

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 09/01/1988
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) EXCELSIOR ORTHOPAEDICS LLP 3925 SHERIDAN DRIVE AMHERST, NY 14226
2b	Employer Identification Number (EIN) 16-1608040
2c	Plan Sponsor's telephone number 716-250-9999
2d	Business code (see instructions) 621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2024	PATRICK MATHEWS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 730
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 544 6a(2) 598 6b 0 6c 139 6d 737 6e 0 6f 737 6g(1) 704 6g(2) 718 6h 41
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:

2A 2E 2F 2G 2J 2R 2S 2T 3D 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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 EXCELSIOR ORTHOPAEDICS LLP	D Employer Identification Number (EIN) 16-1608040

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

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	861105	712	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	1542216
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP PENSION FUNDING CONTRACT****b** Balance at the end of the previous year**7b**

1395175

c Additions: (1) Contributions deposited during the year**7c(1)**

155156

(2) Dividends and credits

7c(2)

0

(3) Interest credited during the year

7c(3)

29807

(4) Transferred from separate account.....

7c(4)

948

(5) Other (specify below)

7c(5)

15228

▶ **LOAN REPAYMENT**

(6) Total additions.....

7c(6)

201139

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

1596314

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

48568

(2) Administration charge made by carrier

7e(2)

3267

(3) Transferred to separate account.....

7e(3)

0

(4) Other (specify below)

7e(4)

2263

▶ **FORFEITURES 2,261; LOAN ISSUE 2**

(5) Total deductions.....

7e(5)

54098

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

1542216

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 EXCELSIOR ORTHOPAEDICS LLP	D Employer Identification Number (EIN) 16-1608040	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VOYA RETIREMENT INS AND ANNUITY CO
71-0294708

(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)

VOYA RETIREMENT INS AND ANNUITY CO

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 62 37 64 52 67	NONE	68958	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

RAYMOND JAMES FINANCIAL SERVICES

1207 DELAWARE AVE, STE 108
BUFFALO, NY 14209

(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?
27	NONE	18637	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VALIANT RETIRE INC.

87-1649469

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	17868	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

PRATT COLLARD BUCK ADVISORY GROUP

120 WEST TUPPER ST, STE 205
BUFFALO, NY 14201

(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?
27	NONE	17088	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAYMOND JAMES & ASSOCIATES

468 DELAWARE AVE, STE 100
BUFFALO, NY 14202

(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?
27	NONE	9570	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SANDHILL INVESTMENT MANAGEMENT

40 FOUNTAIN PLAZA, STE 1300
BUFFALO, NY 14202

(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?
27	NONE	8466	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LANDMARK WEALTH MANAGEMENT

2410 NORTH FOREST ROAD, STE 101
GETZVILLE, NY 14068

(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?
27	NONE	7927	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BURNS/NOWAKOWSKI GROUP

50 FOUNTAIN PLAZA, STE 1100
BUFFALO, NY 14202

(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?
27	NONE	6544	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KESTRA ADVISORY SERVICES, LLC

35-2552359

(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?
27	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

COMMONWEALTH EQUITY SERVICES

04-2675571

(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?
27	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING 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>EXCELSIOR ORTHOPAEDICS LLP</u>	D Employer Identification Number (EIN) <u>16-1608040</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: AB SMALL CAP GRW PORT Z

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>747802</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMCEN MID CAP VALUE FUND R6

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>447771</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS AM BALANCED R6

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4140559</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC R6

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>694778</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NW PRSPCTV R6

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>956965</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: BRANDYWINEGLOBAL HGH YLD FD IS

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>137752</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: DFA US TARGETED VL PORT INS

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>438029</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: FID US BD ID FD			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 270636	

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY 500 INDEX FUND			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1549502	

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADV GRW OPPORT FND Z			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 271483	

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY INTL INDEX FND			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 169965	

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY MID CAP IDX FD			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 182681	

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY RL EST IND FD			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 170112	

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY SM CP IND FD			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 541315	

a Name of MTIA, CCT, PSA, or 103-12 IE: INV DEV MRKTS FD R6			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 362358	

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN LGCP GRW FND R6			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4359691	

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INFL PROT SECS N			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 326534	

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS INTL DIVERSIFICATION FD R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42458

a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND AGG 2035 FD R		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23987

a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND AGG 2055 FD R		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17672

a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND AGG 2065 FD R		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND AGG RET FD R		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1899

a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND CNS 2025 F R		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1016

a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND CNS 2035 F R		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6367

a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND CNS 2045 F R		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND CNS 2055 F R		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10228

a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND CNS RET FD R		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2390

a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND MOD 2025 FD R		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1160032

a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND MOD 2035 FD R		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3017079

a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND MOD 2045 FD R		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2678857

a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND MOD 2055 FD R		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5854056

a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND MOD 2065 FD R		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1817

a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND MOD RET FD R		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 433314

a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN STRATEGIC INCOME FD R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1022443

a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM JENNISON MD CP GRW FD R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 504736

a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM JENNISON UTILITY FUND R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 288681

a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM TOTAL RETURN BOND FUND R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1155931

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE NEW ERA FUND I

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30426
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a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA-CREF CORE PLUS BD FD INST

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53266
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD WINDSOR II FUND ADM

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3084247
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GV MNY MKT F A

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26264
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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)
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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)
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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)
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 EXCELSIOR ORTHOPAEDICS LLP	D Employer Identification Number (EIN) 16-1608040	

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)	1876769	2181154
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	205359	151969
(2) U.S. Government securities	1c(2)	146422	622435
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)	87642	48828
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)	2944902	3803965
(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)	295952	276487
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	26803101	35185101
(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)	5524507	6557214
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1395175	1542216
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	39279829	50369369
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	39279829	50369369

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)	2181154	
(B) Participants	2a(1)(B)	2670680	
(C) Others (including rollovers)	2a(1)(C)	152288	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5004122
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	610	
(B) U.S. Government securities	2b(1)(B)	11825	
(C) Corporate debt instruments	2b(1)(C)	1644	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	18559	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		32638
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	36229	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	159406	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		195635
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		5474597
(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)		1834346
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		12541338

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1296661	
(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)		1296661
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)	29643	
(3) Recordkeeping fees.....	2i(3)	57454	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	67961	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	79	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		155137
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1451798

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11089540
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: **LUMSDEN & MCCORMICK**

(2) EIN: **16-0765486**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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 _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 EXCELSIOR ORTHOPAEDICS LLP	D Employer Identification Number (EIN) 16-1608040	

Part I	Distributions
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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): 71-0294708		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
	b Enter the amount contributed by the employer to the plan for this plan year	6b		
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☐ No
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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.
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10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation. _____

Part VII	IRS Compliance Questions
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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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703912A.

**EXCELSIOR ORTHOPAEDICS, LLP
401(k) PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS
WITH ADDITIONAL INFORMATION**

DECEMBER 31, 2023

INDEPENDENT AUDITORS' REPORT

The Plan Administrator
Excelsior Orthopaedics, LLP 401(k) Profit Sharing Plan

Opinion

We have audited the financial statements of Excelsior Orthopaedics 401(k) Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2023 and 2022, and the changes in net assets available for benefits for the year ended December 31, 2023 in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS). Our responsibilities under those standards are further described in the Auditors' 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 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 U.S. GAAP, 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.

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.

Auditors' Responsibilities for the Audit of the Financial Statements

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 auditors' 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 U.S. GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with U.S. 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.

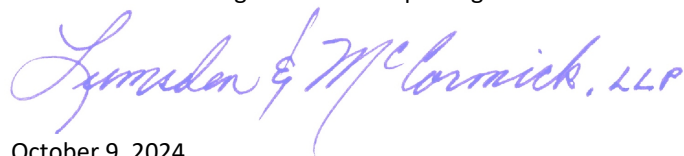
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held at end of year as of December 31, 2023 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



October 9, 2024

EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits

December 31,	2023	2022
Investments:		
Registered investment companies	\$ 6,557,214	\$ 5,524,507
Common stock	3,803,965	2,944,902
Corporate bonds	48,828	87,642
U.S. government securities	622,435	146,422
Variable annuity contract, at contract value	1,542,216	1,395,175
Pooled separate accounts	35,185,101	26,803,101
Cash equivalents	151,969	205,359
Total investments	47,911,728	37,107,108
Receivables:		
Employer contributions	2,181,154	1,876,769
Notes receivable from participants	276,487	295,952
	2,457,641	2,172,721
Net assets available for benefits	\$ 50,369,369	\$ 39,279,829

See accompanying notes.

EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits

For the year ended December 31, 2023

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 7,308,943
Interest and dividend income	209,714
	<u>7,518,657</u>

Interest income on notes receivable from participants	18,559
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Contributions:

Employer	2,181,154
Participants (including rollover contributions)	2,822,968
	<u>5,004,122</u>

Total additions	<u>12,541,338</u>
------------------------	-------------------

Deductions from net assets attributed to:

Benefits paid to participants	1,296,661
Administrative fees	<u>155,137</u>

Total deductions	<u>1,451,798</u>
-------------------------	------------------

Net change	11,089,540
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Net assets available for benefits:

Beginning	<u>39,279,829</u>
Ending	<u>\$ 50,369,369</u>

Notes to Financial Statements

1. Description of Plan:

The following description of Excelsior Orthopaedics, LLP 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan covering employees of Excelsior Orthopaedics, LLP (the Sponsor) and Buffalo Surgery Center, LLP, a controlled group (collectively the Organization), who have attained age 21 and have 3 months of service. All newly eligible participants are enrolled into the Plan immediately under the Plan's default investment option unless another permitted percentage or investment option is selected by the participant. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions:

Each year, participants may contribute up to 100% of pretax annual compensation, as defined in the Plan, provided total additions to the account of participating employees for any plan year shall not exceed the amount permitted by Internal Revenue Service regulations. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. The Sponsor may elect to make safe harbor contributions to the Plan. There was a safe harbor contribution of 3% of participants' eligible compensation made in 2023.

The Plan allows discretionary profit-sharing contributions, determined by the Sponsor's members, and allocates them to participants based on eligible compensation and participant classification. The discretionary profit-sharing contribution for 2023 was \$1,190,045.

The Plan also allows discretionary matching contributions. Amounts are determined by the Sponsor's members, and the contributions are based on a percentage of participants' elective deferrals. There were no matching contributions in 2023.

Participants direct their contributions and the corresponding employer contributions into various investment options offered by the Plan. The variable annuity contract and pooled separate accounts are proprietary investments offered by Voya Financial.

Participant Accounts:

Each participant's account is credited with the participant's contribution and allocations of (a) the Sponsor's contribution and (b) Plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting:

Participants are vested immediately in their contributions, the Sponsor's safe harbor contributions, plus actual earnings thereon. Vesting in the Sponsor's profit sharing and matching contribution portion of participant accounts is based on years of continuous service. A participant is 100% vested after 6 years of credited service.

Notes Receivable from Participants:

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest is paid ratably through monthly payroll deductions.

Payment of Benefits:

Upon termination of service due to death, disability, or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, annual installments, or annuity options. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeitures:

At December 31, 2023 and 2022, forfeited non-vested accounts totaled \$26,881 and \$24,344. These amounts are used to reduce future employer contributions. In 2023, employer contributions were reduced by \$21,158 from forfeited non-vested accounts.

2. Summary of Significant Accounting Policies:

Basis of Accounting:

The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates:

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

Investment Valuation and Income Recognition:

The Plan's investments are stated at fair value, except for the fully benefit-responsive variable annuity contract which is reported at contract value. Inputs to the valuation methodology of registered investment companies, common stock, corporate bonds, U.S. government securities and cash equivalents are unadjusted quoted prices in active markets. The pooled separate accounts are valued based on the net asset value per share without further adjustment. Net asset value is based on the aggregate fair values of the underlying investments. Participants may redeem shares at net asset value daily without restriction. Contract value for the variable annuity contract, as reported to the Plan by Voya without further adjustment, represents contributions made under the contract, plus interest, less participant withdrawals and administrative expenses. Participants may generally withdraw or transfer all or a portion of their investment at contract value unless Voya imposes a hold period at the contract level in the event of a full contract discontinuance or partial contract discontinuance.

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

Notes Receivable from Participants:

Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon terms of the plan document.

Payment of Benefits:

Benefits are recorded when paid.

Administrative Costs:

Various administrative costs were paid by the Sponsor.

Subsequent Events:

The Plan has evaluated events and transactions for potential recognition or disclosure in the financial statements through October 9, 2024 (the date the financial statements were available to be issued).

3. Fully Benefit-Responsive Investment Contract:

The Plan maintains a traditional fully benefit-responsive variable annuity contract with Voya Financial. Voya maintains the contributions in its general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is established prior to January 1st and July 1st.

Interest is credited, based upon the daily balance, at a rate that is the daily equivalent of the crediting interest rate applicable for the six month period. There is no stated minimum or maximum interest rate for the variable annuity contract.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events that cause a significant withdrawal from the Plan, (4) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

4. Plan Termination:

Although it has no intent to do so, the Sponsor has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, Plan participants would become 100% vested in their employer contributions.

5. Tax Status:

The Internal Revenue Service has issued a favorable determination letter on the tax status of the Plan. Accordingly, no provision has been made for income taxes.

6. Risks and Uncertainties:

The Plan provides for various participant directed investment options. Investments are exposed to risks, such as interest rate, market and credit. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN

EIN 16-1608040
Plan Number 001
Additional Information - Schedule H, Line 4i
Schedule of Assets (Held at End of Year)

December 31, 2023

(a)	(b) (c)	(e)
	Description	Current Value
	Registered investment companies:	
	Vanguard S&P 500 ETF	\$ 840,402
	Schwab S&P 500 Index	632,861
	iShares Core U.S. Aggregate Bond ETF	383,701
	SPDR S&P 500 ETF Trust	308,952
	American Growth Fund Of America Class A	231,937
	iShares Core S&P 500 ETF	217,322
	iShares Core S&P Mid-Cap ETF	196,223
	Vanguard Information Technology Index Fund ETF Shares	189,244
	iShares Core MSCI EAFE ETF	189,171
	iShares Core S&P Small-Cap ETF	161,509
	American Mutual Fund Class A	142,807
	iShares 7-10 Year Treasury Bond ETF	124,439
	Davis New York Venture Fund Class A	119,378
	Vanguard Mid-Cap ETF	116,553
	SPDR Bloomberg 1-3 Month T-Bill ETF	116,431
	iShares Core MSCI Emerging Markets ETF	111,984
	iShares MSCI USA Momentum Factor ETF	107,470
	Calamos Growth And Income Fund Class A	107,465
	SPDR Portfolio S&P 500 Growth ETF	106,965
	The Health Care Select Sector SPDR Fund	102,149
	Vanguard Financials Index Fund ETF Shares	98,810
	American Balanced Fund Class A	90,368
	Dodge & Cox Income Fund	84,811
	Invesco QQQ Trust	80,406
	Franklin Income Fund Class A1	77,018
	BLF Fed Fund Cash Reserve	73,953
	The Consumer Discretionary Select Sector SPDR Fund	72,239
	Franklin Mutual Shares Fund Class A	71,588
	The Communication Services Select Sector SPDR ETF Fund	71,207
	American New World Fund Class A	69,862
	iShares MSCI USA Small-Cap Min Vol Factor ETF	62,529
	JPMorgan Core Bond Class	62,467
	Guggenheim Total Return Bond Fd Instl	55,384
	Doubleline Total Return Bond Fd Cl I	54,450
	Fidelity Advisor Inv Grade Bond Cl Z	53,868
	The Consumer Staples Select Sector SPDR Fund	52,726
	Harbor Capital Appreciation Instl	50,973

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December 31, 2023

(a)	(b) (c)	(e) Current Value
	Description	
	Registered investment companies (continued):	
	The Energy Select Sector SPDR Fund	\$ 47,034
	Fidelity Phillips Street Trust - Fidelity Cash Reserves	46,321
	Templeton Growth Fund Class A	45,528
	Franklin Convertible Securities Advisor	43,897
	The Industrial Select Sector SPDR Fund	41,492
	Dodge & Cox Balanced CI	37,477
	T Rowe Price Global Technology	34,734
	VanEck Semiconductor ETF	34,449
	T Rowe Price Health Sciences	33,842
	Baird Aggregate Bond Inst	32,707
	iShares MSCI USA Min Vol Factor ETF	31,056
	Pimco Total Return Fund I2	29,282
	Goldman Sachs Emrg Mkts Eqty Insights I	28,687
	TCW MetWest Total Return Bd I	28,266
	Cohen & Steers Realty Shares I	26,563
	Dodge & Cox Internatl Stock CI I	25,378
	Fidelity International Small Cap	23,446
	Fidelity Strategic Income Fund	22,109
	iShares Biotechnology ETF	21,749
	MFS International Diversification CI I	18,581
	iShares Russell 2000 ETF	16,497
	iShares MSCI Global Min Vol Favor ETF	16,457
	Pimco Income Fund Institutional Fund	15,478
	Fidelity International Index Fund	15,118
	iShares U.S. Aerospace & Defense ETF	14,432
	Global X U.S. Infrastructure Development ETF	14,163
	Fidelity MSCI Utilities Index ETF	12,871
	Invesco KBW Bank ETF	11,953
	The Materials Select Sector SPDR Fund	11,890
	Fidelity Colchester Street Trust - Money Market Portfolio	11,376
	First Trust Cloud Computing ETF	11,222
	Lazard Global Listed Infrastructe Instl	10,594
	MFS Emerging Markets Debt I	10,550
	Federated Hermes Instl Hi Yield Bond Instl Shrs	8,805
	Transamerica High Yield Bond I	8,707
	The Real Estate Select Sector SPDR Fund	7,171
	iShares U.S. Infrastructure ETF	6,685

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(a)	(b) (c)	(e)
	Description	Current Value
	Registered investment companies (continued):	
	PGIM High Yield Z	\$ 5,259
	Pacer Benchmark Data & Infrastructure Real Estate SCTR ETF	4,740
	FS KKR Capital Corp.	879
	Federated Hermes Government Reserves	147
		<u>6,557,214</u>
	Common stock:	
	Berkshire Hathaway Class B	543,906
	NVIDIA Corporation	285,269
	Broadcom Inc.	213,039
	Shopify Inc.	97,375
	The Trade Desk, Inc.	78,293
	Costco Wholesale Corporation	76,963
	Marvell Technology, Inc	72,574
	The Goldman Sachs Group, Inc.	72,513
	Microsoft Corporation	65,940
	Palo Alto Networks, Inc.	65,169
	Alphabet Inc. Cap Stk Class C	61,305
	TransMedics Group, Inc.	57,145
	Zimmer Biomet Holdings, Inc.	55,169
	Danaher Corporation	53,933
	ServiceNow, Inc.	53,693
	The Charles Schwab Corporation	52,242
	Intuitive Surgical, Inc.	50,941
	Bio-Techne Corporation	50,540
	Linde Plc	48,463
	Littlefuse, Inc.	46,823
	U.S. Bancorp	45,531
	S&P Global Inc.	44,933
	Tyler Technologies, Inc.	44,321
	Extra Space Storage Inc	42,968
	Siteone Landscape Supply, Inc.	41,112
	Uber Technologies, Inc.	40,143
	Stryker Corporation	39,529
	McDonald's Corporation	33,209
	JPMorgan Chase & Co.	32,883
	Adobe Inc.	32,814

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Schedule of Assets (Held at End of Year)

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(a)	(b) (c)	(e) Current Value
	Description	
Common stock (continued):		
	Graco Inc.	\$ 30,192
	Booking Holdings Inc.	28,378
	CoStar Group, Inc.	27,965
	Johnson & Johnson	27,900
	Mastercard Incorporated	26,870
	Amphenol Corporation	23,989
	Paychex, Inc.	23,822
	The Walt Disney Company	23,656
	Teledyne Technologies Incorporated	22,761
	The Travelers Companies, Inc.	22,668
	Cisco Systems, Inc.	22,027
	Abbott Laboratories	22,014
	Zoetis Inc.	21,908
	Honeywell International Inc.	21,391
	Nestle S.A.	20,831
	The Home Depot, Inc.	20,468
	Ecolab Inc	19,835
	Fastenal Company	19,431
	Eli Lilly and Company	19,312
	PepsiCo, Inc.	18,513
	Apple Inc.	16,558
	Colgate-Palmolive Company	15,942
	MercadoLibre, Inc.	15,716
	Amazon.com, Inc.	15,650
	M & T Bank Corporation	13,708
	Nucor Corporation	12,565
	Northrop Grumman Corporation	11,323
	Dominion Energy, Inc.	11,139
	The Boeing Company	10,949
	Lockheed Martin Corporation	10,240
	UnitedHealth Group Incorporated	10,003
	Wynn Resorts	9,545
	Wells Fargo & Company	8,909
	Meta Platforms, Inc.	8,849
	Ford Motor Company	8,555
	Morgan Stanley	8,390
	Franco-Nevada Corporation	8,311

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(a)	(b) (c)	(e) Current Value
Description		
Common stock (continued):		
	Comcast Corporation	\$ 8,112
	Cleveland-Cliffs Inc.	7,841
	Diageo PLC	6,992
	Union Pacific Corporation	6,943
	Prologis, Inc.	6,932
	Novo Nordisk A/S	6,517
	Visa Inc.	6,509
	The Coca-Cola Company	6,364
	Advanced Micro Devices, Inc.	6,191
	Moderna, Inc.	6,066
	AbbVie Inc.	6,044
	Liberty Media Corp	6,030
	Lowe's Companies, Inc.	6,009
	Vulcan Materials Company	5,902
	Apollo Global Management, Inc.	5,871
	NXP Semiconductors N.V.	5,742
	ConocoPhillips	5,455
	Bentley Systems, Incorporated	5,427
	Pioneer Natural Resources Company	5,397
	LVMH Moet Hennessy - Louis Vuitton, Societe Europeenne	5,186
	Pool Corporation	5,183
	UBS Group AG	5,129
	American Express Company	5,058
	The Cooper Companies, Inc.	4,920
	Eaton Corporation Plc	4,816
	Schneider Electric S.E.	4,779
	Hitachi, Ltd.	4,761
	Nordson Corporation	4,755
	Oracle Corporation	4,639
	Alphabet Inc. Cap Stk Class A	4,610
	Accenture PLC	4,562
	American Tower Corporation	4,533
	Zurich Insurance Group AG	4,492
	Sempra	4,484
	Lennox International Inc.	4,475
	Tesla, Inc.	4,473
	RTX Corporation	4,459

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(a)	(b) (c)	(e) Current Value
Description		
Common stock (continued):		
	The Williams Companies, Inc.	\$ 4,389
	ANSYS, Inc.	4,355
	BNP Paribas SA	4,321
	The Progressive Corporation	4,301
	Watsco, Inc.	4,285
	PPG Industries, Inc.	4,187
	Enbridge Inc.	4,178
	HDFC Bank Limited	4,161
	Mitsubishi UFJ Financial Group, Inc.	4,116
	W.R. Berkley Corporation	4,031
	Roche Holding AG	3,994
	Equifax Inc.	3,957
	Pfizer Inc.	3,915
	TotalEnergies SE	3,908
	Becton, Dickinson and Company	3,901
	LPL Financial Holdings Inc.	3,870
	Taiwan Semiconductor Manufacturing Company Limited	3,848
	Teradyne, Inc.	3,798
	Charles River Laboratories International, Inc.	3,782
	Analog Devices, Inc.	3,773
	Aspen Technology, Inc.	3,743
	Amadeus IT Group, S.A.	3,727
	Deere & Company	3,599
	The Cigna Group	3,593
	NextEra Energy, Inc.	3,584
	Rollins, Inc.	3,494
	Baker Hughes Company	3,486
	Dolby Laboratories, Inc.	3,447
	Jack Henry & Associates, Inc.	3,432
	Sanofi	3,382
	Skyworks Solutions, Inc.	3,304
	Allegion PLC	3,294
	Zebra Technologies Corporation	3,280
	Merck & Co., Inc.	3,271
	Eni S.P.A.	3,265
	Zurn Elkay Water Solutions Corporation	3,206
	London Stock Exchange Group PLC	3,132

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December 31, 2023

(a)	(b) (c)	(e) Current Value
	Description	
	Common stock (continued):	
	LKQ Corporation	\$ 3,106
	AstraZeneca PLC	3,098
	Saia, Inc.	3,068
	White Mountains Insurance Group, Ltd.	3,010
	Exponent, Inc.	2,993
	Fujitsu Limited	2,958
	THOR Industries, Inc.	2,956
	Symrise AG	2,944
	The PNC Financial Services Group, Inc.	2,942
	BJ's Wholesale Club Holdings, Inc.	2,933
	Chemed Corporation	2,924
	Mondelez International, Inc.	2,897
	Vistra Corp.	2,889
	PG&E Corporation	2,885
	Atkore Inc.	2,880
	Adidas AG	2,848
	AvalonBay Communities, Inc.	2,808
	Daikin Industries, Ltd.	2,788
	McKesson Corporation	2,778
	L'Air Liquide S.A.	2,724
	Nasdaq, Inc.	2,698
	Interactive Brokers Group, Inc.	2,652
	Regeneron Pharmaceuticals, inc.	2,635
	SAP SE	2,628
	Aon PLC	2,619
	KDDI Corporation	2,577
	Glencore PLC	2,564
	Akzo Nobel N.V.	2,562
	UniFirst Corporation	2,561
	The TJX Companies, Inc.	2,533
	WEX Inc.	2,529
	Duke Energy Corporation	2,523
	Edison International	2,502
	The Proctor & Gamble Company	2,491
	Marriott International, Inc.	2,481
	TD SYNEX Corporation	2,475
	Bright Horizons Family Solutions Inc.	2,450

EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN

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December 31, 2023

(a)	(b) (c)	(e) Current Value
	Description	
	Common stock (continued):	
	Vertex Pharmaceuticals Incorporated	\$ 2,441
	Netflix, Inc.	2,434
	T-Mobile US, Inc.	2,405
	Choice Hotels International, Inc.	2,379
	Salesforce, Inc.	2,368
	General Dynamics Corporation	2,337
	Fair Isaac Corporation	2,328
	Hubspot Inc.	2,323
	Bayer Aktiengesellschaft	2,322
	The Southern Company	2,314
	Humana Inc.	2,312
	Intel Corporation	2,312
	Ameriprise Financial, Inc.	2,279
	Chubb Limited	2,260
	Waste Management, Inc.	2,149
	Target Corporation	2,136
	Public Storage	2,135
	Heineken N.V.	2,133
	Norfolk Southern Corporation	2,127
	Halliburton Company	2,123
	Air Transport Services Group, Inc.	2,113
	The Scotts Miracle-Gro Company	2,104
	Capital One Financial Corporation	2,098
	Marsh & McLennan Companies, Inc.	2,084
	ePlus Inc.	2,076
	MetLife, Inc.	2,050
	Lululemon Athletica Inc.	2,045
	Kubota Corporation	2,032
	CoreCivic, Inc.	1,976
	CSL Limited	1,956
	Bristol-Myers Squibb Company	1,950
	Wesco International, Inc.	1,913
	KKR & Co. Inc.	1,906
	Genworth Financial, Inc.	1,870
	Armstrong World Industries, Inc.	1,868
	Techtronic Industries Company Limited	1,847
	Illinois Tool Works Inc.	1,834

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Additional Information - Schedule H, Line 4i
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December 31, 2023

(a)	(b) (c)	(e) Current Value
	Description	
	Common stock (continued):	
	InterContinental Hotels Group PLC	\$ 1,824
	Kenvue Inc.	1,787
	Murphy USA Inc.	1,783
	Gilead Sciences, Inc.	1,782
	Vontier Corporation	1,762
	British American Tobacco PLC	1,757
	KLA Corporation	1,744
	Permian Resources Corporation	1,741
	United Parcel Service, Inc.	1,730
	NatWest Group PLC	1,717
	ACI Worldwide, Inc.	1,714
	Trane Technologies PLC	1,707
	Fulgent Genetics Inc	1,706
	Dupont De Nemours, Inc.	1,692
	Cannae Holdings, Inc.	1,658
	Chevron Corporation	1,641
	Lam Research Corporation	1,595
	CrowdStrike Holdings, Inc.	1,532
	NorthWestern Energy Group, Inc.	1,527
	CSX Corporation	1,525
	ASML Holding N.V.	1,514
	Woodside Energy Group Ltd	1,455
	Freeport-McMoRan Inc.	1,447
	Citigroup Inc.	1,440
	Exxon Mobil Corporation	1,400
	Snowflake Inc.	1,393
	Clarivate Plc	1,389
	AXIS Capital Holdings Limited	1,384
	General Motors Company	1,365
	Cadence Design Systems, Inc.	1,362
	Tripadvisor, Inc.	1,356
	American International Group, Inc.	1,355
	Seven & i Holdings Co., LTD	1,349
	Compagnie Financiere Richemont SA	1,348
	Ryanair Holdings PLC	1,334
	AIA Group Limited	1,325
	McGrath RentCorp	1,316

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December 31, 2023

(a)	(b) (c)	(e) Current Value
	Description	
	Common stock (continued):	
	Biogen Inc.	\$ 1,294
	SoftBank Group Corp.	1,294
	SP Plus Corp.	1,281
	EVERTEC, Inc.	1,269
	CLP Holdings Limited	1,263
	Intuit Inc.	1,250
	MongoDB, Inc.	1,227
	Southwest Gas Holdings, Inc.	1,204
	Moody's Corporation	1,172
	Delek US Holdings, Inc.	1,161
	Viad Corp	1,158
	Alight, Inc.	1,126
	Ingles Markets, Incorporated	1,123
	Dun & Bradstreet Holdings, Inc.	1,100
	Nintendo Co., LTD	1,096
	L'Oreal S.A.	1,095
	Yelp Inc.	1,089
	Radian Group Inc.	1,085
	PACCAR Inc.	1,074
	Tenaris S.A.	1,043
	Qiagen N.V.	1,042
	Texas Instruments Incorporated	1,023
	Compagnie Generale des Etablissements Michelin Societe en commandite par actions	1,022
	LCI Industries	1,006
	Iberdrola, S.A.	997
	SM Energy Company	968
	Embecka Corp.	965
	NCR Voyix Corporation	964
	O'Reilly Automotive, Inc.	950
	HF Sinclair Corporation	945
	Seagate Technology Holdings Plc	939
	CNA Financial Corporation	931
	Chesapeake Energy Corporation	923
	Bausch + Lomb Corporation	921
	MDU Resources Group, Inc.	911
	Eastman Chemical Company	898
	NMI Holdings, Inc.	890

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December 31, 2023

(a)	(b) (c)	(e) Current Value
	Description	
	Common stock (continued):	
	Argan, Inc.	\$ 889
	NIKE, Inc.	869
	Howmet Aerospace Inc.	866
	Envista Holdings Corporation	818
	Patterson Companies, Inc.	797
	Molson Coors Beverage Company	796
	PNM Resources, Inc.	790
	Summit Materials, Inc.	769
	Polaris Inc.	758
	Kyocera Corporation	756
	Newmark Group, Inc.	756
	Rio Tinto Group	745
	Toyota Motor Corporation	734
	EQT Corporation	696
	Airbnb, Inc.	681
	NCR Atleos Corporation	680
	Arm Holdings PLC	676
	Lloyds Banking Group PLC	672
	Fidelity National Financial, Inc.	663
	Lithia Motors, Inc.	659
	FleetCor Technologies Inc.	565
	SMC Corporation	564
	Cable One, Inc.	557
	Advance Auto Parts, Inc.	549
	MSC Industrial Direct Co., Inc.	506
	World Kinect Corporation	501
	Keysight Technologies Incorporated	477
	Forward Air Corporation	440
	TriMas Corporation	431
	Premier, Inc.	335
	Mobileye Global Inc.	303
	Nu Holdings Ltd.	292
	Ovintiv Inc.	264
	Computer Programs and Systems Inc.	258
	Arrow Electronics, Inc.	244
	Ituran Location And Control Ltd.	218
		<u>3,803,965</u>

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December 31, 2023

(a)	(b) (c)	(e) Current Value
	Description	
	Corporate bonds:	
	Disney Walt Co Note Call Make Whole	\$ 48,828
	U.S. Government securities:	
	Federal Home Ln Mtg Corp Mtn	224,063
	Federal Home Loan Ba Ser H7-9025	124,833
	Federal Home Loan Banks Bond	99,470
	Federal Home Loan Ba Ser 9I-2028	74,103
	Federal Farm Cr Bks Bond	50,322
	Federal Home Loan Ba Ser 4F-9025	49,644
		<u>622,435</u>
*	Variable annuity contract:	
	Voya Fixed Account	<u>1,542,216</u>
*	Voya pooled separate accounts:	
	MyCompass Ind Mod 2055 Fd R	5,854,056
	JPMorgan LgCp Grw Fnd R6	4,359,692
	American Funds Am Balanced R6	4,140,559
	Vangrd Windsor II Fund Adm	3,084,248
	MyCompass Ind Mod 2035 Fd R	3,017,079
	MyCompass Ind Mod 2045 Fd R	2,678,857
	Fidelity 500 Index Fund	1,549,502
	MyCompass Ind Mod 2025 Fd R	1,160,032
	PGIM Total Return Bond Fund R6	1,155,931
	Nuveen Strategic Income Fd R6	1,022,443
	American Funds Nw Prspctv R6	956,965
	AB Small Cap Grw Port Z	747,802
	American Funds EuroPacific R6	694,778
	Fidelity Sm Cp Ind Fd	541,315
	PGIM Jennison Md Cp Grw Fd R6	504,736
	AmCen Mid Cap Value Fund R6	447,771
	DFA US Targeted VI Port Ins	438,029
	MyCompass Ind Mod Ret Fd R	433,314
	Inv Dev Mrkts Fd R6	362,358
	Loomis Sayles Infl Prot Secs N	326,534
	PGIM Jennison Utility Fund R6	288,681
	Fidelity Adv Grw Opport Fnd Z	271,483

EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN

EIN 16-1608040
Plan Number 001
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(a)	(b) (c)	(e) Current Value
	Description	
*	Voya pooled separate accounts (continued):	
	Fid US Bd Id Fd	\$ 270,636
	Fidelity Mid Cap Idx Fd	182,681
	Fidelity RI Est Ind Fd	170,112
	Fidelity Intl Index Fnd	169,965
	Brandywine GLOBAL Hgh Yld Fd IS	137,752
	TIAA-CREF Core Plus Bd Fd Inst	53,265
	MFS Intl Diversification Fd R6	42,458
	T. Rowe Price New Era Fund I	30,426
	Voya Gv Mny Mkt F A (Hld Acct)	26,264
	MyCompass Ind Agg 2035 Fd R	23,988
	MyCompass Ind Agg 2055 Fd R	17,672
	MyCompass Ind Cns 2055 F R	10,228
	MyCompass Ind Cns 2035 F R	6,367
	MyCompass Ind Cns Ret Fd R	2,390
	MyCompass Ind Agg Ret Fd R	1,899
	MyCompass Ind Mod 2065 Fd R	1,817
	MyCompass Ind Cns 2025 F R	1,016
		<u>35,185,101</u>
	Cash and cash equivalents:	
	Charles Schwab Bank	38,678
	TD Bank NA	19,959
	Raymond James Bank Deposit Program 0.25% Selected Sweep Option	93,332
		<u>151,969</u>
*	Notes receivable from participants (5.25% - 10.50%)	<u>276,487</u>
		<u>\$ 48,188,215</u>

* Investments are with parties-in-interest.

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(a)	(b) (c)	(e) Current Value
Description		
Registered investment companies:		
	Vanguard S&P 500 ETF	\$ 840,402
	Schwab S&P 500 Index	632,861
	iShares Core U.S. Aggregate Bond ETF	383,701
	SPDR S&P 500 ETF Trust	308,952
	American Growth Fund Of America Class A	231,937
	iShares Core S&P 500 ETF	217,322
	iShares Core S&P Mid-Cap ETF	196,223
	Vanguard Information Technology Index Fund ETF Shares	189,244
	iShares Core MSCI EAFE ETF	189,171
	iShares Core S&P Small-Cap ETF	161,509
	American Mutual Fund Class A	142,807
	iShares 7-10 Year Treasury Bond ETF	124,439
	Davis New York Venture Fund Class A	119,378
	Vanguard Mid-Cap ETF	116,553
	SPDR Bloomberg 1-3 Month T-Bill ETF	116,431
	iShares Core MSCI Emerging Markets ETF	111,984
	iShares MSCI USA Momentum Factor ETF	107,470
	Calamos Growth And Income Fund Class A	107,465
	SPDR Portfolio S&P 500 Growth ETF	106,965
	The Health Care Select Sector SPDR Fund	102,149
	Vanguard Financials Index Fund ETF Shares	98,810
	American Balanced Fund Class A	90,368
	Dodge & Cox Income Fund	84,811
	Invesco QQQ Trust	80,406
	Franklin Income Fund Class A1	77,018
	BLF Fed Fund Cash Reserve	73,953
	The Consumer Discretionary Select Sector SPDR Fund	72,239
	Franklin Mutual Shares Fund Class A	71,588
	The Communication Services Select Sector SPDR ETF Fund	71,207
	American New World Fund Class A	69,862
	iShares MSCI USA Small-Cap Min Vol Factor ETF	62,529
	JPMorgan Core Bond Class	62,467
	Guggenheim Total Return Bond Fd Instl	55,384
	Doubleline Total Return Bond Fd Cl I	54,450
	Fidelity Advisor Inv Grade Bond Cl Z	53,868
	The Consumer Staples Select Sector SPDR Fund	52,726
	Harbor Capital Appreciation Instl	50,973

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(a)	(b) (c)	(e) Current Value
	Description	
	Registered investment companies (continued):	
	The Energy Select Sector SPDR Fund	\$ 47,034
	Fidelity Phillips Street Trust - Fidelity Cash Reserves	46,321
	Templeton Growth Fund Class A	45,528
	Franklin Convertible Securities Advisor	43,897
	The Industrial Select Sector SPDR Fund	41,492
	Dodge & Cox Balanced CI	37,477
	T Rowe Price Global Technology	34,734
	VanEck Semiconductor ETF	34,449
	T Rowe Price Health Sciences	33,842
	Baird Aggregate Bond Inst	32,707
	iShares MSCI USA Min Vol Factor ETF	31,056
	Pimco Total Return Fund I2	29,282
	Goldman Sachs Emrg Mkts Eqty Insights I	28,687
	TCW MetWest Total Return Bd I	28,266
	Cohen & Steers Realty Shares I	26,563
	Dodge & Cox Internatl Stock CI I	25,378
	Fidelity International Small Cap	23,446
	Fidelity Strategic Income Fund	22,109
	iShares Biotechnology ETF	21,749
	MFS International Diversification CI I	18,581
	iShares Russell 2000 ETF	16,497
	iShares MSCI Global Min Vol Favor ETF	16,457
	Pimco Income Fund Institutional Fund	15,478
	Fidelity International Index Fund	15,118
	iShares U.S. Aerospace & Defense ETF	14,432
	Global X U.S. Infrastructure Development ETF	14,163
	Fidelity MSCI Utilities Index ETF	12,871
	Invesco KBW Bank ETF	11,953
	The Materials Select Sector SPDR Fund	11,890
	Fidelity Colchester Street Trust - Money Market Portfolio	11,376
	First Trust Cloud Computing ETF	11,222
	Lazard Global Listed Infrastructe Instl	10,594
	MFS Emerging Markets Debt I	10,550
	Federated Hermes Instl Hi Yield Bond Instl Shrs	8,805
	Transamerica High Yield Bond I	8,707
	The Real Estate Select Sector SPDR Fund	7,171
	iShares U.S. Infrastructure ETF	6,685

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(a)	(b) (c)	(e) Current Value
	Description	
	Registered investment companies (continued):	
	PGIM High Yield Z	\$ 5,259
	Pacer Benchmark Data & Infrastructure Real Estate SCTR ETF	4,740
	FS KKR Capital Corp.	879
	Federated Hermes Government Reserves	147
		<u>6,557,214</u>
	Common stock:	
	Berkshire Hathaway Class B	543,906
	NVIDIA Corporation	285,269
	Broadcom Inc.	213,039
	Shopify Inc.	97,375
	The Trade Desk, Inc.	78,293
	Costco Wholesale Corporation	76,963
	Marvell Technology, Inc	72,574
	The Goldman Sachs Group, Inc.	72,513
	Microsoft Corporation	65,940
	Palo Alto Networks, Inc.	65,169
	Alphabet Inc. Cap Stk Class C	61,305
	TransMedics Group, Inc.	57,145
	Zimmer Biomet Holdings, Inc.	55,169
	Danaher Corporation	53,933
	ServiceNow, Inc.	53,693
	The Charles Schwab Corporation	52,242
	Intuitive Surgical, Inc.	50,941
	Bio-Techne Corporation	50,540
	Linde Plc	48,463
	Littlefuse, Inc.	46,823
	U.S. Bancorp	45,531
	S&P Global Inc.	44,933
	Tyler Technologies, Inc.	44,321
	Extra Space Storage Inc	42,968
	Siteone Landscape Supply, Inc.	41,112
	Uber Technologies, Inc.	40,143
	Stryker Corporation	39,529
	McDonald's Corporation	33,209
	JPMorgan Chase & Co.	32,883
	Adobe Inc.	32,814

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(a)	(b) (c)	(e) Current Value
	Description	
Common stock (continued):		
	Graco Inc.	\$ 30,192
	Booking Holdings Inc.	28,378
	CoStar Group, Inc.	27,965
	Johnson & Johnson	27,900
	Mastercard Incorporated	26,870
	Amphenol Corporation	23,989
	Paychex, Inc.	23,822
	The Walt Disney Company	23,656
	Teledyne Technologies Incorporated	22,761
	The Travelers Companies, Inc.	22,668
	Cisco Systems, Inc.	22,027
	Abbott Laboratories	22,014
	Zoetis Inc.	21,908
	Honeywell International Inc.	21,391
	Nestle S.A.	20,831
	The Home Depot, Inc.	20,468
	Ecolab Inc	19,835
	Fastenal Company	19,431
	Eli Lilly and Company	19,312
	PepsiCo, Inc.	18,513
	Apple Inc.	16,558
	Colgate-Palmolive Company	15,942
	MercadoLibre, Inc.	15,716
	Amazon.com, Inc.	15,650
	M & T Bank Corporation	13,708
	Nucor Corporation	12,565
	Northrop Grumman Corporation	11,323
	Dominion Energy, Inc.	11,139
	The Boeing Company	10,949
	Lockheed Martin Corporation	10,240
	UnitedHealth Group Incorporated	10,003
	Wynn Resorts	9,545
	Wells Fargo & Company	8,909
	Meta Platforms, Inc.	8,849
	Ford Motor Company	8,555
	Morgan Stanley	8,390
	Franco-Nevada Corporation	8,311

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(a)	(b) (c)	(e) Current Value
	Description	
	Common stock (continued):	
	Comcast Corporation	\$ 8,112
	Cleveland-Cliffs Inc.	7,841
	Diageo PLC	6,992
	Union Pacific Corporation	6,943
	Prologis, Inc.	6,932
	Novo Nordisk A/S	6,517
	Visa Inc.	6,509
	The Coca-Cola Company	6,364
	Advanced Micro Devices, Inc.	6,191
	Moderna, Inc.	6,066
	AbbVie Inc.	6,044
	Liberty Media Corp	6,030
	Lowe's Companies, Inc.	6,009
	Vulcan Materials Company	5,902
	Apollo Global Management, Inc.	5,871
	NXP Semiconductors N.V.	5,742
	ConocoPhillips	5,455
	Bentley Systems, Incorporated	5,427
	Pioneer Natural Resources Company	5,397
	LVMH Moet Hennessy - Louis Vuitton, Societe Europeenne	5,186
	Pool Corporation	5,183
	UBS Group AG	5,129
	American Express Company	5,058
	The Cooper Companies, Inc.	4,920
	Eaton Corporation Plc	4,816
	Schneider Electric S.E.	4,779
	Hitachi, Ltd.	4,761
	Nordson Corporation	4,755
	Oracle Corporation	4,639
	Alphabet Inc. Cap Stk Class A	4,610
	Accenture PLC	4,562
	American Tower Corporation	4,533
	Zurich Insurance Group AG	4,492
	Sempra	4,484
	Lennox International Inc.	4,475
	Tesla, Inc.	4,473
	RTX Corporation	4,459

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(a)	(b) (c)	(e) Current Value
	Description	
	Common stock (continued):	
	The Williams Companies, Inc.	\$ 4,389
	ANSYS, Inc.	4,355
	BNP Paribas SA	4,321
	The Progressive Corporation	4,301
	Watsco, Inc.	4,285
	PPG Industries, Inc.	4,187
	Enbridge Inc.	4,178
	HDFC Bank Limited	4,161
	Mitsubishi UFJ Financial Group, Inc.	4,116
	W.R. Berkley Corporation	4,031
	Roche Holding AG	3,994
	Equifax Inc.	3,957
	Pfizer Inc.	3,915
	TotalEnergies SE	3,908
	Becton, Dickinson and Company	3,901
	LPL Financial Holdings Inc.	3,870
	Taiwan Semiconductor Manufacturing Company Limited	3,848
	Teradyne, Inc.	3,798
	Charles River Laboratories International, Inc.	3,782
	Analog Devices, Inc.	3,773
	Aspen Technology, Inc.	3,743
	Amadeus IT Group, S.A.	3,727
	Deere & Company	3,599
	The Cigna Group	3,593
	NextEra Energy, Inc.	3,584
	Rollins, Inc.	3,494
	Baker Hughes Company	3,486
	Dolby Laboratories, Inc.	3,447
	Jack Henry & Associates, Inc.	3,432
	Sanofi	3,382
	Skyworks Solutions, Inc.	3,304
	Allegion PLC	3,294
	Zebra Technologies Corporation	3,280
	Merck & Co., Inc.	3,271
	Eni S.P.A.	3,265
	Zurn Elkay Water Solutions Corporation	3,206
	London Stock Exchange Group PLC	3,132

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(a)	(b) (c)	(e) Current Value
	Description	
	Common stock (continued):	
	LKQ Corporation	\$ 3,106
	AstraZeneca PLC	3,098
	Saia, Inc.	3,068
	White Mountains Insurance Group, Ltd.	3,010
	Exponent, Inc.	2,993
	Fujitsu Limited	2,958
	THOR Industries, Inc.	2,956
	Symrise AG	2,944
	The PNC Financial Services Group, Inc.	2,942
	BJ's Wholesale Club Holdings, Inc.	2,933
	Chemed Corporation	2,924
	Mondelez International, Inc.	2,897
	Vistra Corp.	2,889
	PG&E Corporation	2,885
	Atkore Inc.	2,880
	Adidas AG	2,848
	AvalonBay Communities, Inc.	2,808
	Daikin Industries, Ltd.	2,788
	McKesson Corporation	2,778
	L'Air Liquide S.A.	2,724
	Nasdaq, Inc.	2,698
	Interactive Brokers Group, Inc.	2,652
	Regeneron Pharmaceuticals, inc.	2,635
	SAP SE	2,628
	Aon PLC	2,619
	KDDI Corporation	2,577
	Glencore PLC	2,564
	Akzo Nobel N.V.	2,562
	UniFirst Corporation	2,561
	The TJX Companies, Inc.	2,533
	WEX Inc.	2,529
	Duke Energy Corporation	2,523
	Edison International	2,502
	The Proctor & Gamble Company	2,491
	Marriott International, Inc.	2,481
	TD SYNEX Corporation	2,475
	Bright Horizons Family Solutions Inc.	2,450

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(a)	(b) (c)	(e) Current Value
	Description	
	Common stock (continued):	
	Vertex Pharmaceuticals Incorporated	\$ 2,441
	Netflix, Inc.	2,434
	T-Mobile US, Inc.	2,405
	Choice Hotels International, Inc.	2,379
	Salesforce, Inc.	2,368
	General Dynamics Corporation	2,337
	Fair Isaac Corporation	2,328
	Hubspot Inc.	2,323
	Bayer Aktiengesellschaft	2,322
	The Southern Company	2,314
	Humana Inc.	2,312
	Intel Corporation	2,312
	Ameriprise Financial, Inc.	2,279
	Chubb Limited	2,260
	Waste Management, Inc.	2,149
	Target Corporation	2,136
	Public Storage	2,135
	Heineken N.V.	2,133
	Norfolk Southern Corporation	2,127
	Halliburton Company	2,123
	Air Transport Services Group, Inc.	2,113
	The Scotts Miracle-Gro Company	2,104
	Capital One Financial Corporation	2,098
	Marsh & McLennan Companies, Inc.	2,084
	ePlus Inc.	2,076
	MetLife, Inc.	2,050
	Lululemon Athletica Inc.	2,045
	Kubota Corporation	2,032
	CoreCivic, Inc.	1,976
	CSL Limited	1,956
	Bristol-Myers Squibb Company	1,950
	Wesco International, Inc.	1,913
	KKR & Co. Inc.	1,906
	Genworth Financial, Inc.	1,870
	Armstrong World Industries, Inc.	1,868
	Techtronic Industries Company Limited	1,847
	Illinois Tool Works Inc.	1,834

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(a)	(b) (c)	(e) Current Value
	Description	
	Common stock (continued):	
	InterContinental Hotels Group PLC	\$ 1,824
	Kenvue Inc.	1,787
	Murphy USA Inc.	1,783
	Gilead Sciences, Inc.	1,782
	Vontier Corporation	1,762
	British American Tobacco PLC	1,757
	KLA Corporation	1,744
	Permian Resources Corporation	1,741
	United Parcel Service, Inc.	1,730
	NatWest Group PLC	1,717
	ACI Worldwide, Inc.	1,714
	Trane Technologies PLC	1,707
	Fulgent Genetics Inc	1,706
	Dupont De Nemours, Inc.	1,692
	Cannae Holdings, Inc.	1,658
	Chevron Corporation	1,641
	Lam Research Corporation	1,595
	CrowdStrike Holdings, Inc.	1,532
	NorthWestern Energy Group, Inc.	1,527
	CSX Corporation	1,525
	ASML Holding N.V.	1,514
	Woodside Energy Group Ltd	1,455
	Freeport-McMoRan Inc.	1,447
	Citigroup Inc.	1,440
	Exxon Mobil Corporation	1,400
	Snowflake Inc.	1,393
	Clarivate Plc	1,389
	AXIS Capital Holdings Limited	1,384
	General Motors Company	1,365
	Cadence Design Systems, Inc.	1,362
	Tripadvisor, Inc.	1,356
	American International Group, Inc.	1,355
	Seven & i Holdings Co., LTD	1,349
	Compagnie Financiere Richemont SA	1,348
	Ryanair Holdings PLC	1,334
	AIA Group Limited	1,325
	McGrath RentCorp	1,316

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(a)	(b) (c)	(e) Current Value
	Description	
	Common stock (continued):	
	Biogen Inc.	\$ 1,294
	SoftBank Group Corp.	1,294
	SP Plus Corp.	1,281
	EVERTEC, Inc.	1,269
	CLP Holdings Limited	1,263
	Intuit Inc.	1,250
	MongoDB, Inc.	1,227
	Southwest Gas Holdings, Inc.	1,204
	Moody's Corporation	1,172
	Delek US Holdings, Inc.	1,161
	Viad Corp	1,158
	Alight, Inc.	1,126
	Ingles Markets, Incorporated	1,123
	Dun & Bradstreet Holdings, Inc.	1,100
	Nintendo Co., LTD	1,096
	L'Oreal S.A.	1,095
	Yelp Inc.	1,089
	Radian Group Inc.	1,085
	PACCAR Inc.	1,074
	Tenaris S.A.	1,043
	Qiagen N.V.	1,042
	Texas Instruments Incorporated	1,023
	Compagnie Generale des Etablissements Michelin Societe en commandite par actions	1,022
	LCI Industries	1,006
	Iberdrola, S.A.	997
	SM Energy Company	968
	Embecka Corp.	965
	NCR Voyix Corporation	964
	O'Reilly Automotive, Inc.	950
	HF Sinclair Corporation	945
	Seagate Technology Holdings Plc	939
	CNA Financial Corporation	931
	Chesapeake Energy Corporation	923
	Bausch + Lomb Corporation	921
	MDU Resources Group, Inc.	911
	Eastman Chemical Company	898
	NMI Holdings, Inc.	890

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(a)	(b) (c)	(e) Current Value
	Description	
	Common stock (continued):	
	Argan, Inc.	\$ 889
	NIKE, Inc.	869
	Howmet Aerospace Inc.	866
	Envista Holdings Corporation	818
	Patterson Companies, Inc.	797
	Molson Coors Beverage Company	796
	PNM Resources, Inc.	790
	Summit Materials, Inc.	769
	Polaris Inc.	758
	Kyocera Corporation	756
	Newmark Group, Inc.	756
	Rio Tinto Group	745
	Toyota Motor Corporation	734
	EQT Corporation	696
	Airbnb, Inc.	681
	NCR Atleos Corporation	680
	Arm Holdings PLC	676
	Lloyds Banking Group PLC	672
	Fidelity National Financial, Inc.	663
	Lithia Motors, Inc.	659
	FleetCor Technologies Inc.	565
	SMC Corporation	564
	Cable One, Inc.	557
	Advance Auto Parts, Inc.	549
	MSC Industrial Direct Co., Inc.	506
	World Kinect Corporation	501
	Keysight Technologies Incorporated	477
	Forward Air Corporation	440
	TriMas Corporation	431
	Premier, Inc.	335
	Mobileye Global Inc.	303
	Nu Holdings Ltd.	292
	Ovintiv Inc.	264
	Computer Programs and Systems Inc.	258
	Arrow Electronics, Inc.	244
	Ituran Location And Control Ltd.	218
		<u>3,803,965</u>

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	Description	
	Corporate bonds:	
	Disney Walt Co Note Call Make Whole	\$ 48,828
	U.S. Government securities:	
	Federal Home Ln Mtg Corp Mtn	224,063
	Federal Home Loan Ba Ser H7-9025	124,833
	Federal Home Loan Banks Bond	99,470
	Federal Home Loan Ba Ser 9I-2028	74,103
	Federal Farm Cr Bks Bond	50,322
	Federal Home Loan Ba Ser 4F-9025	49,644
		<u>622,435</u>
*	Variable annuity contract:	
	Voya Fixed Account	<u>1,542,216</u>
*	Voya pooled separate accounts:	
	MyCompass Ind Mod 2055 Fd R	5,854,056
	JPMorgan LgCp Grw Fnd R6	4,359,692
	American Funds Am Balanced R6	4,140,559
	Vangrd Windsor II Fund Adm	3,084,248
	MyCompass Ind Mod 2035 Fd R	3,017,079
	MyCompass Ind Mod 2045 Fd R	2,678,857
	Fidelity 500 Index Fund	1,549,502
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	MFS Intl Diversification Fd R6	42,458
	T. Rowe Price New Era Fund I	30,426
	Voya Gv Mny Mkt F A (Hld Acct)	26,264
	MyCompass Ind Agg 2035 Fd R	23,988
	MyCompass Ind Agg 2055 Fd R	17,672
	MyCompass Ind Cns 2055 F R	10,228
	MyCompass Ind Cns 2035 F R	6,367
	MyCompass Ind Cns Ret Fd R	2,390
	MyCompass Ind Agg Ret Fd R	1,899
	MyCompass Ind Mod 2065 Fd R	1,817
	MyCompass Ind Cns 2025 F R	1,016
		<u>35,185,101</u>
	Cash and cash equivalents:	
	Charles Schwab Bank	38,678
	TD Bank NA	19,959
	Raymond James Bank Deposit Program 0.25% Selected Sweep Option	93,332
		<u>151,969</u>
*	Notes receivable from participants (5.25% - 10.50%)	<u>276,487</u>
		<u>\$ 48,188,215</u>

* Investments are with parties-in-interest.