stock of corporations primarily domiciled outside the United States, including emerging market countries.

The Hospital for Special Surgery Retirement Plan

Notes to Financial Statements (continued)

7. Fair Value Measurements (continued)

- (iii) Hedge fund investments consisting primarily of publicly traded equity holdings with both long and short positions.
- (iv) Hedge fund investments designed to provide returns largely independent of overall market moves, with lower correlations to domestic stock and bond markets. Underlying strategies can include credit, event-driven, relative value, and various arbitrage strategies.
- (v) Venture capital, buyout, and distressed debt partnerships.

8. Transactions With Parties in Interest

Certain of the Plan's assets are invested in funds managed by the trustee of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

9. Tax Status

The Plan has received a determination letter from the IRS dated June 11, 2021, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended and restated. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan, as amended and restated, is qualified and the related trust is 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.

The Hospital for Special Surgery Retirement Plan

Notes to Financial Statements (continued)

10. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, valuation, 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 those changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

11. Subsequent Events

Management evaluated subsequent events for the Plan through October 2, 2025, the date at which the financial statements were available to be issued.

Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of Credited Service										Total
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	
Under 25											
25–29											
30–34				3							3
35–39		1	1	14	37	1					54
					101,726						
					95,144						
40–44				13	122	28					163
					110,304	95,849					
					112,143	125,605					
45–49		3	5	16	95	41	15				175
					106,235	109,992					
					117,341	171,013					
50–54		1	3	5	56	58	31	10	1		165
					111,992	112,486	112,997				
					112,045	173,673	226,561				
55–59				8	65	47	30	17	7		174
					105,947	109,998	105,923				
					117,991	171,786	207,864				
60–64				5	60	31	25	24	12	2	159
					100,789	96,591	106,395	132,435			
					110,242	155,636	207,533	345,043			
65–69			1	3	24	22	8	9	10	3	80
					111,216	97,870					
					134,179	161,243					
70 & up				1	10	12	5	2	3	4	37
Total		5	10	68	469	240	114	62	33	9	1,010
											108,740
											158,319

In each cell, the top number is the count of active participants for each age/service combination, middle number is average pay (for 2023 limited to \$330,000) and the bottom number is average account balance. Average pay and average account balance is not shown for plans with less than 1,000 active participants or cells with fewer than 20 participants.

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

Actuarial Assumptions for January 1, 2024 Funding Valuation

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	0	
	<u>Stabilized</u>	<u>Nonstabilized</u>
• First 5 years	4.75%	4.37%
• Next 15 years	4.96%	4.96%
• Over 20 years	5.59%	4.95%
Mortality sponsor elections		
• Healthy participants	Section 430(h)(3) prescribed generational annuitant and non-annuitant mortality tables for 2024 plan year funding valuations. These tables are based on the Pri-2012 mortality tables projected with the IRS-modified MP-2021 mortality improvements scale, in accordance with IRS regulation 1.430(h)(3)-1.	
• Pre-1995 disabilities	Same as healthy	
• Post-1994 disabilities	Same as healthy	
417(e) lump sums	Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current year 417(e) unisex mortality.	
Cash balance plans		
• Interest accumulation rate	4.50%	
• Whipsaw calculations	Yes	
• Mortality table	2024 IRC Section 417(e) unisex mortality	
• Interest rate basis	Funding segment rates	
• Annuity conversion		
– Mortality table	1994 Group Annuity mortality, projected to 2002, 50% male/50% female	
– Interest rate basis	7.00%	
Other economic assumptions		
• Salary increases	See table of sample rates	
• Inflation	Not applicable	
• Expected investment return	4.99% for 2022 plan year, 6.29% for 2023 plan year and 6.64% for 2024 plan year. For the actuarial value of assets, the expected return is not greater than the 3rd segment rate in effect for each plan year	
• Expenses	\$980,000 added to current year normal cost	

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

Rationale for Economic Assumptions

- Discount rate – Prescribed by the IRS.
- Cash balance interest accumulation and annuity conversion rate – Prescribed by the plan document.
- Salary increases – Based on an experience study performed in 2015, using plan experience from 2009 through 2013.
- Expected investment return – Based on the target asset allocation, the expected return is approximately equal to the 50th percentile of simulated compound geometric-average annual returns over a twenty year horizon. The calculation of the expected return includes 20 basis points increase for net alpha.
- Expenses – This assumption is based on average expenses from the prior year (excluding PBGC premium), adjusted for significant expected differences in the current year, if any.

Demographic assumptions				
• Withdrawal	Equal to 95% of the Society of Actuaries small plan termination rates. See table of sample rates.			
• Disability incidence	None assumed			
• Retirement age	See table of sample rates.			
• Benefit commencement age / Form of payment	<u>Immediate Lump Sum</u>	<u>Lump Sum payable at 65</u>	<u>Single Life Annuity payable immediately</u>	<u>Single Life Annuity Deferred to 65</u>
• Future retirements	75%	0%	25%	0%
• Future vested deferred	45%	45%	0%	10%
• Current vested deferred				
• Less than 2 years since termination	45%	45%	0%	10%
• 2 or more years since termination	0%	90%	0%	10%
• Spouse assumptions	<u>Male participants</u>		<u>Female participants</u>	
– Percentage married	100%		100%	
– Spouse age difference	3 years younger		3 years older	
Unpredictable contingent event assumptions	Not applicable			

Rationale for Demographic Assumptions

- Mortality – Prescribed by the IRS.
- Retirement – Based on a combination of an experience study performed in 2015, using plan experience from 2009 through 2013, and management’s expectation of future retirement activity.
- Withdrawal – Based on an experience study performed in 2015, using plan experience from 2009 through 2013.

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

- Form and timing of payment – Based on an experience study performed in 2015, using plan experience from 2009 through 2013.

Table of Sample Rates

Retirement Rates

Age	Expected rate of retirement
55	2.50%
56	2.50
57	2.50
58	2.50
59	5.00
60	7.00
61	7.00
62	14.00
63	10.00
64	10.00
65	60.00
66	60.00
67	60.00
68	60.00
69	60.00
70	100.00

Withdrawal rates

The percentage of employees expected to terminate is as follows:

Age	Annual rate of termination
25	9.41%
30	7.79
35	6.08
40	4.75
45	3.71
50	2.85
55	2.19

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

Salary Increases

Age	Salary increases
25	4.25%
30	4.25
35	4.00
40	4.00
45	3.75
50	3.50
55	3.50
60	3.25
65	3.00

Actuarial Methods**Asset Methods**

The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break-in-service on the valuation date are treated as terminated participants. No actuarial liability is included for terminated vested participants who meet the Plan's requirements for forfeiture.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum Funding Methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

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

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

The Hospital for Special Surgery Retirement Plan

EIN 13-1624135 Plan #001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2024

Identity of Party Involved/ Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) – Series of transactions in excess of 5% of net assets					
JPMorgan U.S. Government					
Money Market Fund – Capital Shares*	\$ 117,169,574	\$ –	\$ 117,169,574	\$ 117,169,574	\$ –
JPMorgan U.S. Government					
Money Market Fund – Capital Shares*	–	122,068,108	122,068,108	122,068,108	–

There were no category (i), (ii) or (iv) reportable transactions for the year ended December 31, 2024.

*Party in interest

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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
 ▶ Round off amounts to nearest dollar.
 ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>THE HOSPITAL FOR SPECIAL SURGERY RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NY SOCIETY FOR THE RELIEF OF THE RUPTURED & CRIPPLED</u>	D Employer Identification Number (EIN) <u>13-1624135</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:		
a Market value	2a	383,445,561
b Actuarial value	2b	405,126,035

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	423	29,720,626	29,720,626
b For terminated vested participants	809	66,795,858	66,795,858
c For active participants	1,097	251,714,265	263,827,427
d Total	2,329	348,230,749	360,343,911

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

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

5 Effective interest rate **5** 5.39%

6 Target normal cost		
a Present value of current plan year accruals	6a	8,254,474
b Expected plan-related expenses	6b	980,000
c Target normal cost	6c	9,234,474

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

SIGN HERE	<u>RFL</u> Signature of actuary	<u>9/18/2025</u> Date
	<u>ROBERT F. LIPSET</u> Type or print name of actuary	<u>2306136</u> Most recent enrollment number
	<u>MERCER</u> Firm name	<u>609-520-2484</u> Telephone number (including area code)
	<u>ONE UNIVERSITY SQUARE DRIVE</u> <u>SUITE 100</u> <u>PRINCETON NJ 08540-6455</u> Address of the firm	

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	4,435,758	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	4,435,758	0
10	Interest on line 9 using prior year's actual return of <u>12.98%</u>	575,761	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2,736,662
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.51%</u>		150,790
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		2,887,452
	d Portion of (c) to be added to prefunding balance		2,887,452
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	5,011,519	2,887,452

Part III		Funding Percentages	
14	Funding target attainment percentage	14	110.23%
15	Adjusted funding target attainment percentage	15	112.42%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	112.83%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV		Contributions and Liquidity Shortfalls				
18 Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

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

20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21	Discount rate:			
a	Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %
		<input type="checkbox"/> N/A, full yield curve used		
b	Applicable month (enter code)		21b	0
22	Weighted average retirement age		22	63
23	Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

Part VI Miscellaneous Items

24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26	Demographic and benefit information		
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31	Target normal cost and excess assets (see instructions)			
a	Target normal cost (line 6c)	31a	9,234,474	
b	Excess assets, if applicable, but not greater than line 31a	31b	9,234,474	
32	Amortization installments:	Outstanding Balance	Installment	
a	Net shortfall amortization installment	0	0	
b	Waiver amortization installment	0	0	
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0	
35	Balances elected for use to offset funding requirement	Carryover balance	Prefunding balance	Total balance
		0	0	0
36	Additional cash requirement (line 34 minus line 35)	36	0	
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38	Present value of excess contributions for current year (see instructions)			
a	Total (excess, if any, of line 37 over line 36)	38a	0	
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40	Unpaid minimum required contributions for all years	40	0	

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

41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
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Schedule SB, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

(A) Age	(B) Rate of Retirement	(C) Number of Employees Remaining	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	2.50%	1,000.00	25.00	1,375.0
56	2.50%	975.00	24.38	1,365.0
57	2.50%	950.60	23.77	1,354.6
58	2.50%	926.80	23.17	1,343.9
59	5.00%	903.60	45.18	2,665.6
60	7.00%	858.40	60.09	3,605.3
61	7.00%	798.30	55.88	3,408.7
62	14.00%	742.40	103.94	6,444.0
63	10.00%	638.50	63.85	4,022.6
64	10.00%	574.70	57.47	3,678.1
65	60.00%	517.20	310.32	20,170.8
66	60.00%	206.90	124.14	8,193.2
67	60.00%	82.80	49.68	3,328.6
68	60.00%	33.10	19.86	1,350.5
69	60.00%	13.20	7.92	546.5
70	100.00%	5.30	5.30	371.0
Total			1,000.00	63,227.4
Average Retirement Age				63.2

Plan: THE HOSPITAL FOR SPECIAL SURGERY RETIREMENT PLAN

EIN/PN: 131624135/001

Valuation Date: 01/01/2024

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	3,453,779	633,383	3,029,005	7,116,167
2025	4,522,079	769,462	2,936,500	8,228,041
2026	5,456,966	876,244	2,834,815	9,168,025
2027	6,317,985	1,000,048	2,731,726	10,049,759
2028	7,261,570	1,189,745	2,626,196	11,077,511
2029	7,899,845	1,375,843	2,519,791	11,795,479
2030	8,885,338	1,529,222	2,413,285	12,827,845
2031	9,746,521	1,719,910	2,303,915	13,770,346
2032	10,543,095	2,053,053	2,194,719	14,790,867
2033	11,681,602	2,166,620	2,057,903	15,906,125
2034	12,893,687	2,390,395	1,942,433	17,226,515
2035	14,259,508	2,779,559	1,831,067	18,870,134
2036	15,424,591	3,095,836	1,720,184	20,240,611
2037	16,558,348	3,393,349	1,610,054	21,561,751
2038	17,723,020	3,964,163	1,500,937	23,188,120
2039	19,070,123	4,566,058	1,393,090	25,029,271
2040	20,170,105	4,969,086	1,286,781	26,425,972
2041	21,323,004	5,411,174	1,182,304	27,916,482
2042	22,404,516	5,868,348	1,079,990	29,352,854
2043	23,706,715	6,575,187	980,216	31,262,118
2044	24,672,313	7,145,675	883,434	32,701,422
2045	25,854,647	7,559,731	790,169	34,204,547
2046	26,968,756	7,730,497	701,008	35,400,261
2047	28,297,815	8,164,027	616,581	37,078,423
2048	29,304,114	8,739,047	537,489	38,580,650
2049	30,033,287	8,951,466	464,284	39,449,037
2050	30,066,513	9,173,922	397,412	39,637,847
2051	30,069,219	9,204,683	337,156	39,611,058
2052	29,487,278	9,252,838	283,637	39,023,753
2053	28,825,369	9,065,942	236,800	38,128,111
2054	27,810,102	8,793,821	196,416	36,800,339
2055	26,769,505	8,479,868	162,118	35,411,491
2056	25,640,831	8,151,668	133,416	33,925,915
2057	24,435,755	7,809,801	109,736	32,355,292
2058	23,200,852	7,455,017	90,452	30,746,321
2059	21,942,679	7,088,298	74,923	29,105,900
2060	20,668,572	6,710,901	62,524	27,441,997
2061	19,384,046	6,324,346	52,675	25,761,067
2062	18,095,265	5,930,376	44,862	24,070,503
2063	16,808,667	5,530,970	38,641	22,378,278
2064	15,530,883	5,128,528	33,647	20,693,058
2065	14,268,764	4,725,773	29,587	19,024,124
2066	13,029,179	4,325,589	26,236	17,381,004
2067	11,818,937	3,930,984	23,421	15,773,342
2068	10,644,831	3,545,044	21,012	14,210,887
2069	9,513,469	3,170,860	18,912	12,703,241
2070	8,431,297	2,811,404	17,053	11,259,754
2071	7,404,495	2,469,429	15,385	9,889,309
2072	6,438,990	2,147,388	13,876	8,600,254
2073	5,540,284	1,847,384	12,498	7,400,166

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

Effective date and plan year	Original plan: June 1, 1955 Restated plan: January 1, 2011 Plan year: January 1 through December 31
Sponsoring employer	Hospital for Special Surgery
Status of the plan	The plan has ongoing benefit accruals and new employees are eligible to participate.
Significant events that occurred during the year	None

Definitions

<ul style="list-style-type: none"> Covered employees 	<p>Prior to January 1, 1995, employees not having a medical staff appointment became members on June 1 or December 1 subsequent to the first computation period during which the employee was credited with 1,000 or more hours of service.</p> <p>On and after January 1, 1995, employees not having a medical staff appointment become members on January 1 or July 1 subsequent to the second computation period during which the employee is credited with 1,000 hours of service.</p> <p>Effective June 1, 1984, certain members of senior management staff and department heads transferred to the Retirement Plan for Management and Medical Staff (RPMMS). Pensions under the Employees’ Pension Plan (the name of the Hospital for Special Surgery Retirement Plan prior to January 1, 1995) became fixed at date of transfer; vesting service will be credited during continued employment.</p> <p>Membership excludes individuals hired after June 1, 1984 considered to be senior management staff or department heads. Membership also excludes employees covered by a collective bargaining agreement and leased employees.</p>
<ul style="list-style-type: none"> Participation 	<p>Effective January 1, 2010, the plan was amended to close participation to any employee first hired on or after October 17, 2009. Additionally, employees deemed to be eligible were given a choice to continue accruing benefits in the Retirement Plan or have their Retirement Plan benefit frozen as of December 31, 2009 and begin participation in a new defined contribution plan.</p> <p>Participants electing to remain in the Retirement Plan continue to earn benefits after that date as they did before the amendment.</p>
<ul style="list-style-type: none"> Employer contributions 	The Hospital for Special Surgery pays the full cost of the plan.
<ul style="list-style-type: none"> Employee contributions 	None required or allowed.
<ul style="list-style-type: none"> Credited service 	<ul style="list-style-type: none"> For Computation Periods Beginning After June 1, 1975: One year of Credited Service for each Plan Year during which 1,000 hours is credited. If fewer than 1,000 hours are credited, then a partial year of Credited Service is determined by dividing hours of service by 1,000 and increasing the result to the next highest one-twelfth (1/12). For plan year after December 31, 1994, no Credited Service is earned in a year in which the member completed fewer than 501 hours of service.

Schedule SB, Part V — Summary of Plan Provisions

- For Computation Periods Ending Prior to June 1, 1976: Years and fractional parts of credited service consisting of years and completed months of continuous service.

<ul style="list-style-type: none"> • Hour of service 	<p>Primarily each hour the employee is paid or entitled to payment for the performance of duties or on account of vacation, holiday, illness, incapacity, disability, layoff, jury duty or leave. Maximum of 501 hours credited for any given continuous period when no duties are performed. Time taken for parental leave will be credited to avoid a break in service as required by statute.</p>								
<ul style="list-style-type: none"> • Break in service 	<p>Any computation period during which the employee is credited with less than 501 hours of service.</p>								
<ul style="list-style-type: none"> • Grandfathered member 	<p>Each member who has attained age 55 and has a minimum of five years of service as of January 1, 1995 is grandfathered in the final average pay plan.</p>								
<ul style="list-style-type: none"> • Pensionable earnings 	<p>Compensation means the basic cash earnings including experience, education, and shift differentials plus premiums paid for tax-sheltered annuities but does not include any bonus, on-call pay, overtime or other similar payments or contributions to this plan or to any other employee benefit plan. Compensation is limited to the amount defined in Section 401(a)(17) of the Internal Revenue Code (\$330,000 in 2023).</p>								
<ul style="list-style-type: none"> • Final average earnings 	<p>Average of highest five consecutive calendar years of compensation in the 10 calendar years preceding termination of employment, early retirement, normal retirement, deferred retirement, or disability retirement, whichever is applicable.</p>								
<ul style="list-style-type: none"> • Primary Social Security benefit 	<p>Amount the member is entitled to receive at normal retirement date. When used in connection with determining benefits provided upon termination or retirement prior to normal retirement date, it shall be computed on the basis of continuation of the most recent full calendar year's compensation until normal retirement date. It shall also be assumed that the taxable wage and benefit schedule will remain unchanged.</p>								
<ul style="list-style-type: none"> • Account balance 	<p>For members as of December 31, 1994: the actuarial equivalent (based on the 1983 Group Annuity Mortality Table for Males and 7% interest) of the December 31, 1994 accrued benefit, increased each December 31 by the applicable Compensation Credit and Interest Credit. For members on or after January 1, 1995: a zero balance established at date of hire and increased with the applicable Compensation Credit and Interest Credit.</p>								
<ul style="list-style-type: none"> • Compensation credit 	<p>For each year in which the member is credited with at least 501 hours of service, the amount credited to the member's Account Balance each December 31 is determined as a percentage of compensation. This percentage is based on age and years of Credited Service at the beginning of the year according to the following schedules:</p>								
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Prior to January 1, 2001</u></td> <td style="text-align: center; width: 50%;"><u>Effective January 1, 2001</u></td> </tr> </table>		<u>Prior to January 1, 2001</u>	<u>Effective January 1, 2001</u>						
<u>Prior to January 1, 2001</u>	<u>Effective January 1, 2001</u>								
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 25%;"><u>Age +</u></td> <td style="text-align: center; width: 25%;"></td> <td style="text-align: center; width: 25%;"></td> <td style="text-align: center; width: 25%;"></td> </tr> <tr> <td style="text-align: center;"><u>Years of Service</u></td> <td style="text-align: center;"><u>Percentage</u></td> <td style="text-align: center;"><u>Years of Service</u></td> <td style="text-align: center;"><u>Percentage</u></td> </tr> </table>		<u>Age +</u>				<u>Years of Service</u>	<u>Percentage</u>	<u>Years of Service</u>	<u>Percentage</u>
<u>Age +</u>									
<u>Years of Service</u>	<u>Percentage</u>	<u>Years of Service</u>	<u>Percentage</u>						

Schedule SB, Part V — Summary of Plan Provisions

Less than 35	2.50%	Less than 5	5.00%
35 but less than 45	3.00	5 but less than 10	6.00
45 but less than 50	3.50	10 but less than 15	7.00
50 but less than 55	4.00	15 but less than 20	8.00
55 but less than 60	4.75	20 or more	10.00
60 but less than 65	5.50	Age + Service is	
65 but less than 70	6.50	85 or more	11.50
70 but less than 75	7.50		
75 but less than 80	8.75		
80 but less than 85	10.00		
85 or more	11.50		

- Interest credit Interest on the member’s Account Balance as of the beginning of the year to year-end or termination of employment, if earlier is at an annual rate of:
 Prior to January 1, 2001: 4.0%.
 Effective January 1, 2001: 4.5%.

Normal retirement

- Eligibility Age 65
- Benefit For a member terminating on or after January 1, 1995 and prior to January 1, 2001: The Normal Retirement Pension is the Actuarial Equivalent (based on 1983 Unisex Group Annuity Mortality Table and 7% interest) of the member’s Account Balance as of his date of separation from employment. At no time will the Normal Retirement Benefit be less than the accrued benefit as of December 31, 1994. For members grandfathered on January 1, 1995, the normal retirement benefit will be no less than the accrued benefit using the prior plan formula, as described above.
 For a member terminating on or after January 1, 2001: The Normal Retirement Pension is the Actuarial Equivalent (based on 1983 Unisex Group Annuity Mortality Table (for members terminating on or after January 1, 2002, the 1994 Group Annuity Reserving Table weighted 50% male and 50% female, projected to 2002) and 7% interest) of the member’s Account Balance as of his date of separation from employment. For employees who are members prior to January 1, 2001 and who are age 50 or older on January 1, 2001, the normal retirement benefit will be no less than the accrued benefit using the Compensation Credit and Interest Credit schedules in effect prior to January 1, 2001.

Early retirement

- Eligibility Age 55 with five years of service.
- Benefit Computed in accordance with normal retirement pension provision based on credited service to early retirement date. Resulting pension reduced 0.5% for each full month that date of commencement of pension precedes normal retirement date.

Late retirement

- Eligibility Beyond normal retirement age.
- Benefit For grandfathered members, normal retirement pension increased by the greater of the actuarial increase or the benefit accruals to actual retirement date. Based on the Primary Social Security Benefit payable at normal

Schedule SB, Part V — Summary of Plan Provisions

retirement date. For other members, the normal retirement pension increased by benefit accruals to actual retirement date.

Deferred vested

- Eligibility Immediate vesting with Credited Service after December 31, 1994.
- Benefit Computed in accordance with normal retirement pension provision based on credited service to termination.

Disability

- Eligibility For a grandfathered member or a member who incurred a termination of employment prior to January 1, 1995, the first of the month coinciding with or next following the completion of 10 years of credited service, excluding years of credited service accumulated in computation periods ending prior to attainment of age 18, and upon total and permanent disability in the opinion of the Employee Benefits Committee.
- Benefit Immediate: Computed in accordance with normal retirement pension provision based on credited service to disability retirement date and actuarially reduced for early commencement of payment. Alternatively, members may elect to receive the vested pension below.
 Deferred: Member may elect to not commence pension payments but accrue compensation and interest credits for pensions during the period he is in receipt of social security disability benefits. Payments commence at normal retirement date based on annual rate of compensation in effect during year in which determination of disability was made by the Social Security Administration.

Pre-retirement death

- Eligibility Spouses' Survivorship Pension: For members not credited with an hour of service after January 1, 1995, Joint and Survivor annuity to member's spouse upon member's death while actively employed and vested or terminated vested.
 For members credited with an hour of service after January 1, 1995, the remainder of the member's Account Balance after deduction of the Actuarial Equivalent of the above benefit shall also be payable; or, at the surviving spouse's election, the entire Account Balance is payable.
 Pre-retirement Death Benefit for Unmarried Members: Lump sum payment of the Account Balance.
- Benefit prior to early retirement If death occurs prior to early retirement eligibility, pension payable to spouse is 50% of the actuarial equivalent of the early retirement pension payable to spouse as of earliest date member would have been eligible to retire, based on credited service and average compensation as of date of death.
- Benefit after early but before normal retirement If death occurs after early retirement eligibility, pension payable to spouse is 50% of the actuarial equivalent of the early retirement pension.

Form of benefits

- Automatic form for unmarried participants Life Annuity
- Automatic form for married participants 50% Joint & Survivor

Schedule SB, Part V — Summary of Plan Provisions

<ul style="list-style-type: none"> Optional forms 	5 Years Certain & Continuous 10 Years Certain & Continuous 75% Joint & Survivor 100% Joint & Survivor Lump Sum, if eligible
<ul style="list-style-type: none"> Actuarial equivalence basis used to calculate optional forms of retirement benefit 	<p>For annuity forms of benefit, optional forms are actuarially equivalent to the life annuity, where actuarial equivalence is based on a 7% interest rate and the mortality table in Revenue Ruling 2001-62.</p> <p>Lump sums are determined as the actuarial equivalence of the age 65 annuity for participants who are age 65 or younger. For participants who are older than age 65, the lump sum is determined based on an actuarial equivalent factor at age 65 and the immediate annuity at the participant's current age. For lump sum determination, actuarial equivalence uses 417(e) interest and mortality assumptions. The interest rates used are the segment rates for the fourth full calendar month preceding the first month of the calendar quarter in which the distribution occurs.</p>
Miscellaneous	
<ul style="list-style-type: none"> Maximum compensation 	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2024, the limit is \$345,000.
<ul style="list-style-type: none"> Maximum benefits 	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended through January 1, 2015 are included in this valuation:

- **Most recent plan amendments included:** Amendment three, adopted October 16, 2014.
- **Plan amendments excluded:** None
- **Late retirement increases:**
 - Active participants: The plan applies late retirement actuarial increases for all participants who defer retirement beyond their normal retirement date and this valuation includes those increases.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Schedule SB, Part V — Summary of Plan Provisions

Plan provisions specific to funding**Additional benefits included or excluded**

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* The plan doesn't have any unpredictable contingent event benefits.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2023 to 2024.

The Hospital for Special Surgery Retirement Plan

EIN 13-1624135 Plan #001

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

December 31, 2024

Identity of Issuer, Borrower, Lessor, or Similar Party	Cost	Current Value
Money market funds		
JPMorgan U.S. Government Money Market Fund – Capital Shares*	\$ 11,961,601	\$ 11,961,601
Fixed income funds		
PIMCO Long Term Credit Fund (Mutual Fund)	34,760,912	28,283,772
JPMCB Long Credit Fund (Pooled Fund)*	23,428,814	27,450,289
Blackrock Long Duration Corporate Credit Fund (Pooled Fund)	23,161,834	27,609,900
iShares 25+ Year Treasury STRIPS Bond ETF	26,991,721	22,612,722
PIMCO 25+ Year Zero Coupon U.S. Treasury ETF	26,990,955	22,541,396
Total fixed income funds	135,334,236	128,498,079
Fixed income securities		
United States of America Bond Zero Coupon (2050)	235,814	227,369
United States of America Bond Zero Coupon (2050)	1,116,448	957,565
United States of America Bond Zero Coupon (2051)	215,871	207,589
United States of America Bond Zero Coupon (2051)	1,109,442	935,927
United States of America Bond Zero Coupon (2052)	1,093,088	907,442
United States of America Bond Zero Coupon (2053)	1,081,182	895,417
United States of America Bond Zero Coupon (2054)	1,194,418	1,120,638
United States of America Bond Zero Coupon (2050)	888,781	830,566
United States of America Bond Zero Coupon (2050)	933,953	803,996
United States of America Bond Zero Coupon (2051)	211,168	203,148
United States of America Bond Zero Coupon (2051)	1,122,335	952,601
United States of America Bond Zero Coupon (2052)	504,344	484,402
United States of America Bond Zero Coupon (2052)	1,091,108	914,893
United States of America Bond Zero Coupon (2053)	1,060,327	900,795
United States of America Bond Zero Coupon (2053)	364,113	325,433
United States of America Bond Zero Coupon (2054)	1,049,525	961,730
United States of America Bond Zero Coupon (2050)	259,505	250,793
United States of America Bond Zero Coupon (2050)	1,115,348	962,761
United States of America Bond Zero Coupon (2051)	211,176	203,366
United States of America Bond Zero Coupon (2051)	1,118,254	946,399
United States of America Bond Zero Coupon (2052)	362,080	329,265
United States of America Bond Zero Coupon (2052)	1,049,976	908,332
United States of America Bond Zero Coupon (2053)	1,265,878	1,150,707
United States of America Bond Zero Coupon (2053)	1,084,412	900,538
United States of America Bond Zero Coupon (2054)	1,113,209	1,019,477
United States of America Bond Zero Coupon (2049)	272,820	264,173
United States of America Bond Zero Coupon (2049)	938,175	810,938
United States of America Bond Zero Coupon (2050)	273,369	264,084

The Hospital for Special Surgery Retirement Plan

EIN 13-1624135 Plan #001

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

Identity of Issuer, Borrower, Lessor, or Similar Party	Cost	Current Value
Fixed income securities (continued)		
United States of America Bond Zero Coupon (2050)	\$ 1,121,486	\$ 952,908
United States of America Bond Zero Coupon (2051)	281,593	270,298
United States of America Bond Zero Coupon (2051)	1,099,706	921,865
United States of America Bond Zero Coupon (2052)	1,078,519	892,296
United States of America Bond Zero Coupon (2053)	1,315,431	1,213,984
Total fixed income securities	27,232,854	23,891,695
Alternative investments		
Children’s Investment Fund	1,600,000	14,610,828
Coatue Offshore Fund	6,817,335	19,720,005
Coatue Growth Fund (Private Equity)	3,551,807	2,654,260
Coatue Kona III Offshore Fund (Private Equity)	2,501,008	5,333,756
Coatue Liquidating Fund (Private Equity)	567,127	585,660
Davidson Kempner LT Distressed Opportunities (Private Equity)	3,190,916	5,145,104
Farallon Equity Partners	12,000,000	13,332,727
Farallon Capital	1,113	7,499
General Atlantic Investment Partners (Private Equity)	6,753,941	7,266,754
GQG Partners Emerging Markets Equity Fund	3,500,000	8,900,625
Green Equity Investors V, LP (Private Equity)	17,534	7,999
Green Equity Investors VI, LP (Private Equity)	1,177	1,547,424
HCIF Offshore, LP (Private Equity)	5,940,179	155,494
Himalaya Capital Investors	218,240	54,422
Junto Offshore Fund	8,534,154	14,504,196
LCP IX (Offshore) LP (Private Equity)	2,905,971	4,928,089
LCP X (Offshore) LP (Private Equity)	1,793,204	2,180,493
Lexington Middle Market Investors IV, LP (Private Equity)	2,287,336	4,296,799
Mount Kellett Capital Partners II (Private Equity)	10,637	84,371
Redwood Offshore Fund	2,000,000	14,522,675
SRS Partners, Ltd.	5,204,693	12,844,281
Steadfast International Ltd.	2,748,963	4,990,446
Teng Yue Partners Offshore Fund	7,327,191	3,889,758
Vine Ventures II – B LP (Private Equity)	460,000	644,733
Wellington Micro Cap Fund	1,654,904	6,651,461
Total alternative investments	81,587,430	148,859,859

The Hospital for Special Surgery Retirement Plan

EIN 13-1624135 Plan #001

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

Identity of Issuer, Borrower, Lessor, or Similar Party	Cost	Current Value
Equity mutual funds		
Edgewood Growth Fund	\$ 21,195,295	\$ 38,228,268
SPDR S & P 500 Trust Series 1	9,831,854	25,122,319
Total equity mutual funds	<u>31,027,149</u>	<u>63,350,587</u>
Total investments	<u>\$ 287,143,270</u>	<u>\$ 376,561,821</u>

* Party in interest

Schedule SB, line 24 — Change in Non-prescribed Actuarial Assumptions

- The amount of expected expenses changed from \$2,495,000 to \$980,000.