

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (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

<p>1a Name of plan <u>ORTHOPEDIC ASSOCIATES OF LANCASTER, LTD. 401(K) PROFIT SHARING PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>003</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ORTHOPEDIC ASSOCIATES OF LANCASTER, LTD.</u></p> <p><u>2913 SPOOKY NOOK RD</u> <u>SUITE 100</u> <u>MANHEIM, PA 17545</u></p>	<p>1c Effective date of plan <u>04/01/1998</u></p> <p>2b Employer Identification Number (EIN) <u>23-1879220</u></p> <p>2c Plan Sponsor's telephone number <u>717-299-4871</u></p> <p>2d Business code (see instructions) <u>621111</u></p>

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.	09/19/2025	HAROLD WEIK
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	402
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)	289
	6a(2)	282
	6b	0
	6c	96
	6d	378
	6e	0
	6f	378
	6g(1)	385
6g(2)	378	
6h	37	
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

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

A Name of plan ORTHOPEDIC ASSOCIATES OF LANCASTER, LTD. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 ORTHOPEDIC ASSOCIATES OF LANCASTER, LTD.	D Employer Identification Number (EIN) 23-1879220	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

FULTON BANK, N.A.

23-1928421

(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 16 19 21 25 26 27 37 38 50 62 64	NONE	96418	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

GARDNER RUSSO & GARDNER, LLC

223 EAST CHESTNUT STREET
LANCASTER, PA 17602

(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?
26	INVESTMENT ADVISOR	28475	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UBS FINANCIAL SERVICES, INC.

61 S PARAMUS RD, 4TH FL
PARAMUS, NJ 07652

(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?
26 60 72	INVESTMENT ADVISOR	14323	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>ORTHOPEDIC ASSOCIATES OF LANCASTER, LTD. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ORTHOPEDIC ASSOCIATES OF LANCASTER, LTD.</u>	D Employer Identification Number (EIN) <u>23-1879220</u>

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	1588	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2637	868
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		2229321
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	27360	19362
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	33517571	40048470
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	7422663	8020709

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	40971819	50318730
Liabilities			
g Benefit claims payable.....	1g	1588	
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1588	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	40970231	50318730

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)	1813700	
(B) Participants.....	2a(1)(B)	1671183	
(C) Others (including rollovers).....	2a(1)(C)	266253	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3751136
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	117335	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	925	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		118260
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	99511	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1114816	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1214327
(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)		
(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)		5140313
c Other income	2c		10094
d Total income. Add all income amounts in column (b) and enter total	2d		10234130

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	738202	
(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)		738202
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	4240	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	143189	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		147429
j Total expenses. Add all expense amounts in column (b) and enter total	2j		885631

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9348499
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: WALZ GROUP

(2) EIN: 23-2489722

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

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

A Name of plan <u>ORTHOPEDIC ASSOCIATES OF LANCASTER, LTD. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ORTHOPEDIC ASSOCIATES OF LANCASTER, LTD.</u>	D Employer Identification Number (EIN) <u>23-1879220</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 75-3182674

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703255A.



INDEPENDENT AUDITORS' REPORT

**To the Trustees and Plan Administrators
OAL, LTD 401(k) Profit Sharing Plan
Lancaster, Pennsylvania**

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

We have performed the audits of the accompanying financial statements of Orthopedic Associates of Lancaster, LTD 401(k) Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

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

Qualified Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

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



INDEPENDENT AUDITORS' REPORT (CONTINUED)

Basis for Qualified Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Orthopedic Associates of Lancaster, LTD 401(k) Profit Sharing Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Orthopedic Associates of Lancaster, LTD 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date 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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 generally accepted auditing standards 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.



INDEPENDENT AUDITORS' REPORT (CONTINUED)

Auditors' Responsibilities for the Audit of the Financial Statements (Continued)

In performing an audit in accordance with generally accepted auditing standards, 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 Orthopedic Associates of Lancaster, LTD 401(k) Profit Sharing 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 Orthopedic Associates of Lancaster, LTD 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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



INDEPENDENT AUDITORS' REPORT (CONTINUED)

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Part IV Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024 and the Schedule H, Part IV Line 4i - Schedule of Assets (Held at End of Year), as of December 31, 2024, 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 generally accepted auditing standards.

For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Walz Group

Lancaster, Pennsylvania
September 12, 2025

Orthopedic Associates of Lancaster, LTD 401(k) Profit Sharing Plan

Employer Identification Number: 23-1879220

Plan Number: 003

Schedule H, Part IV Line 4i

Schedule of Assets (Held at End of Year)

As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	American Funds Bond Fund of America	Mutual Fund, 58,933 Shares	**	\$ 656,513
	American Funds New World Fund	Mutual Fund, 8,459 Shares	**	651,119
	Federated High Yield Bond	Mutual Fund, 12,101 Shares	**	107,212
	Goldman Sachs Financial Square Government	Mutual Fund, 2,177,239 Shares	**	2,177,239
	Goldman Sachs Financial Square Treasury	Mutual Fund, 52,082 Shares	**	52,082
	Janus Henderson Enterprise	Mutual Fund, 1,393 Shares	**	194,154
	MFS Intl Diversification Fund R6	Mutual Fund, 42,737 Shares	**	976,529
	MFS Total Return	Mutual Fund, 48,434 Shares	**	916,846
	PGIM Total Return Bond	Mutual Fund, 15,440 Shares	**	182,811
	PIMCO Foreign Bond	Mutual Fund, 8,161 Shares	**	81,038
	T. Rowe Price International Discovery	Mutual Fund, 12,587 Shares	**	790,838
	T. Rowe Price Retirement I 2010	Mutual Fund, 1,846 Shares	**	27,963
	T. Rowe Price Retirement I 2020	Mutual Fund, 2,565 Shares	**	47,666
	T. Rowe Price Retirement I 2025	Mutual Fund, 5,465 Shares	**	90,447
	T. Rowe Price Retirement I 2030	Mutual Fund, 127,652 Shares	**	3,269,179
	T. Rowe Price Retirement I 2035	Mutual Fund, 86,725 Shares	**	1,825,568
	T. Rowe Price Retirement I 2040	Mutual Fund, 58,446 Shares	**	1,786,687
	T. Rowe Price Retirement I 2045	Mutual Fund, 93,732 Shares	**	2,086,484
	T. Rowe Price Retirement I 2050	Mutual Fund, 195,376 Shares	**	3,698,462
	T. Rowe Price Retirement I 2055	Mutual Fund, 136,149 Shares	**	2,709,356
	T. Rowe Price Retirement I 2060	Mutual Fund, 72,498 Shares	**	1,202,750
	Vanguard 500 Index Admiral	Mutual Fund, 12,431 Shares	**	6,746,969
	Vanguard Dividend Growth Fund	Mutual Fund, 28,694 Shares	**	1,039,017
	Vanguard Growth Index Fund Admiral	Mutual Fund, 31,781 Shares	**	6,712,682
	Vanguard High Dividend Yield Index	Mutual Fund, 15,018 Shares	**	577,750
	Vanguard Inflation Protected	Mutual Fund, 27,631 Shares	**	622,247
	Vanguard International Growth Admiral	Mutual Fund, 5,807 Shares	**	589,808
	Vanguard REIT Index Admiral	Mutual Fund, 2,427 Shares	**	306,539
	Vanguard Small-Cap Growth Index Admiral	Mutual Fund, 3,738 Shares	**	367,907
	Vanguard Small-Cap Value Index Admiral	Mutual Fund, 6,273 Shares	**	534,290
	Vanguard Value Index Admiral	Mutual Fund, 10,958 Shares	**	723,662
	Victory Sycamore Established Value	Mutual Fund, 11,709 Shares	**	525,977
	Self-Directed Brokerage Accounts		**	8,020,709
*	Participant Loans	Interest Rates Ranging from 3.49% - 8.74%	-0-	19,362
				<u>\$ 50,317,862</u>

* A party-in-interest as defined by ERISA.

** Information on cost not required for participant directed investments.



Orthopedic Associates of Lancaster, LTD 401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits

	December 31,	
	<u>2024</u>	<u>2023</u>
<i>ASSETS</i>		
NON-INTEREST BEARING CASH	\$ ---	\$ 1,588
INVESTMENTS, AT FAIR VALUE	<u>50,298,500</u>	<u>40,940,234</u>
RECEIVABLES		
Interest and Dividend Income	868	2,637
Notes Receivable from Participants	<u>19,362</u>	<u>27,360</u>
TOTAL RECEIVABLES	<u>20,230</u>	<u>29,997</u>
TOTAL ASSETS	<u>50,318,730</u>	<u>40,971,819</u>
<i>LIABILITIES</i>		
ACCOUNTS PAYABLE	<u>---</u>	<u>1,588</u>
TOTAL LIABILITIES	<u>---</u>	<u>1,588</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 50,318,730</u>	<u>\$ 40,970,231</u>



Orthopedic Associates of Lancaster, LTD 401(k) Profit Sharing Plan

Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31,	
	<u>2024</u>	<u>2023</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment Income:		
Net Appreciation in Fair Value of Investments	\$ 5,150,407	\$ 5,860,674
Interest and Dividends	<u>1,331,662</u>	<u>1,033,033</u>
TOTAL INVESTMENT INCOME	<u>6,482,069</u>	<u>6,893,707</u>
Interest Income on Notes Receivable from Participants	<u>925</u>	<u>1,132</u>
Contributions:		
Employer	1,813,700	1,623,913
Participants	1,671,183	1,445,796
Rollover	<u>266,253</u>	<u>29,593</u>
TOTAL CONTRIBUTIONS	<u>3,751,136</u>	<u>3,099,302</u>
TOTAL ADDITIONS	<u>10,234,130</u>	<u>9,994,141</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits Paid to Participants	738,202	1,704,550
Administrative Expenses	<u>147,429</u>	<u>143,017</u>
TOTAL DEDUCTIONS	<u>885,631</u>	<u>1,847,567</u>
NET INCREASE	9,348,499	8,146,574
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING	<u>40,970,231</u>	<u>32,823,657</u>
NET ASSETS AVAILABLE FOR BENEFITS - ENDING	<u><u>\$ 50,318,730</u></u>	<u><u>\$ 40,970,231</u></u>

See independent auditors' report and notes to the financial statements.



Orthopedic Associates of Lancaster, LTD 401(k) Profit Sharing Plan

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

NOTE A - DESCRIPTION OF PLAN

The following description of the Orthopedic Associates of Lancaster, LTD 401(k) Profit Sharing Plan (the Plan) provides only general information. The Plan was established April 1, 1998, and was amended and restated thereafter. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General and Eligibility Requirements

The Plan is a defined contribution plan covering substantially all employees of Orthopedic Associates of Lancaster, LTD and the participating employer North Pointe Surgery Center, LP (collectively, the Company), who have attained age 21 and completed one year of service (1,000 hours). Participants may enter the Plan on the first day of the Plan Year or first day of the fourth, seventh or tenth month coinciding with or next following the date on which the eligibility requirements are satisfied. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees.

Contributions

Each year, participants may contribute up to 100% of annual pre-tax compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan implemented automatic enrollment for all newly eligible employees beginning January 1, 2023. Newly eligible employees are automatically enrolled into the Plan at a deferral rate of 4% unless they opt out or change the deferral rate. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan and, in certain circumstances, into a grandfathered self-directed brokerage account. The Plan no longer permits new self-directed brokerage accounts to be opened.

In order to qualify as a safe harbor plan, the Company has elected to make guaranteed non-elective contributions equivalent to 3% of eligible compensation to all qualifying participants. Total guaranteed non-elective contributions were \$745,014 and \$669,242 for the years ended December 31, 2024 and 2023, respectively.

The Company may make a discretionary profit-sharing contribution which is a variable contribution relative to the participant's classification grouping and their eligible compensation. These contributions are 10.2% to Allocation Group 1 (Physicians and Administrators 40+ Years of Age), 6% to Allocation Group 2 (Physicians and Administrators Below 40 Years of Age), 4.5% to Allocation Group 3 (Physicians Assistants) and 2% to Allocation Group 4 (All Other Eligible Employees). Total discretionary profit sharing contributions were \$1,068,686 and \$954,671 for the years ended December 31, 2024 and 2023, respectively.

Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions and Company's contributions made on his or her behalf, as well as allocations of Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.



Orthopedic Associates of Lancaster, LTD 401(k) Profit Sharing Plan

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

NOTE A - DESCRIPTION OF PLAN (Continued)

Vesting

Participants are vested immediately in their contributions and the guaranteed non-elective contributions, plus actual earnings on the contributions. Vesting in the Company's discretionary profit-sharing contribution portion of their accounts is based on years of continuous service following a six-year vesting schedule as follows:

<u>Years of Service</u>	<u>Percent Vested</u>
1.....	0%
2.....	20%
3.....	40%
4.....	60%
5.....	80%
6.....	100%

A participant becomes fully vested upon attainment of normal retirement age, upon disability, upon death, or upon termination of the Plan.

Notes Receivable from Participants

Upon meeting the hardship withdrawal requirements, 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% of their vested account balance. The loans are secured by the vested balance in the participant's account. The loan interest rates are commensurate with prevailing rates. Principal and interest are paid ratably through payroll deductions. Terms can range from one to five years; however, they can be for greater than five years for the purchase of a primary residence. Participants are only allowed to have one outstanding loan at a time.

Payments of Benefits

On termination of service due to retirement, disability, death, or termination of employment, a participant may elect to receive a lump sum amount or eligible rollover distribution equal to the value of the participant's vested interest in his or her account. The portion of the participant's account to which they are not vested is a "forfeiture" and allocated as a reduction of employer contributions or operational and administrative expenses. Participant may also elect installment payments or in-kind distributions of property from self-directed brokerage accounts.

Hardship withdrawals are allowed from participant elective deferrals and vested employer non-elective profit sharing and discretionary matching contributions in the event of financial hardship at the discretion of the Plan administrator. A participant who receives a hardship distribution is allowed to continue making any elective deferrals under this Plan and all plans of the Company after receipt of the distribution.

In-service withdrawals of a participant's elective deferrals and employer contributions are permitted after the participant has obtained age 59½ and 100% vesting. Rollover contributions are available for in-service withdrawals at any time.

If the participant's vested account is less than \$5,000, the vested account balance is paid out in the form of a lump sum distribution. Rollover portions of the account are excluded in determining the \$5,000 amount. In the event of a mandatory distribution greater than \$1,000, the Plan administrator will pay the distribution in a direct rollover to an individual retirement arrangement designated by the Plan administrator if the participant does not elect a direct rollover or lump sum distribution.



Orthopedic Associates of Lancaster, LTD 401(k) Profit Sharing Plan

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

NOTE A - DESCRIPTION OF PLAN (Continued)

Forfeited Accounts

At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$52,082 and \$80,567, respectively. These accounts will be used to reduce future employer contributions or operational and administrative expenses. In 2024 and 2023, employer contributions were reduced by \$78,872 and \$37,831, respectively, and operational and administrative expenses were reduced by \$-0- for the years ended December 31, 2024 and 2023, from forfeited non-vested accounts.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting. Contributions from employees are recorded in the period in which the Company makes authorized payroll deductions from Plan participants.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes in those assets and liabilities, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the Plan Trustees (See Note H for Plan Trustees). See Note C for discussion of fair value measurements.

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 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 any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 or 2023. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

Employer Contributions

Employer contributions to the Plan are recognized in the period for when the Plan sponsor has made a formal commitment to fund such amounts for the period. If applicable, contributions receivables include legal or contractual requirements for the employer to make contributions applicable to past periods.



Orthopedic Associates of Lancaster, LTD 401(k) Profit Sharing Plan

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Expenses

Certain expenses incurred maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and the participant directed brokerage accounts are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

The Plan received miscellaneous receipts, including but not limited to, payments from mutual funds, rebates of 12b-1 fees, service fees, sub-transfer agent fees, commission recaptures, and similar payments from third parties. Such amounts were held in a suspense account and used to pay certain Plan operating expenses. During 2024 and 2023, administrative and custodian fee expense paid from the miscellaneous receipts amounted to \$10,094 and \$10,362, respectively. The amounts are included in net appreciation in fair value of investments.

NOTE C - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets in active markets.
- Quoted prices for identical or similar assets in inactive markets.
- Inputs other than quoted prices that are observable for the asset; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 or 2023.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.



Orthopedic Associates of Lancaster, LTD 401(k) Profit Sharing Plan

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

NOTE C - FAIR VALUE MEASUREMENTS (Continued)

Self-Directed Brokerage Accounts: Consists of money market funds, mutual funds, common stock, exchange traded funds and corporate bonds. Money market and mutual funds are valued at the daily closing price as reported by the fund. Common stock and exchange traded funds are valued at the closing price reported on the active market on which the individual securities are traded. Corporate bonds are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	Investments at Fair Value as of December 31, 2024		
	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
<i>Mutual Funds</i>	\$ 42,277,791	\$ ---	\$ 42,277,791
<i>Self-Directed Brokerage Accounts</i>	<u>7,768,343</u>	<u>252,366</u>	<u>8,020,709</u>
Total Fair Value of Investments	\$ <u>50,046,134</u>	\$ <u>252,366</u>	\$ <u>50,298,500</u>

	Investments at Fair Value as of December 31, 2023		
	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
<i>Mutual Funds</i>	\$ 33,517,572	\$ ---	\$ 33,517,572
<i>Self-Directed Brokerage Accounts</i>	<u>7,276,806</u>	<u>145,856</u>	<u>7,422,662</u>
Total Fair Value of Investments	\$ <u>40,794,378</u>	\$ <u>145,856</u>	\$ <u>40,940,234</u>

NOTE D - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Administrative maintenance charges are paid to the trustee based on the closing market value of the Funds in the mutual fund account. Fees related to the administration of notes receivable from participants and payments of benefits to participants are paid to the trustee and charged directly to the participant's account based on amounts outlined in the service provider agreement. Fees paid to the trustee amounted to \$96,418 and \$105,618 for the years ended December 31, 2024 and 2023, respectively. These are considered related party and party-in-interest transactions under ERISA.

The Plan can issue loans to participants, which are secured by the vested balances in the participants' accounts.

Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE E - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.



Orthopedic Associates of Lancaster, LTD 401(k) Profit Sharing Plan

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

NOTE F - TAX STATUS

The Plan is operating under an adoption agreement of the prototype defined contribution plan document prepared by Fulton Financial Advisors. The IRS stated in an opinion letter dated June 30, 2020, that the prototype plan document was in compliance with the applicable sections of the Internal Revenue Code (IRC). The prototype has been amended since receiving the opinion letter for various amendments. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified, and the related trust is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

NOTE G - RISKS AND UNCERTAINTIES

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

NOTE H - INFORMATION CERTIFIED TO BY TRUSTEE

Plan management has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2024 and 2023. Accordingly, Fulton Financial Advisors, the trustee of the Plan for the period January 1, 2023 to June 30, 2023, and Matrix Trust Company, the trustee of the Plan for the period July 1, 2023 to December 31, 2023 and for the year ended December 31, 2024, have certified to the completeness and accuracy of all investments, except as described in Note I, reported in the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, and the supplemental schedule of Schedule H, Part IV Line 4i - Schedule of Assets (Held at Year End) as of December 31, 2024, and the related investment activity reported in the statements of changes in net assets available for benefits the years ended December 31, 2024 and 2023, and the supplemental schedule of Schedule H, Part IV Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024.

NOTE I - INFORMATION NOT CERTIFIED BY TRUSTEE

The Plan's investments also include self-directed brokerage accounts that amount to \$8,020,709 and \$7,422,662 as of December 31, 2024 and 2023, respectively. The self-directed brokerage accounts were not held or certified by the trustees, as noted in Note H, and are included in the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, and the supplemental Schedule H, Part IV Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024. The investments appreciated in value by \$848,060 and \$1,146,301 of investment income on the self-brokerage investment accounts during the years ending December 31, 2024 and 2023, respectively, which is reported on the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, respectively. These investments and the related investment income have been subjected to full scope auditing procedures.



Orthopedic Associates of Lancaster, LTD 401(k) Profit Sharing Plan

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

NOTE J - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 12, 2025, the date the financial statements were available to be issued. There were no material subsequent events that require recognition or additional disclosure in these financial statements.



Orthopedic Associates of Lancaster, LTD 401(k) Profit Sharing Plan

Employer Identification Number: 23-1879220

Plan Number: 003

Schedule H, Part IV Line 4i

Schedule of Assets (Held at End of Year)

As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	American Funds Bond Fund of America	Mutual Fund, 58,933 Shares	**	\$ 656,513
	American Funds New World Fund	Mutual Fund, 8,459 Shares	**	651,119
	Federated High Yield Bond	Mutual Fund, 12,101 Shares	**	107,212
	Goldman Sachs Financial Square Government	Mutual Fund, 2,177,239 Shares	**	2,177,239
	Goldman Sachs Financial Square Treasury	Mutual Fund, 52,082 Shares	**	52,082
	Janus Henderson Enterprise	Mutual Fund, 1,393 Shares	**	194,154
	MFS Intl Diversification Fund R6	Mutual Fund, 42,737 Shares	**	976,529
	MFS Total Return	Mutual Fund, 48,434 Shares	**	916,846
	PGIM Total Return Bond	Mutual Fund, 15,440 Shares	**	182,811
	PIMCO Foreign Bond	Mutual Fund, 8,161 Shares	**	81,038
	T. Rowe Price International Discovery	Mutual Fund, 12,587 Shares	**	790,838
	T. Rowe Price Retirement I 2010	Mutual Fund, 1,846 Shares	**	27,963
	T. Rowe Price Retirement I 2020	Mutual Fund, 2,565 Shares	**	47,666
	T. Rowe Price Retirement I 2025	Mutual Fund, 5,465 Shares	**	90,447
	T. Rowe Price Retirement I 2030	Mutual Fund, 127,652 Shares	**	3,269,179
	T. Rowe Price Retirement I 2035	Mutual Fund, 86,725 Shares	**	1,825,568
	T. Rowe Price Retirement I 2040	Mutual Fund, 58,446 Shares	**	1,786,687
	T. Rowe Price Retirement I 2045	Mutual Fund, 93,732 Shares	**	2,086,484
	T. Rowe Price Retirement I 2050	Mutual Fund, 195,376 Shares	**	3,698,462
	T. Rowe Price Retirement I 2055	Mutual Fund, 136,149 Shares	**	2,709,356
	T. Rowe Price Retirement I 2060	Mutual Fund, 72,498 Shares	**	1,202,750
	Vanguard 500 Index Admiral	Mutual Fund, 12,431 Shares	**	6,746,969
	Vanguard Dividend Growth Fund	Mutual Fund, 28,694 Shares	**	1,039,017
	Vanguard Growth Index Fund Admiral	Mutual Fund, 31,781 Shares	**	6,712,682
	Vanguard High Dividend Yield Index	Mutual Fund, 15,018 Shares	**	577,750
	Vanguard Inflation Protected	Mutual Fund, 27,631 Shares	**	622,247
	Vanguard International Growth Admiral	Mutual Fund, 5,807 Shares	**	589,808
	Vanguard REIT Index Admiral	Mutual Fund, 2,427 Shares	**	306,539
	Vanguard Small-Cap Growth Index Admiral	Mutual Fund, 3,738 Shares	**	367,907
	Vanguard Small-Cap Value Index Admiral	Mutual Fund, 6,273 Shares	**	534,290
	Vanguard Value Index Admiral	Mutual Fund, 10,958 Shares	**	723,662
	Victory Sycamore Established Value	Mutual Fund, 11,709 Shares	**	525,977
	Self-Directed Brokerage Accounts		**	8,020,709
*	Participant Loans	Interest Rates Ranging from 3.49% - 8.74%	-0-	19,362
				<u>\$ 50,317,862</u>

* A party-in-interest as defined by ERISA.

** Information on cost not required for participant directed investments.



Orthopedic Associates of Lancaster, LTD 401(k) Profit Sharing Plan

Employer Identification Number: 23-1879220

Plan Number: 003

Schedule H, Part IV Line 4j

Schedule of Reportable Transactions

As of December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)	
Identity of Party Involved	Description of Asset	# of Transactions	Aggregate Purchase Price	Aggregate Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<i>Category (i) Single Transaction:</i>							
N/A	T.Rowe Price Retirement 2030 Fund	1	\$ 2,667,782	\$ ---	\$ 2,667,782	\$ 2,667,782	\$ ---
N/A	T.Rowe Price Retirement 2050 Fund	1	2,781,761	---	2,781,761	2,781,761	---
N/A	T.Rowe Price Retirement I 2030 I	1	---	2,667,782	2,667,782	2,667,782	---
N/A	T.Rowe Price Retirement I 2050 I	1	---	2,781,761	2,781,761	2,781,761	---

