

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

2024

This Form is Open to Public Inspection

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.) [x] 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: [x] 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 ORTHONJ 401(K) PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/2020
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) ORTHONJ, LLC
2b Employer Identification Number (EIN) 82-4413259
2c Plan Sponsor's telephone number 862-217-6900
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.

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1023
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)	747
	6a(2)	719
	6b	0
	6c	328
	6d	1047
	6e	0
	6f	1047
	6g(1)	857
6g(2)	966	
6h	76	
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 2K 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

- (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 _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE 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 ORTHONJ 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ORTHONJ, LLC	D Employer Identification Number (EIN) 82-4413259	

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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)

KB FINANCIAL PARTNERS

52-2220344

(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	INVESTMENT ADVISOR	266234	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)

USI CONSULTING GROUP

06-1053228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 17 25 34 37 57 60 61 63 64 65	RECORDKEEPER	15255	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	33333	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CHARLES SCHWAB TRUST BANK

42-1558009

(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?
19 21 31	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	16897	Yes <input type="checkbox"/> No <input checked="" 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
USI CONSULTING GROUP	12 15 17 25 34 37 57 60 61 63 64 65	33333
(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.	
CHARLES SCHWAB & CO., INC. 94-1737782	MUTUAL FUND REVENUE RECAPTURE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 21 31	16897
(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.	
USI CONSULTING GROUP 06-1053228	CUSTODIAL AND TRUSTEE FEES PAID BY USI CG	
(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.	<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 ORTHONJ 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ORTHONJ, LLC	D Employer Identification Number (EIN) 82-4413259

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
a Total noninterest-bearing cash	1a	1285549	754998
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6103038	6699601
(2) Participant contributions	1b(2)	59962	81551
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1723544	1424575
(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)	887071	936130
(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)	145492212	163807870
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	155551376	173704725
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	155551376	173704725

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)	6615766	
(B) Participants.....	2a(1)(B)	5099321	
(C) Others (including rollovers).....	2a(1)(C)	729304	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		12444391
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(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)	58887	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		58887
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	12234179	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		12234179
(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)		11475275
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		36212732

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	17729062	
(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)		17729062
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)	15255	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	266234	
(6) Bank or trust company trustee/custodial fees	2i(6)	47938	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	894	
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		330321
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		18059383

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		18153349
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: **CHERRY BEKAERT, LLP**

(2) EIN: **56-0574444**

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		2000000
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.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ORTHONJ 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ORTHONJ, LLC</u>	D Employer Identification Number (EIN) <u>82-4413259</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		<u>0</u>
----------	--	----------

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): 42-1558009

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 Q703007A.

ORTHONJ 401(k) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

*As of December 31, 2024 and 2023 and
for the Year Ended December 31, 2024*

And Report of Independent Auditor

ORTHONJ 401(k) PLAN
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Report of Independent Auditor

To the Plan Administrator
OrthoNJ
401(k) Plan
Somerset, New Jersey

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

We have performed audits of the accompanying financial statements of OrthoNJ 401(k) Plan (the “Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan’s 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 (“DOL”) 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 DOL’s Rules and Regulations for Reporting and Disclosure under ERISA (“qualified institution”).

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

Opinion

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

- The amounts and disclosures in the 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).

Basis for 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 *Auditor’s Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with 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.

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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule of Assets (Held at End of Year) – Form 5500, Schedule H, Part IV, Line 4i 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 DOL'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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule 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).

Cherry Bekaert LLP

Charlotte, North Carolina
October 9, 2025

ORTHONJ 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Non-interest bearing cash	\$ 754,998	\$ 1,285,549
Investments, at fair value	<u>165,232,445</u>	<u>147,215,756</u>
Receivables:		
Employer contributions	6,699,601	6,103,038
Participants contributions	81,551	59,962
Notes receivable from participants	<u>936,130</u>	<u>887,071</u>
Total Receivables	<u>7,717,282</u>	<u>7,050,071</u>
Net Assets Available for Benefits	<u><u>\$ 173,704,725</u></u>	<u><u>\$ 155,551,376</u></u>

The accompanying notes to the financial statements are an integral part of these statements.

ORTHONJ 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2024

Additions to net assets attributed to:	
Investment Income:	
Net appreciation in fair value of investments	\$ 11,475,275
Interest and dividend income	12,234,179
Net Investment Income	<u>23,709,454</u>
Interest income on notes receivable from participants	<u>58,887</u>
Contributions:	
Participants	5,099,321
Employer	6,615,766
Rollovers	729,304
Total Contributions	<u>12,444,391</u>
Total Additions	<u>36,212,732</u>
Deductions from net assets attributed to:	
Benefits paid to participants	17,729,062
Administrative expenses	330,321
Total Deductions	<u>18,059,383</u>
Net increase in net assets available for benefits	18,153,349
Net assets available for benefits, beginning of year	<u>155,551,376</u>
Net assets available for benefits, end of year	<u>\$ 173,704,725</u>

The accompanying notes to the financial statements are an integral part of these statements.

ORTHONJ 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 1—Description of the Plan

The following description of the OrthoNJ 401(k) 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 was established by OrthoNJ, LLC (the “Employer”) on January 1, 2020, and was most recently restated effective January 1, 2022. The Plan is a multi-employer plan that includes several participating employers: Princeton Orthopaedic Associates II, P.A.; Union County Orthopaedic Group, P.A.; Linden Surgical Center, LLC; Orthopedic Institute Brielle Orthopedics (formerly Orthopaedic Institute of Central Jersey, P.A. and Brielle Orthopaedics, prior to merger); Ridgewood Orthopedic Group LLC; Andrew A. Brief MDPA; Umer R. Dasti MDPA; Anthony J. Delfico MDPA; Kevin M. Roenbeck MDPA, Mark M. Pizzurro MDPA, Arnold A. Criscitiello MDPA, Shore Orthopaedic University Associates, P.A.; and University Orthopaedic Associates, LLC (the “Participating Employers”). The Plan is a defined contribution plan covering all full-time employees of the Participating Employers except those employees covered by a collective bargaining agreement, leased employees, non-resident aliens who do not receive any earned income from the Participating Employers which constitutes as United States (“U.S.”) source income, and as further defined by the Plan document. The employees of the Participating Employers were credited with their previous service with the Participating Employers for the purpose of Plan eligibility. Employees are eligible for the Plan after one year of service and age 21 or older. Employees meeting the criteria are eligible for participation in the Plan as of the two entry dates, January 1st and July 1st of the Plan year. 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 Plan’s Investment Committee determines the appropriateness of the Plan’s investment offerings, monitors investment performance, and reports to the Plan’s Board of Trustees.

Contributions – Participants may elect to defer a percentage of their eligible compensation, as defined in the Plan, subject to certain Internal Revenue Code (“IRC”) limitations. Contributions are subject to certain limitations. The Participating Employers contribute safe harbor and gateway contributions equal to 3.00% and 4.50%, respectively, of each participant’s compensation for the Plan year. The gateway contribution is a discretionary nonelective contribution determined separately by each Participating Employer as defined in the Plan document. The Participating Employers may contribute an additional discretionary nonelective contribution. For the year ended December 31, 2024, the Plan made additional discretionary nonelective contributions totaling \$3,976,798.

Participants who have attained age 50 before the end of the Plan year are eligible to make a “catch-up” contribution. If any participant’s contribution deferrals for a year exceed the maximum allowable for that year, the excess amount may be returned to the participant as taxable compensation.

Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan.

Participant Accounts – Each participant’s account is credited with the participant’s contribution, the safe harbor nonelective contribution, and allocations of: (a) the Participating Employer’s discretionary nonelective contributions, if any, and (b) Plan earnings (losses), and charged benefits paid to participants and 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.

ORTHONJ 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 1—Description of the Plan (continued)

Vesting – Participants are immediately vested in their contributions and safe harbor nonelective contributions plus actual earnings thereon. Vesting in the Participating Employer’s discretionary nonelective contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after six years of service. Additionally, participants who previously participated in Princeton Orthopaedic Associates I, P.A. Retirement Savings Plan and Princeton Orthopaedic Associates II, P.A. Retirement Savings Plan, prior to April 1, 2020, are 100% vested after three years.

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% of their account balance. The loans are secured by the balance in the participant’s account and bear interest at rates ranging from 4.25% to 9.50% as of December 31, 2024, which is commensurate with local prevailing rates as determined quarterly by the Plan administrator. Generally, the term of the loans cannot exceed five years. However, if the loan is for the purchase of a principal residence, the Plan administrator may permit a longer payment term. Principal and interest are paid ratably through monthly payroll deductions.

Payment of Benefits – On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant’s vested interest in his or her account, or annual installments over a period of years. 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. Upon proof, to the satisfaction of the Plan administrator, of an immediate and heavy financial need, amounts contributed may be withdrawn for a hardship purpose. Certain income tax penalties may apply to withdrawals or distributions prior to age 59½.

Forfeited Accounts – At December 31, 2024 and 2023, forfeited nonvested accounts totaled \$71,328 and \$37,741, respectively. These accounts may be used to reduce administrative expenses or future Employer contributions. Forfeitures of \$76,848 were used to reduce Employer contributions and no forfeitures were used to reduce administrative expenses during the year ended December 31, 2024.

Note 2—Summary of significant accounting policies

Basis of Accounting – The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (“U.S. GAAP”).

Use of Estimates – The preparation of financial statements in conformity with U.S. GAAP requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – Investments in the Plan are reported at fair value. U.S. GAAP defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction value hierarchy which requires an entity to maximize the use of observable inputs when measuring fair value. See Note 4 for description of fair value measurements.

Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Capital gain distributions are included in dividend income. Gains and losses are calculated on a moving average cost basis.

Realized gains and losses on investments are recognized upon sales of the related investments and unrealized appreciation or depreciation is recognized at year-end when the carrying values of the related investments are adjusted to their estimated fair market values. Purchases and sales of securities are recorded on a trade-date basis.

ORTHONJ 401(k) PLAN NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 2—Summary of significant accounting policies (continued)

Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Earnings on investments, with the exception of participant loans, are allocated on a pro rata basis to individual participant accounts based on the type of investment and the ratio of each participant's individual account balance to the aggregate of participant account balances. The portion of interest included in each loan payment made by a participant is recognized as interest income in the participant's individual account.

Risk and Uncertainties – Investment securities in general, are subject to various risks, such as interest rate, credit, and overall market volatility. Due to the levels of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Contributions Receivable – The amount of participant-related contributions that have been deducted from the participant's payroll as of the end of the year but that have not been deposited with the Plan until after the end of the year is reflected as a participant contributions receivable in the Plan's financial statements. In addition, any contributions due and payable by the Company are reflected as Company contributions receivable in the Plan's financial statement.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is reported on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. No allowance for credit losses has been recorded as of December 31, 2024 or 2023. If a participant does not make loan repayments and the Plan administrator considers the participant loan to be in default, the participant loan balance is reduced, and the delinquent note receivable is recorded as a benefit payment based on the terms of the Plan document.

Payment of Benefits – Benefit payments to participants are recorded upon distribution.

Administrative Expenses – Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Participating Employers. Expenses that are paid by the Participating Employers are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation in fair value of investments. Administrative expenses paid by the sponsor are not reimbursed by the Plan.

Note 3—Information certified by the Plan's qualified institution (unaudited)

The Plan administrator 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. Accordingly, Charles Schwab Trust Bank, the "qualified institution" of the Plan, has certified to the completeness and accuracy of the following items included in the accompanying financial statements and supplemental schedule:

- Investments, at fair value, non-interest bearing cash, and notes receivable from participants as of December 31, 2024 and 2023.
- Net appreciation in the fair value of investments, interest and dividend income, and interest income on notes receivable from participants for the year ended December 31, 2024.
- Schedule of Assets (Held at End of Year) – Form 5500, Schedule H, Part IV, Line 4i as of December 31, 2024.

ORTHONJ 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 3—Information certified by the Plan’s qualified institution (unaudited) (continued)

The Plan’s independent auditor did not perform any auditing procedures with respect to certified information, except for comparing such information to the related information in the financial statements and supplemental schedule.

Note 4—Fair value measurements

The Plan values its investments under the provisions of Financial Accounting Standards Board Accounting Standard Codification 820, *Fair Value Measurements and Disclosures*, which defines fair value under U.S. GAAP, establishes a framework for measuring fair value and enhances disclosures about fair value measurements. This standard defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (and exit price) in the principal or most advantageous market for the asset or liability, in an orderly transaction between market participants on the measurement date. U.S. GAAP establishes a fair value hierarchy, which requires an entity to maximize the use of observable inputs when measuring fair value.

The following provides a description of the three levels of inputs that may be used to measure fair value under the standard, the types of Plan investments that fall under each category, and the valuation methodologies used to measure these investments at fair value.

Level 1 – Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date;

Level 2 – Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies; and

Level 3 – Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

A financial instrument’s level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following are descriptions of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy:

Money Market Account – The Plan’s money market account is a short-term, U.S. dollar-denominated obligation issued or guaranteed by the U.S. Treasury, valued on a daily basis by the administrator and classified within Level 2 of the valuation hierarchy.

Common Shares of Statutory Trusts – These investments are valued at current value based on published market quotations from the over-the-counter marketplace. Such assets are classified as Level 1 of the valuation hierarchy.

Common Stock – These investments are valued at current value based on published market quotations from the over-the-counter marketplace. Such assets are classified as Level 1 of the valuation hierarchy.

Unit Investment Trusts – Unit Investment Trusts are public investment vehicles valued using the net asset value (“NAV”) provided by the administrator of the fund. NAV is a quoted price in an active market and classified within Level 1 of the valuation hierarchy.

ORTHONJ 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 4—Fair value measurements (continued)

Mutual Funds – Mutual funds are public investment vehicles valued using NAV provided by the administrator of the fund. NAV is a quoted price in an active market and classified within Level 1 of the valuation hierarchy.

The Plan believes its valuation methods are appropriate and consistent with other market participants; however, the use of different methodologies or assumptions to determine the fair value of certain financial investments could result in different fair value measurement at the reporting date.

The following table sets forth, by level within the fair value hierarchy, the Plan’s investments at fair value as of December 31:

	2024			
	Level 1	Level 2	Level 3	Total
Money market account	\$ -	\$ 1,424,575	\$ -	\$ 1,424,575
Common shares of statutory trusts	37,010	-	-	37,010
Unit investment trusts	4,867,463	-	-	4,867,463
Common stock	6,570,109	-	-	6,570,109
Mutual funds	152,333,288	-	-	152,333,288
Total investments	<u>\$ 163,807,870</u>	<u>\$ 1,424,575</u>	<u>\$ -</u>	<u>\$ 165,232,445</u>

	2023			
	Level 1	Level 2	Level 3	Total
Money market account	\$ -	\$ 1,723,544	\$ -	\$ 1,723,544
Common shares of statutory trusts	17,310	-	-	17,310
Unit investment trusts	5,007,793	-	-	5,007,793
Common stock	4,817,084	-	-	4,817,084
Mutual funds	135,650,025	-	-	135,650,025
Total investments	<u>\$ 145,492,212</u>	<u>\$ 1,723,544</u>	<u>\$ -</u>	<u>\$ 147,215,756</u>

Note 5—Plan termination

The Employer 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 accounts.

Note 6—Tax status

The Plan adopted a Volume Submitter Profit Sharing Plan which received a favorable opinion letter from the Internal Revenue Service (“IRS”) on June 30, 2020, which stated the prototype Plan is designed in accordance with applicable sections of the IRC. The Plan has not received a determination letter specific to the Plan itself, and the Plan has been amended since receiving the opinion letter. However, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and has no income subject to business income tax and, therefore, the Plan continues to be tax-exempt.

ORTHONJ 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 6—Tax status (continued)

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7—Party-in-interest transactions

All Plan investments are managed by Charles Schwab Trust Bank, which is the qualified institution as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. In addition, the Plan pays for investment advisory and recordkeeping services which qualify as party-in-interest transactions. Fees paid by the Plan for these services amounted to \$330,321 for the year ended December 31, 2024. The Participating Employers provide to the Plan certain accounting and administrative services for which no fees are charged as disclosed in Note 2. Notes receivable from participants also qualify as party-in-interest transactions.

Note 8—Subsequent events

The Plan has evaluated subsequent events through October 9, 2025, which is the date the financial statements were available to be issued.

Effective January 1, 2025, the Plan was amended and restated to incorporate a provision for an automatic contribution arrangement whereby any Participant who does not make an Affirmative Election will be deemed to have elected a pre-tax deferral equal to 6% of eligible compensation. In addition, eligibility requirements for employee deferrals were modified from one year of service to six months of service. Entry dates for employee deferrals were also modified from January 1st and July 1st to the first day of the month coinciding with or next following the satisfaction of eligibility requirements.

SUPPLEMENTAL SCHEDULE

ORTHONJ 401(k) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN: 82-4413259, PLAN NUMBER: 001

DECEMBER 31, 2024

(a)	(b)	(c)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party		Description of Investment Including Maturity Dates, Rates of Interest, Par, or Maturity Value	Current Value
Mutual Funds:			
*	Charles Schwab	AMERICAN BEACON SMALL CAP VALUE R5	\$ 3,052,987
*	Charles Schwab	AMERICAN FUNDS EUROPACIFIC GROWTH R6	2,338,176
*	Charles Schwab	CLEARBRIDGE SMALL CAP GWTH IS	3,074,717
*	Charles Schwab	DELAWARE VALUE CL INST	3,279
*	Charles Schwab	FIDELITY SLCT TECHNOLOGY	5,914,047
*	Charles Schwab	ISHARES S&P 500 INDEX FD K	25,572,078
*	Charles Schwab	JANUS HENDERSON GLBL RESEARCH FD 1	2,974,912
*	Charles Schwab	JHANCOCK DISCIPLINED VLU MID CAP R6	2,071,092
*	Charles Schwab	JPMORGAN GLOBAL ALLOC R6	1,206,586
*	Charles Schwab	LOOMIS SAYLES BOND	8
*	Charles Schwab	METROPOLITAN WEST TOTAL RETURN BD PL	5,655
*	Charles Schwab	MFS MID CAP GROWTH CL R6	3,352,661
*	Charles Schwab	NEUBERGER BERMAN STRAT INCM R6	2,028,075
*	Charles Schwab	PRINCIPAL LARGE CAP GROWTH FUND I	20,196,255
*	Charles Schwab	PRINCIPAL SMALL CAP S&P 600 INDEX R6	2,006,145
*	Charles Schwab	SCHWAB FNDMENTL INTL LGE CO INDEX	1,043,323
*	Charles Schwab	SCHWAB FUNDAMENTAL US LRGE CO INDEX	11,795,676
*	Charles Schwab	SPECTRUM CONSRV ALLOCATION I	660,245
*	Charles Schwab	SPECTRUM MOD ALLOCATION I	3,299,516
*	Charles Schwab	SPECTRUM MOD GWTH ALLOCATION I	1,994,061
*	Charles Schwab	VANGUARD HEALTH CARE FD ADMIRAL SHS	860,637
*	Charles Schwab	VANGUARD MID CAP VAL	1,083,694
*	Charles Schwab	VANGUARD SHORT-TERM INVEST GRADE ADM	1,811,216
*	Charles Schwab	VANGUARD TOTAL BOND MKT INDEX ADM	1,521,910
*	Charles Schwab	VANGUARD TOTAL INTL STOCK INDEX ADM	3,361,575
*	Charles Schwab	AMERICAN FD 2055 TARGET DATE RET R6	3,026,322
*	Charles Schwab	AMERICAN FD 2060 TARGETDATE RTRMT R6	1,662,653
*	Charles Schwab	AMERICAN FD 2065 TARGET RTRMT R6	8,459
*	Charles Schwab	AMERICAN FDS TRGT DATE RET 2015 R6	2,556,954
*	Charles Schwab	AMERICAN FDS TRGT DATE RET 2020 R6	1,136,702
*	Charles Schwab	AMERICAN FDS TRGT DATE RET 2025 R6	3,616,097
*	Charles Schwab	AMERICAN FDS TRGT DATE RET 2030 R6	6,676,702
*	Charles Schwab	AMERICAN FDS TRGT DATE RET 2035 R6	11,251,472
*	Charles Schwab	AMERICAN FDS TRGT DATE RET 2045 R6	6,953,524
*	Charles Schwab	AMERICAN FDS TRGT DATE RET 2050 R6	5,114,917
*	Charles Schwab	AMERICAN FUNDS TRGT DATE RET 2040 R6	6,318,852
*	Charles Schwab	VANGUARD INFLATION PROT SEC ADM	515,129
*	Charles Schwab	GUGGENHEIM TOTAL RETURN BD INST	2,223,762
*	Charles Schwab	T ROWE PRICE OVERSEAS STOCK FUND I	35
*	Charles Schwab	AMANA GROWTH FUND INV	43,182
Total Mutual Funds			\$ 152,333,288

ORTHONJ 401(k) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN: 82-4413259, PLAN NUMBER: 001

DECEMBER 31, 2024

(a)	(b)	(c)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party		Description of Investment Including Maturity Dates, Rates of Interest, Par, or Maturity Value	Current Value
Common Stock:			
*	Charles Schwab	3M COMPANY	\$ 4,389
*	Charles Schwab	ABBOTT LABORATORIES	1,470
*	Charles Schwab	ACCENTURE PLC CL A	5,629
*	Charles Schwab	ADOBE SYSTEMS INC	889
*	Charles Schwab	ADTALEM GLOBAL EDUCA	292,537
*	Charles Schwab	ADVANCED MICRO DEVICES	1,812
*	Charles Schwab	AECOM TECHNOLOGY CORP	1,709
*	Charles Schwab	AIR PRODS & CHEMS INC	5,511
*	Charles Schwab	ALBEMARLE CORP	516
*	Charles Schwab	ALPHABET INC	30,190
*	Charles Schwab	ALPHABET INC.	7,618
*	Charles Schwab	AMAZON COM INC	247,911
*	Charles Schwab	AMERICAN EXPRESS CO	224,670
*	Charles Schwab	AMERICAN TOWER CORP REIT	3,118
*	Charles Schwab	AMGEN INCORPORATED	3,388
*	Charles Schwab	APPLE INC	862,616
*	Charles Schwab	AUTO DATA PROCESSING	6,147
*	Charles Schwab	BALL CORPORATION	606
*	Charles Schwab	BECTON DICKINSON & CO	4,084
*	Charles Schwab	BEST BUY INC	1,716
*	Charles Schwab	BORG WARNER INC	4,228
*	Charles Schwab	BOSTON OMAHA CORPORA	1,115
*	Charles Schwab	BROADCOM LIMITED	4,637
*	Charles Schwab	BROADRIDGE FINL SOLUTION	6,783
*	Charles Schwab	C M S ENERGY CORP	1,666
*	Charles Schwab	CASEYS GEN STORES INC	211,191
*	Charles Schwab	CATERPILLAR INC	246,677
*	Charles Schwab	CDN IMPERIAL BK OF COMMERCE	211,757
*	Charles Schwab	CF INDUSTRIES HOLDINGS	2,133
*	Charles Schwab	CHARGEPOINT HLDGS IN	428
*	Charles Schwab	CINTAS CORP	181,969
*	Charles Schwab	CISCO SYSTEMS INC	1,480
*	Charles Schwab	COCA COLA COMPANY	4,358
*	Charles Schwab	CONOCOPHILLIPS	5,355
*	Charles Schwab	CORNING INC	1,331
*	Charles Schwab	CROWDSTRIKE HLDGS IN	1,369
*	Charles Schwab	CUMMINS ENGINE INC	204,628
*	Charles Schwab	CVS HEALTH CORPORATION	3,232
*	Charles Schwab	DELTA AIR LINES INC	8,894
*	Charles Schwab	DUKE ENERGY CORP	1,616
*	Charles Schwab	EASTMAN CHEMICAL CO	4,566
*	Charles Schwab	ELI LILLY & COMPANY	13,124
*	Charles Schwab	ENERGIZER HOLDINGS I	1,186
*	Charles Schwab	EXPEDIA INC NEW	745
*	Charles Schwab	EXXON MOBIL CORP	5,701
*	Charles Schwab	FACEBOOK INC	12,924
*	Charles Schwab	FIRST AMER FINANCIAL	1,873
*	Charles Schwab	FISERV INC	283,480

ORTHONJ 401(k) PLAN**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**

FORM 5500, SCHEDULE H, PART IV, LINE 4i

EIN: 82-4413259, PLAN NUMBER: 001

DECEMBER 31, 2024

(a)	(b)	(c)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Dates, Rates of Interest, Par, or Maturity Value	Current Value
	Common Stock (continued):		
*	Charles Schwab	GAP INC	\$ 1,890
*	Charles Schwab	GARMIN LTD NEW	2,063
*	Charles Schwab	GENERAL MLS INC	701
*	Charles Schwab	GILEAD SCIENCES INC	924
*	Charles Schwab	GOLDMAN SACHS GROUP INC	286,310
*	Charles Schwab	HEALTHPEAK PPTYS INC	953
*	Charles Schwab	HELMERICH & PAYNE INC	1,761
*	Charles Schwab	HENRY JACK & ASSOCIATES	4,032
*	Charles Schwab	HOME DEPOT INC	8,169
*	Charles Schwab	HP INC	1,305
*	Charles Schwab	IBM CORP	10,112
*	Charles Schwab	INTEL CORP	2,366
*	Charles Schwab	INTERNATIONAL FLAVORS & FRAGRANCES	3,213
*	Charles Schwab	INTERNATIONAL PAPER CO	2,153
*	Charles Schwab	J P MORGAN CHASE & CO	278,543
*	Charles Schwab	JOHNSON & JOHNSON	3,616
*	Charles Schwab	KIMBERLY-CLARK CORP	4,193
*	Charles Schwab	KRAFT HEINZ COMPANY	14,127
*	Charles Schwab	L C I INDUS	1,551
*	Charles Schwab	LAM RESEARCH CORP	60,023
*	Charles Schwab	LEIDOS HOLDINGS INC	1,729
*	Charles Schwab	LULULEMON ATHLETICA INC	2,294
*	Charles Schwab	LYONDELLBASELL INDS	1,114
*	Charles Schwab	M/I HOMES INC	177,089
*	Charles Schwab	MAGNA INTL INC	3,427
*	Charles Schwab	MAKEMYTRIP LIMITED	302,595
*	Charles Schwab	MASTERCARD INC	9,478
*	Charles Schwab	MC DONALDS CORP	4,928
*	Charles Schwab	MEDIWOUND LTD	71
*	Charles Schwab	MERCK & CO INC	6,566
*	Charles Schwab	MICROSOFT CORP	269,470
*	Charles Schwab	MODERNA INC	10,437
*	Charles Schwab	MSC INDUSTRIAL DIRECT CLASS A	1,494
*	Charles Schwab	NASDAQ OMX GROUP INC	3,092
*	Charles Schwab	NATL RETAIL PPTY REIT	4,126
*	Charles Schwab	NEWMONT MINING CORP	2,903
*	Charles Schwab	NEXTERA ENERGY INC	6,022
*	Charles Schwab	NORDSTROM INC	2,536
*	Charles Schwab	NVIDIA CORP	1,068,150
*	Charles Schwab	OCEANFIRST FINL CORP	417
*	Charles Schwab	ONEOK INC NEW	8,132
*	Charles Schwab	ORANGE ADR	4,084
*	Charles Schwab	PACKAGING CORP OF AMER	2,251
*	Charles Schwab	PARKER HANNIFIN CORP	11,449

ORTHONJ 401(k) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN: 82-4413259, PLAN NUMBER: 001

DECEMBER 31, 2024

(a)	(b)	(c)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party		Description of Investment Including Maturity Dates, Rates of Interest, Par, or Maturity Value	Current Value
Common Stock (continued):			
*	Charles Schwab	PEPSICO INC	\$ 1,521
*	Charles Schwab	PFIZER INCORPORATED	796
*	Charles Schwab	PHILLIPS 66	2,393
*	Charles Schwab	PHINIA INC	1,252
*	Charles Schwab	PNC FINANCIAL SERVICES GP INC	1,929
*	Charles Schwab	PRINCIPAL FINANCIAL	1,935
*	Charles Schwab	PROCTER & GAMBLE	1,509
*	Charles Schwab	PRUDENTIAL FINANCIAL INC	3,437
*	Charles Schwab	QUALCOMM INC	4,916
*	Charles Schwab	REPUBLIC SERVICES	6,840
*	Charles Schwab	ROBLOX CORP	260,312
*	Charles Schwab	ROSS STORES INC	8,622
*	Charles Schwab	ROWE T PRICE GROUP INC	1,131
*	Charles Schwab	ROYAL CARIBBEAN CRUISES LTD	73,129
*	Charles Schwab	SANOFI ADR	1,206
*	Charles Schwab	SEAGATE TECHNOLOGY H	1,295
*	Charles Schwab	SERVICE NOW INC	277,751
*	Charles Schwab	SOLVENTUM CORP	528
*	Charles Schwab	SOUTHERN COPPER CORP	9,660
*	Charles Schwab	STANLEY BLACK & DECKER	1,606
*	Charles Schwab	STERIS PLC	4,317
*	Charles Schwab	STRYKER CORP	9,361
*	Charles Schwab	TAKE-TWO INTERACTV SFTWR	1,841
*	Charles Schwab	TARGET CORPORATION	676
*	Charles Schwab	TESLA MOTORS INC	1,615
*	Charles Schwab	TEXTRON INC	1,300
*	Charles Schwab	THERMO FISHER SCIENTIFIC CORP COM	6,243
*	Charles Schwab	T-MOBILE US INC	2,428
*	Charles Schwab	TORONTO DOMINION BK ONT	1,597
*	Charles Schwab	TRANE TECHNOLOGIES P	1,477
*	Charles Schwab	UNILEVER PLC ADR NEW	2,552
*	Charles Schwab	UNION PACIFIC CORP	1,368
*	Charles Schwab	UNITED CONTL HLDGS INC	56,901
*	Charles Schwab	UNITED PARCEL SERVICE B	5,548
*	Charles Schwab	UNUM GROUP	4,017
*	Charles Schwab	V F CORPORAT	2,103
*	Charles Schwab	VALERO ENERGY CORP NEW	1,226
*	Charles Schwab	W P CAREY INC	981
*	Charles Schwab	WAL-MART STORES INC	11,384
*	Charles Schwab	WALT DISNEY CO	51,555
*	Charles Schwab	WATSCO INC	8,056
*	Charles Schwab	YUM BRANDS INC	4,964
Total Common Stock			6,570,109

ORTHONJ 401(k) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN: 82-4413259, PLAN NUMBER: 001

DECEMBER 31, 2024

(a)	(b)	(c)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party		Description of Investment Including Maturity Dates, Rates of Interest, Par, or Maturity Value	Current Value
Unit Investment Trusts:			
*	Charles Schwab	VANGUARD VALUE ETF	\$ 143
*	Charles Schwab	VANGRD RUSSELL 2000	49,141
*	Charles Schwab	ISHARES CORE DIVIDEND GROWTH ETF	30
*	Charles Schwab	SPDR S&P 500 VALUE ETF	23,780
*	Charles Schwab	ISHARES CORE S&P SMALL-CAP ETF	59,338
*	Charles Schwab	VANGUARD FTSE EMERGING MARKETS ETF	17,396
*	Charles Schwab	ISHARES RUSSELL 1000 ETF	38,659
*	Charles Schwab	SPDR S&P REGIONAL BANKING ETF	2,412
*	Charles Schwab	SPDR S&P 500 GROWTH ETF	37,358
*	Charles Schwab	ISHARES CORE MSCI EMERGING ETF	17,389
*	Charles Schwab	ISHARES CORE S&P MID-CAP ETF	59,818
*	Charles Schwab	ISHARES INTERMEDT TERM CORP BOND ETF	53,570
*	Charles Schwab	ISHARES SHORT TERM CORPORAT BD ETF	112,189
*	Charles Schwab	ISHARES MBS ETF	63,718
*	Charles Schwab	VANGUARD MID CAP ETF	4,754
*	Charles Schwab	ISHARES MSCI EAFE ETF	10,963
*	Charles Schwab	VANGUARD SMALL CAP ETF	11,293
*	Charles Schwab	VANGUARD FTSE DEVELOPED MARKETS ETF	92,771
*	Charles Schwab	SPDR S&P 500 ETF	142,836
*	Charles Schwab	VANGUARD S&P 500 ETF	13,756
*	Charles Schwab	VANGUARD TOTAL STOCK MARKET ETF	1,767,841
*	Charles Schwab	GRAYSCALE BITCOIN MI	4,187
*	Charles Schwab	INVESCO QQQ TRUST	51,123
*	Charles Schwab	ISHARES GOLD ETF	247,550
*	Charles Schwab	SPDR DOW JONES INDUSTRIAL AVRG ETF	50,635
*	Charles Schwab	VANGUARD SHORT-TERM BOND ETF	2,068
*	Charles Schwab	ISHARES CORE S&P 500 ETF	1,876,712
*	Charles Schwab	SPDR BLOOMBERG BARCLAYS HI YIELD ETF	2,387
*	Charles Schwab	SPDR BOFA MERRILL ET	43,420
*	Charles Schwab	ALTEGRIS WINTON FTR	10,226
Total Unit Investment Trusts			4,867,463

ORTHONJ 401(k) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN: 82-4413259, PLAN NUMBER: 001

DECEMBER 31, 2024

(a)	(b)	(c)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party		Description of Investment Including Maturity Dates, Rates of Interest, Par, or Maturity Value	Current Value
Common Shares of Statutory Trusts:			
*	Charles Schwab	GRAYSCALE BITCOIN TR	\$ 37,010
Total Common Shares of Statutory Trusts			<u>37,010</u>
Money Market Account:			
*	Charles Schwab	SCHWAB BANK SAVINGS	1,424,575
Total Money Market Account			<u>1,424,575</u>
Non-Interest Bearing Cash:			
*	Charles Schwab	Non-interest bearing cash	754,998
Total Non-Interest Bearing Cash			<u>754,998</u>
*	Participant loans	Interest rates ranging from 4.25% to 9.50%, with maturities through July 2046	936,130
Total Assets (Held at End of Year)			<u><u>\$ 166,923,573</u></u>

An asterisk (*) in column (a) denotes a party-in-interest to the Plan.
Column (d), cost of investments, is not applicable as all investments are participant directed.

ORTHONJ 401(k) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

***As of December 31, 2024 and 2023 and
for the Year Ended December 31, 2024***

And Report of Independent Auditor

ORTHONJ 401(k) PLAN
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Report of Independent Auditor

To the Plan Administrator
OrthoNJ
401(k) Plan
Somerset, New Jersey

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

We have performed audits of the accompanying financial statements of OrthoNJ 401(k) Plan (the “Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan’s 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 (“DOL”) 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 DOL’s Rules and Regulations for Reporting and Disclosure under ERISA (“qualified institution”).

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

Opinion

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

- The amounts and disclosures in the 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).

Basis for 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 *Auditor’s Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with 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.

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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule of Assets (Held at End of Year) – Form 5500, Schedule H, Part IV, Line 4i 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 DOL'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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule 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).

Cherry Bekaert LLP

Charlotte, North Carolina
October 9, 2025

ORTHONJ 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Non-interest bearing cash	\$ 754,998	\$ 1,285,549
Investments, at fair value	<u>165,232,445</u>	<u>147,215,756</u>
Receivables:		
Employer contributions	6,699,601	6,103,038
Participants contributions	81,551	59,962
Notes receivable from participants	<u>936,130</u>	<u>887,071</u>
Total Receivables	<u>7,717,282</u>	<u>7,050,071</u>
Net Assets Available for Benefits	<u>\$ 173,704,725</u>	<u>\$ 155,551,376</u>

The accompanying notes to the financial statements are an integral part of these statements.

ORTHONJ 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2024

Additions to net assets attributed to:	
Investment Income:	
Net appreciation in fair value of investments	\$ 11,475,275
Interest and dividend income	12,234,179
Net Investment Income	<u>23,709,454</u>
Interest income on notes receivable from participants	<u>58,887</u>
Contributions:	
Participants	5,099,321
Employer	6,615,766
Rollovers	729,304
Total Contributions	<u>12,444,391</u>
Total Additions	<u>36,212,732</u>
Deductions from net assets attributed to:	
Benefits paid to participants	17,729,062
Administrative expenses	330,321
Total Deductions	<u>18,059,383</u>
Net increase in net assets available for benefits	18,153,349
Net assets available for benefits, beginning of year	<u>155,551,376</u>
Net assets available for benefits, end of year	<u>\$ 173,704,725</u>

The accompanying notes to the financial statements are an integral part of these statements.

ORTHONJ 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 1—Description of the Plan

The following description of the OrthoNJ 401(k) 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 was established by OrthoNJ, LLC (the “Employer”) on January 1, 2020, and was most recently restated effective January 1, 2022. The Plan is a multi-employer plan that includes several participating employers: Princeton Orthopaedic Associates II, P.A.; Union County Orthopaedic Group, P.A.; Linden Surgical Center, LLC; Orthopedic Institute Brielle Orthopedics (formerly Orthopaedic Institute of Central Jersey, P.A. and Brielle Orthopaedics, prior to merger); Ridgewood Orthopedic Group LLC; Andrew A. Brief MDPA; Umer R. Dasti MDPA; Anthony J. Delfico MDPA; Kevin M. Roenbeck MDPA, Mark M. Pizzurro MDPA, Arnold A. Criscitiello MDPA, Shore Orthopaedic University Associates, P.A.; and University Orthopaedic Associates, LLC (the “Participating Employers”). The Plan is a defined contribution plan covering all full-time employees of the Participating Employers except those employees covered by a collective bargaining agreement, leased employees, non-resident aliens who do not receive any earned income from the Participating Employers which constitutes as United States (“U.S.”) source income, and as further defined by the Plan document. The employees of the Participating Employers were credited with their previous service with the Participating Employers for the purpose of Plan eligibility. Employees are eligible for the Plan after one year of service and age 21 or older. Employees meeting the criteria are eligible for participation in the Plan as of the two entry dates, January 1st and July 1st of the Plan year. 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 Plan’s Investment Committee determines the appropriateness of the Plan’s investment offerings, monitors investment performance, and reports to the Plan’s Board of Trustees.

Contributions – Participants may elect to defer a percentage of their eligible compensation, as defined in the Plan, subject to certain Internal Revenue Code (“IRC”) limitations. Contributions are subject to certain limitations. The Participating Employers contribute safe harbor and gateway contributions equal to 3.00% and 4.50%, respectively, of each participant’s compensation for the Plan year. The gateway contribution is a discretionary nonelective contribution determined separately by each Participating Employer as defined in the Plan document. The Participating Employers may contribute an additional discretionary nonelective contribution. For the year ended December 31, 2024, the Plan made additional discretionary nonelective contributions totaling \$3,976,798.

Participants who have attained age 50 before the end of the Plan year are eligible to make a “catch-up” contribution. If any participant’s contribution deferrals for a year exceed the maximum allowable for that year, the excess amount may be returned to the participant as taxable compensation.

Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan.

Participant Accounts – Each participant’s account is credited with the participant’s contribution, the safe harbor nonelective contribution, and allocations of: (a) the Participating Employer’s discretionary nonelective contributions, if any, and (b) Plan earnings (losses), and charged benefits paid to participants and 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.

ORTHONJ 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 1—Description of the Plan (continued)

Vesting – Participants are immediately vested in their contributions and safe harbor nonelective contributions plus actual earnings thereon. Vesting in the Participating Employer’s discretionary nonelective contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after six years of service. Additionally, participants who previously participated in Princeton Orthopaedic Associates I, P.A. Retirement Savings Plan and Princeton Orthopaedic Associates II, P.A. Retirement Savings Plan, prior to April 1, 2020, are 100% vested after three years.

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% of their account balance. The loans are secured by the balance in the participant’s account and bear interest at rates ranging from 4.25% to 9.50% as of December 31, 2024, which is commensurate with local prevailing rates as determined quarterly by the Plan administrator. Generally, the term of the loans cannot exceed five years. However, if the loan is for the purchase of a principal residence, the Plan administrator may permit a longer payment term. Principal and interest are paid ratably through monthly payroll deductions.

Payment of Benefits – On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant’s vested interest in his or her account, or annual installments over a period of years. 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. Upon proof, to the satisfaction of the Plan administrator, of an immediate and heavy financial need, amounts contributed may be withdrawn for a hardship purpose. Certain income tax penalties may apply to withdrawals or distributions prior to age 59½.

Forfeited Accounts – At December 31, 2024 and 2023, forfeited nonvested accounts totaled \$71,328 and \$37,741, respectively. These accounts may be used to reduce administrative expenses or future Employer contributions. Forfeitures of \$76,848 were used to reduce Employer contributions and no forfeitures were used to reduce administrative expenses during the year ended December 31, 2024.

Note 2—Summary of significant accounting policies

Basis of Accounting – The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (“U.S. GAAP”).

Use of Estimates – The preparation of financial statements in conformity with U.S. GAAP requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – Investments in the Plan are reported at fair value. U.S. GAAP defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction value hierarchy which requires an entity to maximize the use of observable inputs when measuring fair value. See Note 4 for description of fair value measurements.

Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Capital gain distributions are included in dividend income. Gains and losses are calculated on a moving average cost basis.

Realized gains and losses on investments are recognized upon sales of the related investments and unrealized appreciation or depreciation is recognized at year-end when the carrying values of the related investments are adjusted to their estimated fair market values. Purchases and sales of securities are recorded on a trade-date basis.

ORTHONJ 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 2—Summary of significant accounting policies (continued)

Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Earnings on investments, with the exception of participant loans, are allocated on a pro rata basis to individual participant accounts based on the type of investment and the ratio of each participant's individual account balance to the aggregate of participant account balances. The portion of interest included in each loan payment made by a participant is recognized as interest income in the participant's individual account.

Risk and Uncertainties – Investment securities in general, are subject to various risks, such as interest rate, credit, and overall market volatility. Due to the levels of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Contributions Receivable – The amount of participant-related contributions that have been deducted from the participant's payroll as of the end of the year but that have not been deposited with the Plan until after the end of the year is reflected as a participant contributions receivable in the Plan's financial statements. In addition, any contributions due and payable by the Company are reflected as Company contributions receivable in the Plan's financial statement.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is reported on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. No allowance for credit losses has been recorded as of December 31, 2024 or 2023. If a participant does not make loan repayments and the Plan administrator considers the participant loan to be in default, the participant loan balance is reduced, and the delinquent note receivable is recorded as a benefit payment based on the terms of the Plan document.

Payment of Benefits – Benefit payments to participants are recorded upon distribution.

Administrative Expenses – Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Participating Employers. Expenses that are paid by the Participating Employers are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation in fair value of investments. Administrative expenses paid by the sponsor are not reimbursed by the Plan.

Note 3—Information certified by the Plan's qualified institution (unaudited)

The Plan administrator 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. Accordingly, Charles Schwab Trust Bank, the "qualified institution" of the Plan, has certified to the completeness and accuracy of the following items included in the accompanying financial statements and supplemental schedule:

- Investments, at fair value, non-interest bearing cash, and notes receivable from participants as of December 31, 2024 and 2023.
- Net appreciation in the fair value of investments, interest and dividend income, and interest income on notes receivable from participants for the year ended December 31, 2024.
- Schedule of Assets (Held at End of Year) – Form 5500, Schedule H, Part IV, Line 4i as of December 31, 2024.

ORTHONJ 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 3—Information certified by the Plan’s qualified institution (unaudited) (continued)

The Plan’s independent auditor did not perform any auditing procedures with respect to certified information, except for comparing such information to the related information in the financial statements and supplemental schedule.

Note 4—Fair value measurements

The Plan values its investments under the provisions of Financial Accounting Standards Board Accounting Standard Codification 820, *Fair Value Measurements and Disclosures*, which defines fair value under U.S. GAAP, establishes a framework for measuring fair value and enhances disclosures about fair value measurements. This standard defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (and exit price) in the principal or most advantageous market for the asset or liability, in an orderly transaction between market participants on the measurement date. U.S. GAAP establishes a fair value hierarchy, which requires an entity to maximize the use of observable inputs when measuring fair value.

The following provides a description of the three levels of inputs that may be used to measure fair value under the standard, the types of Plan investments that fall under each category, and the valuation methodologies used to measure these investments at fair value.

Level 1 – Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date;

Level 2 – Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies; and

Level 3 – Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

A financial instrument’s level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following are descriptions of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy:

Money Market Account – The Plan’s money market account is a short-term, U.S. dollar-denominated obligation issued or guaranteed by the U.S. Treasury, valued on a daily basis by the administrator and classified within Level 2 of the valuation hierarchy.

Common Shares of Statutory Trusts – These investments are valued at current value based on published market quotations from the over-the-counter marketplace. Such assets are classified as Level 1 of the valuation hierarchy.

Common Stock – These investments are valued at current value based on published market quotations from the over-the-counter marketplace. Such assets are classified as Level 1 of the valuation hierarchy.

Unit Investment Trusts – Unit Investment Trusts are public investment vehicles valued using the net asset value (“NAV”) provided by the administrator of the fund. NAV is a quoted price in an active market and classified within Level 1 of the valuation hierarchy.

ORTHONJ 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 4—Fair value measurements (continued)

Mutual Funds – Mutual funds are public investment vehicles valued using NAV provided by the administrator of the fund. NAV is a quoted price in an active market and classified within Level 1 of the valuation hierarchy.

The Plan believes its valuation methods are appropriate and consistent with other market participants; however, the use of different methodologies or assumptions to determine the fair value of certain financial investments could result in different fair value measurement at the reporting date.

The following table sets forth, by level within the fair value hierarchy, the Plan’s investments at fair value as of December 31:

	2024			
	Level 1	Level 2	Level 3	Total
Money market account	\$ -	\$ 1,424,575	\$ -	\$ 1,424,575
Common shares of statutory trusts	37,010	-	-	37,010
Unit investment trusts	4,867,463	-	-	4,867,463
Common stock	6,570,109	-	-	6,570,109
Mutual funds	152,333,288	-	-	152,333,288
Total investments	<u>\$ 163,807,870</u>	<u>\$ 1,424,575</u>	<u>\$ -</u>	<u>\$ 165,232,445</u>

	2023			
	Level 1	Level 2	Level 3	Total
Money market account	\$ -	\$ 1,723,544	\$ -	\$ 1,723,544
Common shares of statutory trusts	17,310	-	-	17,310
Unit investment trusts	5,007,793	-	-	5,007,793
Common stock	4,817,084	-	-	4,817,084
Mutual funds	135,650,025	-	-	135,650,025
Total investments	<u>\$ 145,492,212</u>	<u>\$ 1,723,544</u>	<u>\$ -</u>	<u>\$ 147,215,756</u>

Note 5—Plan termination

The Employer 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 accounts.

Note 6—Tax status

The Plan adopted a Volume Submitter Profit Sharing Plan which received a favorable opinion letter from the Internal Revenue Service (“IRS”) on June 30, 2020, which stated the prototype Plan is designed in accordance with applicable sections of the IRC. The Plan has not received a determination letter specific to the Plan itself, and the Plan has been amended since receiving the opinion letter. However, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and has no income subject to business income tax and, therefore, the Plan continues to be tax-exempt.

ORTHONJ 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 6—Tax status (continued)

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7—Party-in-interest transactions

All Plan investments are managed by Charles Schwab Trust Bank, which is the qualified institution as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. In addition, the Plan pays for investment advisory and recordkeeping services which qualify as party-in-interest transactions. Fees paid by the Plan for these services amounted to \$330,321 for the year ended December 31, 2024. The Participating Employers provide to the Plan certain accounting and administrative services for which no fees are charged as disclosed in Note 2. Notes receivable from participants also qualify as party-in-interest transactions.

Note 8—Subsequent events

The Plan has evaluated subsequent events through October 9, 2025, which is the date the financial statements were available to be issued.

Effective January 1, 2025, the Plan was amended and restated to incorporate a provision for an automatic contribution arrangement whereby any Participant who does not make an Affirmative Election will be deemed to have elected a pre-tax deferral equal to 6% of eligible compensation. In addition, eligibility requirements for employee deferrals were modified from one year of service to six months of service. Entry dates for employee deferrals were also modified from January 1st and July 1st to the first day of the month coinciding with or next following the satisfaction of eligibility requirements.

SUPPLEMENTAL SCHEDULE

ORTHONJ 401(k) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN: 82-4413259, PLAN NUMBER: 001

DECEMBER 31, 2024

(a)	(b)	(c)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party		Description of Investment Including Maturity Dates, Rates of Interest, Par, or Maturity Value	Current Value
Mutual Funds:			
*	Charles Schwab	AMERICAN BEACON SMALL CAP VALUE R5	\$ 3,052,987
*	Charles Schwab	AMERICAN FUNDS EUROPACIFIC GROWTH R6	2,338,176
*	Charles Schwab	CLEARBRIDGE SMALL CAP GWTH IS	3,074,717
*	Charles Schwab	DELAWARE VALUE CL INST	3,279
*	Charles Schwab	FIDELITY SLCT TECHNOLOGY	5,914,047
*	Charles Schwab	ISHARES S&P 500 INDEX FD K	25,572,078
*	Charles Schwab	JANUS HENDERSON GLBL RESEARCH FD 1	2,974,912
*	Charles Schwab	JHANCOCK DISCIPLINED VLU MID CAP R6	2,071,092
*	Charles Schwab	JPMORGAN GLOBAL ALLOC R6	1,206,586
*	Charles Schwab	LOOMIS SAYLES BOND	8
*	Charles Schwab	METROPOLITAN WEST TOTAL RETURN BD PL	5,655
*	Charles Schwab	MFS MID CAP GROWTH CL R6	3,352,661
*	Charles Schwab	NEUBERGER BERMAN STRAT INCM R6	2,028,075
*	Charles Schwab	PRINCIPAL LARGE CAP GROWTH FUND I	20,196,255
*	Charles Schwab	PRINCIPAL SMALL CAP S&P 600 INDEX R6	2,006,145
*	Charles Schwab	SCHWAB FNDMENTL INTL LGE CO INDEX	1,043,323
*	Charles Schwab	SCHWAB FUNDAMENTAL US LRGE CO INDEX	11,795,676
*	Charles Schwab	SPECTRUM CONSRV ALLOCATION I	660,245
*	Charles Schwab	SPECTRUM MOD ALLOCATION I	3,299,516
*	Charles Schwab	SPECTRUM MOD GWTH ALLOCATION I	1,994,061
*	Charles Schwab	VANGUARD HEALTH CARE FD ADMIRAL SHS	860,637
*	Charles Schwab	VANGUARD MID CAP VAL	1,083,694
*	Charles Schwab	VANGUARD SHORT-TERM INVEST GRADE ADM	1,811,216
*	Charles Schwab	VANGUARD TOTAL BOND MKT INDEX ADM	1,521,910
*	Charles Schwab	VANGUARD TOTAL INTL STOCK INDEX ADM	3,361,575
*	Charles Schwab	AMERICAN FD 2055 TARGET DATE RET R6	3,026,322
*	Charles Schwab	AMERICAN FD 2060 TARGETDATE RTRMT R6	1,662,653
*	Charles Schwab	AMERICAN FD 2065 TARGET RTRMT R6	8,459
*	Charles Schwab	AMERICAN FDS TRGT DATE RET 2015 R6	2,556,954
*	Charles Schwab	AMERICAN FDS TRGT DATE RET 2020 R6	1,136,702
*	Charles Schwab	AMERICAN FDS TRGT DATE RET 2025 R6	3,616,097
*	Charles Schwab	AMERICAN FDS TRGT DATE RET 2030 R6	6,676,702
*	Charles Schwab	AMERICAN FDS TRGT DATE RET 2035 R6	11,251,472
*	Charles Schwab	AMERICAN FDS TRGT DATE RET 2045 R6	6,953,524
*	Charles Schwab	AMERICAN FDS TRGT DATE RET 2050 R6	5,114,917
*	Charles Schwab	AMERICAN FUNDS TRGT DATE RET 2040 R6	6,318,852
*	Charles Schwab	VANGUARD INFLATION PROT SEC ADM	515,129
*	Charles Schwab	GUGGENHEIM TOTAL RETURN BD INST	2,223,762
*	Charles Schwab	T ROWE PRICE OVERSEAS STOCK FUND I	35
*	Charles Schwab	AMANA GROWTH FUND INV	43,182
Total Mutual Funds			\$ 152,333,288

ORTHONJ 401(k) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN: 82-4413259, PLAN NUMBER: 001

DECEMBER 31, 2024

(a)	(b)	(c)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Dates, Rates of Interest, Par, or Maturity Value	Current Value	
Common Stock:			
*	Charles Schwab	3M COMPANY	\$ 4,389
*	Charles Schwab	ABBOTT LABORATORIES	1,470
*	Charles Schwab	ACCENTURE PLC CL A	5,629
*	Charles Schwab	ADOBE SYSTEMS INC	889
*	Charles Schwab	ADTALEM GLOBAL EDUCA	292,537
*	Charles Schwab	ADVANCED MICRO DEVICES	1,812
*	Charles Schwab	AECOM TECHNOLOGY CORP	1,709
*	Charles Schwab	AIR PRODS & CHEMS INC	5,511
*	Charles Schwab	ALBEMARLE CORP	516
*	Charles Schwab	ALPHABET INC	30,190
*	Charles Schwab	ALPHABET INC.	7,618
*	Charles Schwab	AMAZON COM INC	247,911
*	Charles Schwab	AMERICAN EXPRESS CO	224,670
*	Charles Schwab	AMERICAN TOWER CORP REIT	3,118
*	Charles Schwab	AMGEN INCORPORATED	3,388
*	Charles Schwab	APPLE INC	862,616
*	Charles Schwab	AUTO DATA PROCESSING	6,147
*	Charles Schwab	BALL CORPORATION	606
*	Charles Schwab	BECTON DICKINSON & CO	4,084
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*	Charles Schwab	BROADCOM LIMITED	4,637
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*	Charles Schwab	C M S ENERGY CORP	1,666
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*	Charles Schwab	CISCO SYSTEMS INC	1,480
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*	Charles Schwab	CONOCOPHILLIPS	5,355
*	Charles Schwab	CORNING INC	1,331
*	Charles Schwab	CROWDSTRIKE HLDGS IN	1,369
*	Charles Schwab	CUMMINS ENGINE INC	204,628
*	Charles Schwab	CVS HEALTH CORPORATION	3,232
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ORTHONJ 401(k) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN: 82-4413259, PLAN NUMBER: 001

DECEMBER 31, 2024

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	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Dates, Rates of Interest, Par, or Maturity Value	Current Value
	Common Stock (continued):		
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*	Charles Schwab	GARMIN LTD NEW	2,063
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*	Charles Schwab	GILEAD SCIENCES INC	924
*	Charles Schwab	GOLDMAN SACHS GROUP INC	286,310
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*	Charles Schwab	INTERNATIONAL PAPER CO	2,153
*	Charles Schwab	J P MORGAN CHASE & CO	278,543
*	Charles Schwab	JOHNSON & JOHNSON	3,616
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*	Charles Schwab	KRAFT HEINZ COMPANY	14,127
*	Charles Schwab	L C I INDUS	1,551
*	Charles Schwab	LAM RESEARCH CORP	60,023
*	Charles Schwab	LEIDOS HOLDINGS INC	1,729
*	Charles Schwab	LULULEMON ATHLETICA INC	2,294
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*	Charles Schwab	M/I HOMES INC	177,089
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SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN: 82-4413259, PLAN NUMBER: 001

DECEMBER 31, 2024

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*	Charles Schwab	TEXTRON INC	1,300
*	Charles Schwab	THERMO FISHER SCIENTIFIC CORP COM	6,243
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*	Charles Schwab	V F CORPORAT	2,103
*	Charles Schwab	VALERO ENERGY CORP NEW	1,226
*	Charles Schwab	W P CAREY INC	981
*	Charles Schwab	WAL-MART STORES INC	11,384
*	Charles Schwab	WALT DISNEY CO	51,555
*	Charles Schwab	WATSCO INC	8,056
*	Charles Schwab	YUM BRANDS INC	4,964
Total Common Stock			6,570,109

ORTHONJ 401(k) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN: 82-4413259, PLAN NUMBER: 001

DECEMBER 31, 2024

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Identity of Issue, Borrower, Lessor, or Similar Party		Description of Investment Including Maturity Dates, Rates of Interest, Par, or Maturity Value	Current Value
Unit Investment Trusts:			
*	Charles Schwab	VANGUARD VALUE ETF	\$ 143
*	Charles Schwab	VANGRD RUSSELL 2000	49,141
*	Charles Schwab	ISHARES CORE DIVIDEND GROWTH ETF	30
*	Charles Schwab	SPDR S&P 500 VALUE ETF	23,780
*	Charles Schwab	ISHARES CORE S&P SMALL-CAP ETF	59,338
*	Charles Schwab	VANGUARD FTSE EMERGING MARKETS ETF	17,396
*	Charles Schwab	ISHARES RUSSELL 1000 ETF	38,659
*	Charles Schwab	SPDR S&P REGIONAL BANKING ETF	2,412
*	Charles Schwab	SPDR S&P 500 GROWTH ETF	37,358
*	Charles Schwab	ISHARES CORE MSCI EMERGING ETF	17,389
*	Charles Schwab	ISHARES CORE S&P MID-CAP ETF	59,818
*	Charles Schwab	ISHARES INTERMEDT TERM CORP BOND ETF	53,570
*	Charles Schwab	ISHARES SHORT TERM CORPORAT BD ETF	112,189
*	Charles Schwab	ISHARES MBS ETF	63,718
*	Charles Schwab	VANGUARD MID CAP ETF	4,754
*	Charles Schwab	ISHARES MSCI EAFE ETF	10,963
*	Charles Schwab	VANGUARD SMALL CAP ETF	11,293
*	Charles Schwab	VANGUARD FTSE DEVELOPED MARKETS ETF	92,771
*	Charles Schwab	SPDR S&P 500 ETF	142,836
*	Charles Schwab	VANGUARD S&P 500 ETF	13,756
*	Charles Schwab	VANGUARD TOTAL STOCK MARKET ETF	1,767,841
*	Charles Schwab	GRAYSCALE BITCOIN MI	4,187
*	Charles Schwab	INVESCO QQQ TRUST	51,123
*	Charles Schwab	ISHARES GOLD ETF	247,550
*	Charles Schwab	SPDR DOW JONES INDUSTRIAL AVRG ETF	50,635
*	Charles Schwab	VANGUARD SHORT-TERM BOND ETF	2,068
*	Charles Schwab	ISHARES CORE S&P 500 ETF	1,876,712
*	Charles Schwab	SPDR BLOOMBERG BARCLAYS HI YIELD ETF	2,387
*	Charles Schwab	SPDR BOFA MERRILL ET	43,420
*	Charles Schwab	ALTEGRIS WINTON FTR	10,226
Total Unit Investment Trusts			4,867,463

ORTHONJ 401(k) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
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Identity of Issue, Borrower, Lessor, or Similar Party		Description of Investment Including Maturity Dates, Rates of Interest, Par, or Maturity Value	Current Value
Common Shares of Statutory Trusts:			
*	Charles Schwab	GRAYSCALE BITCOIN TR	\$ 37,010
Total Common Shares of Statutory Trusts			<u>37,010</u>
Money Market Account:			
*	Charles Schwab	SCHWAB BANK SAVINGS	1,424,575
Total Money Market Account			<u>1,424,575</u>
Non-Interest Bearing Cash:			
*	Charles Schwab	Non-interest bearing cash	754,998
Total Non-Interest Bearing Cash			<u>754,998</u>
*	Participant loans	Interest rates ranging from 4.25% to 9.50%, with maturities through July 2046	936,130
Total Assets (Held at End of Year)			<u><u>\$ 166,923,573</u></u>

An asterisk (*) in column (a) denotes a party-in-interest to the Plan.
Column (d), cost of investments, is not applicable as all investments are participant directed.

ORTHONJ 401(k) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
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Mutual Funds:			
*	Charles Schwab	AMERICAN BEACON SMALL CAP VALUE R5	\$ 3,052,987
*	Charles Schwab	AMERICAN FUNDS EUROPACIFIC GROWTH R6	2,338,176
*	Charles Schwab	CLEARBRIDGE SMALL CAP GWTH IS	3,074,717
*	Charles Schwab	DELAWARE VALUE CL INST	3,279
*	Charles Schwab	FIDELITY SLCT TECHNOLOGY	5,914,047
*	Charles Schwab	ISHARES S&P 500 INDEX FD K	25,572,078
*	Charles Schwab	JANUS HENDERSON GLBL RESEARCH FD 1	2,974,912
*	Charles Schwab	JHANCOCK DISCIPLINED VLU MID CAP R6	2,071,092
*	Charles Schwab	JPMORGAN GLOBAL ALLOC R6	1,206,586
*	Charles Schwab	LOOMIS SAYLES BOND	8
*	Charles Schwab	METROPOLITAN WEST TOTAL RETURN BD PL	5,655
*	Charles Schwab	MFS MID CAP GROWTH CL R6	3,352,661
*	Charles Schwab	NEUBERGER BERMAN STRAT INCM R6	2,028,075
*	Charles Schwab	PRINCIPAL LARGE CAP GROWTH FUND I	20,196,255
*	Charles Schwab	PRINCIPAL SMALL CAP S&P 600 INDEX R6	2,006,145
*	Charles Schwab	SCHWAB FNDMENTL INTL LGE CO INDEX	1,043,323
*	Charles Schwab	SCHWAB FUNDAMENTAL US LRGE CO INDEX	11,795,676
*	Charles Schwab	SPECTRUM CONSRV ALLOCATION I	660,245
*	Charles Schwab	SPECTRUM MOD ALLOCATION I	3,299,516
*	Charles Schwab	SPECTRUM MOD GWTH ALLOCATION I	1,994,061
*	Charles Schwab	VANGUARD HEALTH CARE FD ADMIRAL SHS	860,637
*	Charles Schwab	VANGUARD MID CAP VAL	1,083,694
*	Charles Schwab	VANGUARD SHORT-TERM INVEST GRADE ADM	1,811,216
*	Charles Schwab	VANGUARD TOTAL BOND MKT INDEX ADM	1,521,910
*	Charles Schwab	VANGUARD TOTAL INTL STOCK INDEX ADM	3,361,575
*	Charles Schwab	AMERICAN FD 2055 TARGET DATE RET R6	3,026,322
*	Charles Schwab	AMERICAN FD 2060 TARGETDATE RTRMT R6	1,662,653
*	Charles Schwab	AMERICAN FD 2065 TARGET RTRMT R6	8,459
*	Charles Schwab	AMERICAN FDS TRGT DATE RET 2015 R6	2,556,954
*	Charles Schwab	AMERICAN FDS TRGT DATE RET 2020 R6	1,136,702
*	Charles Schwab	AMERICAN FDS TRGT DATE RET 2025 R6	3,616,097
*	Charles Schwab	AMERICAN FDS TRGT DATE RET 2030 R6	6,676,702
*	Charles Schwab	AMERICAN FDS TRGT DATE RET 2035 R6	11,251,472
*	Charles Schwab	AMERICAN FDS TRGT DATE RET 2045 R6	6,953,524
*	Charles Schwab	AMERICAN FDS TRGT DATE RET 2050 R6	5,114,917
*	Charles Schwab	AMERICAN FUNDS TRGT DATE RET 2040 R6	6,318,852
*	Charles Schwab	VANGUARD INFLATION PROT SEC ADM	515,129
*	Charles Schwab	GUGGENHEIM TOTAL RETURN BD INST	2,223,762
*	Charles Schwab	T ROWE PRICE OVERSEAS STOCK FUND I	35
*	Charles Schwab	AMANA GROWTH FUND INV	43,182
Total Mutual Funds			\$ 152,333,288

ORTHONJ 401(k) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
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EIN: 82-4413259, PLAN NUMBER: 001

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*	Charles Schwab	WAL-MART STORES INC	11,384
*	Charles Schwab	WALT DISNEY CO	51,555
*	Charles Schwab	WATSCO INC	8,056
*	Charles Schwab	YUM BRANDS INC	4,964
Total Common Stock			6,570,109

ORTHONJ 401(k) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN: 82-4413259, PLAN NUMBER: 001

DECEMBER 31, 2024

(a)	(b)	(c)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party		Description of Investment Including Maturity Dates, Rates of Interest, Par, or Maturity Value	Current Value
Unit Investment Trusts:			
*	Charles Schwab	VANGUARD VALUE ETF	\$ 143
*	Charles Schwab	VANGRD RUSSELL 2000	49,141
*	Charles Schwab	ISHARES CORE DIVIDEND GROWTH ETF	30
*	Charles Schwab	SPDR S&P 500 VALUE ETF	23,780
*	Charles Schwab	ISHARES CORE S&P SMALL-CAP ETF	59,338
*	Charles Schwab	VANGUARD FTSE EMERGING MARKETS ETF	17,396
*	Charles Schwab	ISHARES RUSSELL 1000 ETF	38,659
*	Charles Schwab	SPDR S&P REGIONAL BANKING ETF	2,412
*	Charles Schwab	SPDR S&P 500 GROWTH ETF	37,358
*	Charles Schwab	ISHARES CORE MSCI EMERGING ETF	17,389
*	Charles Schwab	ISHARES CORE S&P MID-CAP ETF	59,818
*	Charles Schwab	ISHARES INTERMEDT TERM CORP BOND ETF	53,570
*	Charles Schwab	ISHARES SHORT TERM CORPORAT BD ETF	112,189
*	Charles Schwab	ISHARES MBS ETF	63,718
*	Charles Schwab	VANGUARD MID CAP ETF	4,754
*	Charles Schwab	ISHARES MSCI EAFE ETF	10,963
*	Charles Schwab	VANGUARD SMALL CAP ETF	11,293
*	Charles Schwab	VANGUARD FTSE DEVELOPED MARKETS ETF	92,771
*	Charles Schwab	SPDR S&P 500 ETF	142,836
*	Charles Schwab	VANGUARD S&P 500 ETF	13,756
*	Charles Schwab	VANGUARD TOTAL STOCK MARKET ETF	1,767,841
*	Charles Schwab	GRAYSCALE BITCOIN MI	4,187
*	Charles Schwab	INVESCO QQQ TRUST	51,123
*	Charles Schwab	ISHARES GOLD ETF	247,550
*	Charles Schwab	SPDR DOW JONES INDUSTRIAL AVRG ETF	50,635
*	Charles Schwab	VANGUARD SHORT-TERM BOND ETF	2,068
*	Charles Schwab	ISHARES CORE S&P 500 ETF	1,876,712
*	Charles Schwab	SPDR BLOOMBERG BARCLAYS HI YIELD ETF	2,387
*	Charles Schwab	SPDR BOFA MERRILL ET	43,420
*	Charles Schwab	ALTEGRIS WINTON FTR	10,226
Total Unit Investment Trusts			4,867,463

ORTHONJ 401(k) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN: 82-4413259, PLAN NUMBER: 001

DECEMBER 31, 2024

(a)	(b)	(c)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party		Description of Investment Including Maturity Dates, Rates of Interest, Par, or Maturity Value	Current Value
Common Shares of Statutory Trusts:			
*	Charles Schwab	GRAYSCALE BITCOIN TR	\$ 37,010
Total Common Shares of Statutory Trusts			<u>37,010</u>
Money Market Account:			
*	Charles Schwab	SCHWAB BANK SAVINGS	1,424,575
Total Money Market Account			<u>1,424,575</u>
Non-Interest Bearing Cash:			
*	Charles Schwab	Non-interest bearing cash	754,998
Total Non-Interest Bearing Cash			<u>754,998</u>
*	Participant loans	Interest rates ranging from 4.25% to 9.50%, with maturities through July 2046	936,130
Total Assets (Held at End of Year)			<u><u>\$ 166,923,573</u></u>

An asterisk (*) in column (a) denotes a party-in-interest to the Plan.
Column (d), cost of investments, is not applicable as all investments are participant directed.



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 2024 This Form is Open to Public Inspection
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Part I Annual Report Identification Information		
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>		
A This return/report is for:	<input type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
	<input checked="" type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report
	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.....▶	<input type="checkbox"/>	
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension
	<input type="checkbox"/> special extension (enter description)	<input type="checkbox"/> the DFVC program
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.....▶	<input type="checkbox"/>	

Part II Basic Plan Information—enter all requested information		
1a Name of plan OrthoNJ 401(k) Plan	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan	01/01/2020
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) OrthoNJ, LLC	2b Employer Identification Number (EIN)	82-4413259
	2c Plan Sponsor's telephone number	(862) 217-6900
2 Worlds Fair Drive Somerset NJ 08873	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		<u>10/23/25</u>	Jeff Brown
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>10/23/25</u>	Jeff Brown
	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	1,023
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)	747
	6a(2)	719
	6b	0
	6c	328
	6d	1,047
	6e	0
	6f	1,047
	6g(1)	857
6g(2)	966	
6h	76	
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 2K 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 _____

EFAST2 Filing Authorization
for the 2024 Form 5500-SF

OrthoNJ Retirement Plan
EIN / PN: 82-4413259 / 002
OrthoNJ 401(k) Plan
EIN / PN: 82-4413259 / 001

Plan Year Ending: 12/31/2024

Authorization of Practitioner to Electronically Sign and File

I hereby authorize USI Consulting Group to electronically sign and file the above-named returns/reports through EFAST2.

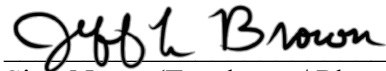
I understand that in granting this authority that:

- I must manually sign and date page 1 of the Form 5500-SF and provide a scanned copy of that signature page to USI Consulting Group before the electronic filing can be initiated;
- USI Consulting Group will retain a copy of this written authorization in its records;
- USI Consulting Group will notify the individual signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- USI Consulting Group shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Jeff Brown

Print Name (Employer / Plan Sponsor)



Sign Name (Employer / Plan Sponsor)

08/15/2025

Date