

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.)
 - a single-employer plan
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - the DFVC program
 - special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	PATRICK MATHEWS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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	759
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)	620
	6a(2)	655
	6b	0
	6c	173
	6d	828
	6e	0
	6f	828
	6g(1)	718
6g(2)	808	
6h	55	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2A 2E 2F 2G 2J 2R 2S 2T 3B 3D 3H

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

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

<p>A Name of plan EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 EXCELSIOR ORTHOPAEDICS LLP</p>	<p>D Employer Identification Number (EIN) 16-1608040</p>	

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	861105	771	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	1614400
5	Current value of plan's interest under this contract in separate accounts at year end.....	
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GROUP PENSION FUNDING CONTRACT	
b	Balance at the end of the previous year	7b 1542216
c	Additions: (1) Contributions deposited during the year	7c(1) 138322
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 35068
	(4) Transferred from separate account	7c(4) 58065
	(5) Other (specify below)..... ▶ LOAN REPAYMENT 12,092; FORFEITURES 20	7c(5) 12112
	(6) Total additions	7c(6) 243567
d	Total of balance and additions (add lines 7b and 7c(6))	7d 1785783
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 159682
	(2) Administration charge made by carrier.....	7e(2) 5205
	(3) Transferred to separate account	7e(3) 0
	(4) Other (specify below)..... ▶ LOAN ISSUE 6,005; FORFEITURES 491	7e(4) 6496
(5) Total deductions	7e(5) 171383	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 1614400

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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

A Name of plan EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 EXCELSIOR ORTHOPAEDICS LLP	D Employer Identification Number (EIN) 16-1608040	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

VOYA RETIREMENT INS AND ANNUITY CO

71-0294708

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

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

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

VOYA RETIREMENT INS AND ANNUITY CO

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 62 37 64 52 67	NONE	90230	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RAYMOND JAMES FINANCIAL SERVICES

1207 DELAWARE AVE, STE 108
BUFFALO, NY 14209

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	23850	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)

VALIANT RETIRE INC.

87-1649469

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	19516	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PRATT COLLARD BUCK ADVISORY GROUP

120 WEST TUPPER ST, STE 205
BUFFALO, NY 14201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	19267	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)

RAYMOND JAMES & ASSOCIATES

468 DELAWARE AVE, STE 100
BUFFALO, NY 14202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	12139	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)

SANDHILL INVESTMENT MANAGEMENT

40 FOUNTAIN PLAZA, STE 1300
BUFFALO, NY 14202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	10591	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

LANDMARK WEALTH MANAGEMENT

2410 NORTH FOREST ROAD,STE 101
GETZVILLE, NY 14068

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	9276	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)

BURNS/NOWAKOWSKI GROUP

50 FOUNTAIN PLAZA, STE 1100
BUFFALO, NY 14202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	8502	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)

COMMONWEALTH EQUITY SERVICES

04-2675571

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EXCELSIOR ORTHOPAEDICS LLP</u>	D Employer Identification Number (EIN) <u>16-1608040</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MYCOMPASS IND AGG 2035 FD R</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>		
c EIN-PN <u>38-4097328-474</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>32526</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MYCOMPASS IND AGG 2055 FD R</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>		
c EIN-PN <u>38-4097330-476</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>34285</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MYCOMPASS IND AGG RET FD R</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>		
c EIN-PN <u>38-4097326-472</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MYCOMPASS IND CNS 2025 F R</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>		
c EIN-PN <u>38-4097337-483</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MYCOMPASS IND CNS 2035 F R</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>		
c EIN-PN <u>38-4097338-484</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>31799</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MYCOMPASS IND CNS 2045 F R</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>		
c EIN-PN <u>38-4097339-485</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>638</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MYCOMPASS IND CNS 2055 F R</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>		
c EIN-PN <u>38-4097340-486</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>25701</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND CNS RET FD R		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.		
c EIN-PN 38-4097336-482	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3689
a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND MOD 2025 FD R		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.		
c EIN-PN 38-4097332-478	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND MOD 2035 FD R		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.		
c EIN-PN 38-4097333-479	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3934315
a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND MOD 2045 FD R		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.		
c EIN-PN 38-4097334-480	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4171630
a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND MOD 2055 FD R		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.		
c EIN-PN 38-4097335-481	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7828771
a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND MOD 2065 FD R		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST FUNDS		
c EIN-PN 38-7271385-766	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10689
a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND MOD RET FD R		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.		
c EIN-PN 38-4097331-477	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1298961
a Name of MTIA, CCT, PSA, or 103-12 IE: AB SMALL CAP GRW PORT Z		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: AMCEN MID CAP VALUE FUND R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS AM BALANCED R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NW PRSPCTV R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: BRANDYWINEGLOBAL HGH YLD FD IS		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA US TARGETED VL PORT INS		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: FID US BD ID FD		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY 500 INDEX FUND		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADV GRW OPPORT FND Z		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY INTL INDEX FND		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY MID CAP IDX FD		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY RL EST IND FD		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY SM CP IND FD

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: INV DEV MRKTS FD R6

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN LGCP GRW FND R6

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INFL PROT SECS N

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: MFS INTL DIVERSIFICATION FD R6

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN CORE PLUS BD FD R6

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN STRATEGIC INCOME FD R6

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM JENNISON MD CP GRW FD R6

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM JENNISON UTILITY FUND R6

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM TOTAL RETURN BOND FUND R6

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE NEW ERA FUND I

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD WINDSOR II FUND ADM

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GV MNY MKT F A

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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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 EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 EXCELSIOR ORTHOPAEDICS LLP	D Employer Identification Number (EIN) 16-1608040

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2181154	2483062
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	151969	202977
(2) U.S. Government securities	1c(2)	622435	394847
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	48828	290636
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3803965	4862688
(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)	276487	405308
(9) Value of interest in common/collective trusts	1c(9)	0	17373006
(10) Value of interest in pooled separate accounts	1c(10)	35185101	0
(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)	6557214	35357392
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1542216	1614400
(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	50369369	62984316
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	50369369	62984316

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)	2483062	
(B) Participants.....	2a(1)(B)	3152788	
(C) Others (including rollovers).....	2a(1)(C)	1010379	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6646229
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	495	
(B) U.S. Government securities.....	2b(1)(B)	23879	
(C) Corporate debt instruments.....	2b(1)(C)	9098	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	27319	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		60791
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	43763	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1458506	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1502269
(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)		1925197
(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)		3739505
c Other income	2c		1487424
d Total income. Add all income amounts in column (b) and enter total	2d		15361415

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2548651	
(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)		2548651
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)	32641	
(3) Recordkeeping fees	2i(3)	76152	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	87340	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1684	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		197817
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2746468

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		12614947
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **LUMSDEN & MCCORMICK**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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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>EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING 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>EXCELSIOR ORTHOPAEDICS LLP</u>	D Employer Identification Number (EIN) <u>16-1608040</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 71-0294708

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

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

3	
---	--

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

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 Q703912A.

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

**FINANCIAL STATEMENTS
WITH ADDITIONAL INFORMATION**

DECEMBER 31, 2024

INDEPENDENT AUDITORS' REPORT

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

Opinion

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

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in net assets available for benefits for the year ended December 31, 2024 in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with U.S. GAAS, we:

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

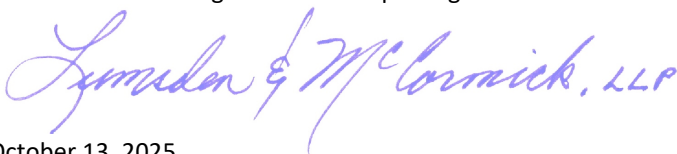
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. GAAS.

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

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

A handwritten signature in blue ink that reads "Lyndon & McCormick, LLP". The signature is written in a cursive, flowing style.

October 13, 2025

EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits

December 31,	2024	2023
Investments:		
Registered investment companies	\$ 35,357,392	\$ 6,557,214
Common stock	4,862,688	3,803,965
Corporate bonds	290,636	48,828
U.S. government securities	394,847	622,435
Variable annuity contract, at contract value	1,614,400	1,542,216
Pooled separate accounts	17,373,006	35,185,101
Cash equivalents	202,977	151,969
Total investments	60,095,946	47,911,728
Receivables:		
Employer contributions	2,483,062	2,181,154
Notes receivable from participants	405,308	276,487
	2,888,370	2,457,641
Net assets available for benefits	\$ 62,984,316	\$ 50,369,369

EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits

For the year ended December 31, 2024

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 7,152,126
Interest and dividend income	1,535,741
	<u>8,687,867</u>

Interest income on notes receivable from participants 27,319

Contributions:

Employer	2,483,062
Participants (including rollover contributions)	4,163,167
	<u>6,646,229</u>

Total additions 15,361,415

Deductions from net assets attributed to:

Benefits paid to participants	2,548,651
Administrative fees	197,817
	<u>2,746,468</u>

Total deductions 2,746,468

Net change 12,614,947

Net assets available for benefits:

Beginning 50,369,369

Ending \$ 62,984,316

Notes to Financial Statements

1. Description of Plan:

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

General:

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

Contributions:

Each year, participants may contribute up to 100% of pretax annual compensation, as defined in the Plan, provided total additions to the account of participating employees for any plan year shall not exceed the amount permitted by Internal Revenue Service regulations. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. The Sponsor may elect to make safe harbor contributions to the Plan. There was a safe harbor contribution of 3% of participants' eligible compensation made in 2024.

The Plan allows discretionary profit-sharing contributions, determined by the Sponsor's members, and allocates them to participants based on eligible compensation and participant classification. The discretionary profit-sharing contribution for 2024 was \$1,339,959.

The Plan also allows discretionary matching contributions. Amounts are determined by the Sponsor's members, and the contributions are based on a percentage of participants' elective deferrals. There were no matching contributions in 2024.

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

Participant Accounts:

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

Vesting:

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

Notes Receivable From Participants:

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

Payment of Benefits:

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

Forfeitures:

At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$26,568 and \$26,881. These amounts are used to reduce future employer contributions. In 2024, employer contributions were reduced by \$23,695 from forfeited non-vested accounts.

2. Summary of Significant Accounting Policies:

Basis of Accounting:

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

Use of Estimates:

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

Investment Valuation and Income Recognition:

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

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

Notes Receivable From Participants:

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

Payment of Benefits:

Benefits are recorded when paid.

Administrative Costs:

Various administrative costs were paid by the Sponsor.

Subsequent Events:

The Plan has evaluated events and transactions for potential recognition or disclosure in the financial statements through October 13, 2025 (the date the financial statements were available to be issued).

3. Fully Benefit-Responsive Investment Contract:

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

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

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

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

4. Plan Termination:

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

5. Tax Status:

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

6. Risks and Uncertainties:

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

EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN

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

December 31, 2024

(a)	(b) (c)	(e)
Description		Current Value
Registered investment companies:		
JPMorgan LgCp Grw Fnd R6		\$ 5,301,454
Amer Fnds American Balance R6		5,006,367
Vangrd Windsor II Fund Adm		3,464,548
Fidelity 500 Index Fund		2,532,617
PGIM Total Return Bond Fund R6		1,213,503
Nuveen Strategic Income Fd R6		1,144,728
Amer Fnds New Perspective R6		1,133,090
AB Small Cap Grw Port Z		978,924
Fidelity Adv Grw Opport Fnd Z		957,543
Vanguard S&P 500 ETF		897,119
Schwab S&P 500 Index		790,852
Amer Fnds EUPAC Fund R6		710,370
Fidelity Sm Cp Ind Fd		640,304
PGIM Jennison Md Cp Grw Fd R6		533,597
AmCen Mid Cap Value Fund R6		503,407
DFA US Targeted VI Port Ins		493,608
Inv Dev Mrkts Fd R6		387,785
PGIM Jennison Utility Fund R6		383,505
SPDR S&P 500 ETF Trust		380,952
iShares Core U.S. Aggregate Bond ETF		349,809
American Growth Fund Of America Class A		314,410
iShares Core S&P 500 ETF		287,276
Fid US Bd Id Fd		279,230
Loomis Sayles Infl Prot Secs N		269,710
Fidelity Mid Cap Idx Fd		264,495
Fidelity Intl Index Fnd		250,826
Vanguard Information Technology Index Fund ETF Shares		250,585
Fidelity RI Est Ind Fd		241,310
TCW Metro West Total Return Bond		194,714
iShares Core S&P Mid-Cap ETF		194,656
American Mutual Fund Class A		180,114
Brandywine GLOBAL Hgh Yld Fd IS		176,264
Dodge & Cox Income Fund		161,264
SPDR Portfolio S&P 500 Growth ETF		145,449
Davis New York Venture Fund Class A		140,280
Vanguard Financials Index Fund ETF Shares		132,593
Diamond Hill Large Cap Fund		131,554

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December 31, 2024

(a)	(b) (c)	(e)
Description		Current Value
Registered investment companies (continued):		
	William Blair Large Cap	130,894
	Calamos Growth And Income Fund Class A	129,630
	iShares 7-10 Year Treasury Bond ETF	127,951
	Baird Aggregate Bond Inst	122,344
	Nuveen Core Plus Bd Fd R6	119,803
	American Balanced Fund Class A	118,371
	MFS Intl Diversification Fd R6	113,119
	Pimco Total Return Fund I2	109,378
	The Consumer Discretionary Select Sector SPDR Fund	102,752
	iShares Core MSCI EAFE ETF	99,587
	The Health Care Select Sector SPDR Fund	98,500
	The Communication Services Select Sector SPDR ETF Fund	96,229
	iShares Core S&P Small-Cap ETF	88,028
	Franklin Income Fund Class A1	82,498
	Franklin Mutual Shares Fund Class A	79,629
	Guggenheim Total Return Bond Fd Instl	77,794
	American New World Fund Class A	74,376
	iShares Core MSCI Emerging Markets ETF	73,996
	T Rowe Price Global Technology	73,414
	Fidelity Advisor Inv Grade Bond CI Z	69,402
	Clearbridge Dividen Strategy Fund	68,887
	JPMorgan Core Bond Class	68,236
	T Rowe Price Overseas Stock Fund	67,084
	Harbor Capital Appreciation Instl	66,498
	VanEck Semiconductor ETF	65,870
	American Funds Europacific Growth	64,870
	T. Rowe Price New Era Fund I	64,360
	SPDR Bloomberg 1-3 Month T-Bill ETF	60,984
	Doubleline Total Return Bond Fd CI I	60,561
	Vanguard Mid-Cap ETF	60,222
	GCC Partners Emerging Markets	60,025
	American Funds Strategic Bond Fund	59,551
	Allspring Special Mid Cap Value FD	58,170
	JPMorgan Undiscovered Managers Behavioral Value Fund	57,568
	Principal Midcap Fund	57,186
	Wasatch Small Cap Growth Fund	57,028
	iShares MSCI USA Momentum Factor ETF	56,489

EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN

EIN 16-1608040
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December 31, 2024

(a)	(b) (c)	(e)
Description		Current Value
Registered investment companies (continued):		
	AQR Large Cap Defensive Style Fund	55,703
	The Industrial Select Sector SPDR Fund	50,332
	Dimensional Global Equity Port Inst	48,179
	Templeton Growth Fund Class A	47,993
	Dodge & Cox Balanced CI	40,793
	The Consumer Staples Select Sector SPDR Fund	38,204
	MFS Emerging Markets Debt I	37,692
	T Rowe Price Health Sciences	34,457
	NYLI Mackay High Yield Corp Bond Fund	31,710
	Federated Hermes Instl Hi Yield Bond Instl Shrs	31,587
	BLF Fed Fund Cash Reserve	31,560
	Fidelity Strategic Income Fund	28,877
	Fidelity International Index Fund	28,008
	Dimensional ETF Trust US	27,032
	Dodge & Cox Internatl Stock CI I	26,341
	Voya Gv Mny Mkt F A (Hld Acct)	25,804
	Fidelity Phillips Street Trust - Fidelity Cash Reserves	22,981
	The Energy Select Sector SPDR Fund	22,100
	Global X U.S. Infrastructure Development ETF	21,296
	Goldman Sachs Emrg Mkts Eqty Insights I	21,267
	iShares Biotechnology ETF	20,115
	The Real Estate Select Sector SPDR Fund	20,050
	Invesco KBW Bank ETF	19,540
	PGIM High Yield Z	18,952
	iShares U.S. Home ETF	18,714
	iShares Russell 2000 ETF	18,378
	iShares U.S. Infrastructure ETF	17,775
	Fidelity MSCI Utilities Index ETF	17,167
	First Trust Cloud Computing ETF	16,915
	Pimco Income Fund Institutional Fund	15,333
	Invesco Aerospace	12,735
	The Materials Select Sector SPDR Fund	11,106
	Vanguard Balanced Index Adm	11,099
	BlackRock Liquidity Fund	5,127
	Pacer Benchmark Data & Infrastructure Real Estate SCTR ETF	2,219
	Federated Hermes Government Reserves	155
		35,357,392

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EIN 16-1608040
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December 31, 2024

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Description		Current Value
Common stock:		
	NVIDIA Corporation	777,139
	Berkshire Hathaway Class B	703,037
	Broadcom Inc.	354,197
	Shopify Inc.	134,826
	Marvell Technology, Inc	133,375
	The Trade Desk, Inc.	127,873
	ServiceNow, Inc.	121,914
	The Goldman Sachs Group, Inc.	114,797
	Costco Wholesale Corporation	106,088
	Microsoft Corporation	82,561
	Pano Alto Networks Inc.	80,790
	Alphabet Inc. Cap Stk Class C	80,175
	Intuitive Surgical, Inc.	73,596
	Cadence Design Systems, Inc.	62,195
	Tyler Technologies, Inc.	57,087
	GE Aerospace	54,540
	The Charles Schwab Corporation	52,047
	Hubbell Inc.	50,267
	Danaher Corporation	50,100
	U.S. Bancorp	47,926
	Stryker Corporation	45,006
	Siteone Landscape Supply, Inc.	43,748
	Dover Corporation	43,339
	S&P Global Inc.	43,329
	SPX Technologies Inx.	43,219
	Uber Technologies, Inc.	41,199
	Linde Plc	41,030
	JPMorgan Chase & Co.	40,439
	Extra Space Storage Inc	40,093
	Aecom	39,096
	Illumina Inc.	36,882
	Littlefuse, Inc.	36,526
	Eli Lilly and Company	35,009
	Booking Holdings Inc.	34,779
	The Walt Disney Company	34,441
	Amphenol Corporation	33,614
	Bio-Techne Corporation	32,918

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EIN 16-1608040
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December 31, 2024

(a)	(b) (c)	(e)
Description		Current Value
Common stock (continued):		
	McDonald's Corporation	28,989
	Paychex, Inc.	28,044
	Eaton Corporation Plc	26,881
	Mastercard Incorporated	26,328
	Abbott Laboratories	25,337
	Johnson & Johnson	24,152
	The Travelers Companies, Inc.	24,089
	Cisco Systems, Inc.	23,680
	Ecolab Inc	23,432
	Inernational Bus Mach Corp	21,983
	Fastenal Company	21,573
	Honeywell International Inc.	20,330
	Tesla, Inc.	18,980
	M & T Bank Corporation	18,801
	Texas Instruments Incorporated	18,751
	Zimmer Biomet Holdings, Inc.	18,247
	Colgate-Palmolive Company	18,182
	Zoetis Inc.	18,085
	PepsiCo, Inc.	17,335
	MercadoLibre, Inc.	17,004
	Wells Fargo & Company	16,609
	CoStar Group, Inc.	16,537
	Apple Inc.	15,547
	Dominion Energy, Inc.	13,465
	Nestle S.A.	12,337
	Franco-Nevada Corporation	11,759
	Lockheed Martin Corporation	11,341
	Wynn Resorts	9,128
	Amazon.com, Inc.	8,776
	Nucor Corporation	8,537
	Cleveland-Cliffs Inc.	6,740
	Corning Inc.	5,915
	Meta Platforms, Inc.	5,855
	The Progressive Corporation	5,271
	Halliburton Company	4,826
	Taiwan Semiconductor Manufacturing Company Limited	4,740
	Zurich Insurance Group AG	4,667

EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN

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

December 31, 2024

(a)	(b) (c)	(e)
Description		Current Value
Common stock (continued):		
	Netflix, Inc.	4,457
	Northrop Grumman Corporation	4,386
	Schneider Electric S.E.	4,340
	UBS Group AG	4,275
	The Boeing Company	4,071
	Diageo PLC	4,068
	Hitachi, Ltd.	4,058
	Novo Nordisk A/S	3,957
	The Cigna Group	3,866
	Amadeus IT Group, S.A.	3,814
	Roche Holding Limited	3,595
	London Stock Exchange Group PLC	3,569
	BNP Paribas SA	3,526
	Union Pacific Corporation	3,509
	LVMH Moet Hennessy - Louis Vuitton, Societe Europeenne	3,422
	McKesson Corporation	3,419
	NatWest Group PLC	3,366
	Fujitsu Limited	3,313
	Mitsubishi UFJ Financial Group, Inc.	3,246
	Target Corporation	3,244
	Exxon Mobil Corporation	3,227
	HDFC Bank Limited Spons ADS	3,193
	ConocoPhillips	3,074
	Sanofi	3,038
	Analog Devices, Inc.	2,974
	Lam Research Corporation	2,889
	Aon PLC	2,873
	Totalenergies SE ADS	2,834
	Marriott International, Inc.	2,789
	Morgan Stanley	2,766
	PACCAR Inc.	2,705
	Skyworks Solutions, Inc.	2,681
	Symrise AG	2,657
	Duke Energy Corporation	2,586
	The Southern Company	2,552
	Moderna, Inc.	2,536
	Accenture PLC	2,463

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Additional Information - Schedule H, Line 4i
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December 31, 2024

(a)	(b) (c)	(e)
Description		Current Value
Common stock (continued):		
	Prologis, Inc.	2,431
	KDDI Corporation	2,390
	Eni S.P.A.	2,380
	American Express Company	2,374
	InterContinental Hotels Group PLC	2,373
	General Dynamics Corporation	2,371
	Texas Roadhouse Inc.	2,346
	Cyberbark Software Limited	2,332
	RTX Corporation	2,314
	Air Liquide S.A.	2,307
	Daikin Industries, Ltd.	2,256
	KKR & Co. Inc.	2,219
	Chubb Limited	2,210
	AbbVie Inc.	2,132
	Marsh & McLennan Companies, Inc.	2,124
	Piper Sandler Co	2,100
	Pfizer Inc.	2,096
	CSL Limited	2,092
	BJ's Wholesale Club Holdings, Inc.	2,055
	British American Tobacco PLC	1,998
	Lowe's Companies, Inc.	1,974
	Glencore PLC	1,947
	SoftBank Group Corp.	1,899
	Walmart Inc	1,897
	Visa Inc.	1,896
	API Group Corp	1,870
	Performance Food Group	1,860
	Compagnie Financiere Richemont SA	1,856
	Techtronic Industries Company Limited	1,847
	Citigroup Inc.	1,830
	Barclays Plc ADR	1,821
	Cavco Industries	1,785
	Illinois Tool Works Inc.	1,775
	Globus Med Inc.	1,737
	Eagle Malts Inc.	1,727
	Nasdaq, Inc.	1,701
	Comort Systems USA Inc	1,696

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EIN 16-1608040
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Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b) (c)	(e)
Description		Current Value
Common stock (continued):		
	Kenvue Inc.	1,687
	Group 1 Automotive Inc.	1,686
	Dorman Products Inc.	1,684
	Nintendo Co., LTD	1,665
	Iberdrola, S.A.	1,653
	Gates Indl Corp PLC	1,646
	Manhattan Associates Inc.	1,621
	Mondelez International, Inc.	1,613
	Pinnacle FINL Partners Inc	1,601
	Voya Financial Inc	1,583
	Seven & i Holdings Co., LTD	1,583
	CCC Intelligent Solutions HLD	1,560
	Toyota Motor Corporation	1,557
	Zebra Technologies Corporation	1,545
	Globant S A	1,501
	Elements Solutions Inc	1,500
	Wintrust Finl Corp	1,497
	RBC Bearings Inc.	1,496
	RPM International Inc.	1,477
	Idex Corp	1,465
	NXP Semiconductors N.V.	1,455
	AstraZeneca PLC	1,441
	Macom Tech Solutions HLDG Inc.	1,429
	ITT Inc.	1,429
	Burlington Stores Inc.	1,425
	Paylocity Hldg Corp	1,396
	Kinsale Cap Group Inc.	1,395
	Heineken N.V.	1,387
	Stifel Finl Corp	1,379
	CrowdStrike Holdings, Inc.	1,369
	Neurocrine Biosciences Inc.	1,365
	Jazz Pharmaceuticals PLC	1,355
	Salesforce, Inc.	1,337
	Intra-cellular Therapies Inc.	1,336
	Qiagen N.V.	1,291
	Entegris Inc	1,288
	KLA Corporation	1,260

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December 31, 2024

(a)	(b) (c)	(e)
Description		Current Value
Common stock (continued):		
	Nordson Corporation	1,255
	Atlantaic UN Bankshares Corp.	1,250
	AIA Group Limited	1,247
	Akzo Nobel N.V.	1,220
	Vertex Pharmaceuticals Incorporated	1,208
	ING Groep NV Spons ADR	1,207
	Integer HLDGS Corp	1,193
	O'Reilly Automotive, Inc.	1,186
	Woodside Energy Group Ltd	1,186
	Daiichi Sankyo Company	1,163
	Booz Allen Hamilton HLDG Corp	1,158
	Chart Industries Corp	1,145
	Procore Technologies Inc	1,124
	Tandem Diabetes Care Inc.	1,117
	Cognex Corp	1,112
	Federal Signal Corporation	1,109
	Sun Cmnty Inc	1,107
	Idacorp Inc.	1,093
	Cullen Frost Bankers	1,074
	Churchill Downs Inc	1,068
	Kubota Corporation	1,053
	Airbnb, Inc.	1,051
	Lancaster Colony Corp	1,039
	Ryanair Holdings PLC	1,003
	Bright Horizons Family Solutions Inc.	998
	Hilton Worldwide HLDNGS Inc.	989
	Agree RLTY Corporation REIT	986
	BIO Rad Labs Inc.	986
	Quaker Houghton	985
	Grand Canyon ED Inc	983
	Tri Pointe Homes Inc.	979
	Advanced Micro Devices, Inc.	966
	Eastgroup PPTYS Inc	963
	Halozyme Therapeutics Inc	956
	Natera Inc.	950
	Moody's Corporation	947
	Lincon Electric Hldgs Inc.	937

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EIN 16-1608040
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Additional Information - Schedule H, Line 4i
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December 31, 2024

(a)	(b) (c)	(e)
Description		Current Value
Common stock (continued):		
	Vericiel Corporation	933
	Portland General Elect Company	916
	UMB Finl Corp	903
	Spotify Technology	895
	Columbus McKinnon Corp	894
	Shin Etsu Chemical Co	893
	Ovintiv Inc.	891
	Adobe Inc.	889
	Toro Company	881
	Schneider National Inc	878
	Compagnie Generale des Etablissements Michelin Societe en commandite par actions	873
	Silicon Lab Inc.	870
	Hologic Inc	865
	Adidas AG	858
	Datadog Inc	857
	Glacier Bancorp Inc.	854
	Matador Res Company	844
	Magnolia Oil Gas Corp A	842
	CLP Holdings Limited	841
	Genthrem Inc.	838
	Simpson MFC Inc.	829
	Healthpeak Properties Inc. REIT	811
	Vertiv Holdings Company	795
	Aptargroup Inc.	786
	The Home Depot, Inc.	778
	Snowflake Inc.	772
	SMC Corporation	772
	Hexcel Corp	752
	Exponent Inc.	713
	Marketaxess hldgs Inc.	678
	Medpace Hldgs Inc.	664
	Permian Resources Corporation	661
	Banco Bradesco	657
	Azenta Inc.	650
	Acadia Healthcare Inc.	634
	Insmmed Inc.	621
	National Storage Affiliates	607

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December 31, 2024

(a)	(b) (c)	(e)
Description		Current Value
Common stock (continued):		
	The TJX Companies, Inc.	604
	Renesas Electronics Corp	599
	Vail Resorts Inc.	562
	Mitsubishi Elec Corp.	547
	Dexcom Inc	544
	RIO Tinto PLC	529
	Edwards Lifesciences Corp	518
	Caggemi ADR	491
	Championx Corp	489
	Gibraltar Industries Inc.	412
	Industria De Diseno Textil Ind	386
	Assurant Inc.	640
	Carter Inc.	325
	Aplovin Corp	324
	Flutter Entertainment PLC	267
		<u>4,862,688</u>
Corporate bonds:		
	Thermo Fisher Scientific Inc Note	125,859
	FEDEX Corp Note Call Make Whole	97,856
	Extra Space Scorage LP Note	66,921
		<u>290,636</u>
U.S. Government securities:		
	United States Treas Ser B-2026	170,000
	Federal Home Loan Ba Ser 9I-2028	74,987
	Federal Farm Cr Bks Bond	50,150
	Federal Home Ln Mtg Corp Mtn	49,868
	Federal Home Loan Ba Ser 4F-9025	49,842
		<u>394,847</u>
*	Variable annuity contract:	
	Voya Fixed Account	<u>1,614,400</u>
*	Voya pooled separate accounts:	
	MyCompass Ind Mod 2055 Fd R	7,828,771
	MyCompass Ind Mod 2045 Fd R	4,171,630
	MyCompass Ind Mod 2035 Fd R	3,934,315
	MyCompass Ind Mod Ret Fd R	1,298,961
	MyCompass Ind Agg 2055 Fd R	34,285

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EIN 16-1608040
Plan Number 001
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Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b) (c)	(e)
Description		Current Value
* Voya pooled separate accounts (continued):		
	MyCompass Ind Agg 2035 Fd R	32,526
	MyCompass Ind Cns 2035 F R	31,799
	MyCompass Ind Cns 2055 F R	25,701
	MyCompass Ind Mod 2065 Fd R	10,689
	MyCompass Ind Cns Ret Fd R	3,689
	MyCompass Ind Cns 2045 F R	640
		<u>17,373,006</u>
Cash and cash equivalents:		
	Charles Schwab Bank	76,883
	TD Bank NA	35,805
	Raymond James Bank Deposit Program 0.25% Selected Sweep Option	90,268
	Cash	21
		<u>202,977</u>
* Notes receivable from participants (5.25% - 10.50%)		<u>405,308</u>
		<u>\$ 60,501,254</u>

* Investments are with parties-in-interest.

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	Diamond Hill Large Cap Fund	131,554

EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN

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

December 31, 2024

(a)	(b) (c)	(e)
Description		Current Value
Registered investment companies (continued):		
	William Blair Large Cap	130,894
	Calamos Growth And Income Fund Class A	129,630
	iShares 7-10 Year Treasury Bond ETF	127,951
	Baird Aggregate Bond Inst	122,344
	Nuveen Core Plus Bd Fd R6	119,803
	American Balanced Fund Class A	118,371
	MFS Intl Diversification Fd R6	113,119
	Pimco Total Return Fund I2	109,378
	The Consumer Discretionary Select Sector SPDR Fund	102,752
	iShares Core MSCI EAFE ETF	99,587
	The Health Care Select Sector SPDR Fund	98,500
	The Communication Services Select Sector SPDR ETF Fund	96,229
	iShares Core S&P Small-Cap ETF	88,028
	Franklin Income Fund Class A1	82,498
	Franklin Mutual Shares Fund Class A	79,629
	Guggenheim Total Return Bond Fd Instl	77,794
	American New World Fund Class A	74,376
	iShares Core MSCI Emerging Markets ETF	73,996
	T Rowe Price Global Technology	73,414
	Fidelity Advisor Inv Grade Bond CI Z	69,402
	Clearbridge Dividen Strategy Fund	68,887
	JPMorgan Core Bond Class	68,236
	T Rowe Price Overseas Stock Fund	67,084
	Harbor Capital Appreciation Instl	66,498
	VanEck Semiconductor ETF	65,870
	American Funds Europacific Growth	64,870
	T. Rowe Price New Era Fund I	64,360
	SPDR Bloomberg 1-3 Month T-Bill ETF	60,984
	Doubleline Total Return Bond Fd CI I	60,561
	Vanguard Mid-Cap ETF	60,222
	GCC Partners Emerging Markets	60,025
	American Funds Strategic Bond Fund	59,551
	Allspring Special Mid Cap Value FD	58,170
	JPMorgan Undiscovered Managers Behavioral Value Fund	57,568
	Principal Midcap Fund	57,186
	Wasatch Small Cap Growth Fund	57,028
	iShares MSCI USA Momentum Factor ETF	56,489

EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN

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

December 31, 2024

(a)	(b) (c)	(e)
Description		Current Value
Registered investment companies (continued):		
	AQR Large Cap Defensive Style Fund	55,703
	The Industrial Select Sector SPDR Fund	50,332
	Dimensional Global Equity Port Inst	48,179
	Templeton Growth Fund Class A	47,993
	Dodge & Cox Balanced CI	40,793
	The Consumer Staples Select Sector SPDR Fund	38,204
	MFS Emerging Markets Debt I	37,692
	T Rowe Price Health Sciences	34,457
	NYLI Mackay High Yield Corp Bond Fund	31,710
	Federated Hermes Instl Hi Yield Bond Instl Shrs	31,587
	BLF Fed Fund Cash Reserve	31,560
	Fidelity Strategic Income Fund	28,877
	Fidelity International Index Fund	28,008
	Dimensional ETF Trust US	27,032
	Dodge & Cox Internatl Stock CI I	26,341
	Voya Gv Mny Mkt F A (Hld Acct)	25,804
	Fidelity Phillips Street Trust - Fidelity Cash Reserves	22,981
	The Energy Select Sector SPDR Fund	22,100
	Global X U.S. Infrastructure Development ETF	21,296
	Goldman Sachs Emrg Mkts Eqty Insights I	21,267
	iShares Biotechnology ETF	20,115
	The Real Estate Select Sector SPDR Fund	20,050
	Invesco KBW Bank ETF	19,540
	PGIM High Yield Z	18,952
	iShares U.S. Home ETF	18,714
	iShares Russell 2000 ETF	18,378
	iShares U.S. Infrastructure ETF	17,775
	Fidelity MSCI Utilities Index ETF	17,167
	First Trust Cloud Computing ETF	16,915
	Pimco Income Fund Institutional Fund	15,333
	Invesco Aerospace	12,735
	The Materials Select Sector SPDR Fund	11,106
	Vanguard Balanced Index Adm	11,099
	BlackRock Liquidity Fund	5,127
	Pacer Benchmark Data & Infrastructure Real Estate SCTR ETF	2,219
	Federated Hermes Government Reserves	155
		35,357,392

EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN

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

December 31, 2024

(a)	(b) (c)	(e)
Description		Current Value
Common stock:		
	NVIDIA Corporation	777,139
	Berkshire Hathaway Class B	703,037
	Broadcom Inc.	354,197
	Shopify Inc.	134,826
	Marvell Technology, Inc	133,375
	The Trade Desk, Inc.	127,873
	ServiceNow, Inc.	121,914
	The Goldman Sachs Group, Inc.	114,797
	Costco Wholesale Corporation	106,088
	Microsoft Corporation	82,561
	Pano Alto Networks Inc.	80,790
	Alphabet Inc. Cap Stk Class C	80,175
	Intuitive Surgical, Inc.	73,596
	Cadence Design Systems, Inc.	62,195
	Tyler Technologies, Inc.	57,087
	GE Aerospace	54,540
	The Charles Schwab Corporation	52,047
	Hubbell Inc.	50,267
	Danaher Corporation	50,100
	U.S. Bancorp	47,926
	Stryker Corporation	45,006
	Siteone Landscape Supply, Inc.	43,748
	Dover Corporation	43,339
	S&P Global Inc.	43,329
	SPX Technologies Inx.	43,219
	Uber Technologies, Inc.	41,199
	Linde Plc	41,030
	JPMorgan Chase & Co.	40,439
	Extra Space Storage Inc	40,093
	Aecom	39,096
	Illumina Inc.	36,882
	Littlefuse, Inc.	36,526
	Eli Lilly and Company	35,009
	Booking Holdings Inc.	34,779
	The Walt Disney Company	34,441
	Amphenol Corporation	33,614
	Bio-Techne Corporation	32,918

EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN

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

December 31, 2024

(a)	(b) (c)	(e)
Description		Current Value
Common stock (continued):		
	McDonald's Corporation	28,989
	Paychex, Inc.	28,044
	Eaton Corporation Plc	26,881
	Mastercard Incorporated	26,328
	Abbott Laboratories	25,337
	Johnson & Johnson	24,152
	The Travelers Companies, Inc.	24,089
	Cisco Systems, Inc.	23,680
	Ecolab Inc	23,432
	Inernational Bus Mach Corp	21,983
	Fastenal Company	21,573
	Honeywell International Inc.	20,330
	Tesla, Inc.	18,980
	M & T Bank Corporation	18,801
	Texas Instruments Incorporated	18,751
	Zimmer Biomet Holdings, Inc.	18,247
	Colgate-Palmolive Company	18,182
	Zoetis Inc.	18,085
	PepsiCo, Inc.	17,335
	MercadoLibre, Inc.	17,004
	Wells Fargo & Company	16,609
	CoStar Group, Inc.	16,537
	Apple Inc.	15,547
	Dominion Energy, Inc.	13,465
	Nestle S.A.	12,337
	Franco-Nevada Corporation	11,759
	Lockheed Martin Corporation	11,341
	Wynn Resorts	9,128
	Amazon.com, Inc.	8,776
	Nucor Corporation	8,537
	Cleveland-Cliffs Inc.	6,740
	Corning Inc.	5,915
	Meta Platforms, Inc.	5,855
	The Progressive Corporation	5,271
	Halliburton Company	4,826
	Taiwan Semiconductor Manufacturing Company Limited	4,740
	Zurich Insurance Group AG	4,667

EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN

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

December 31, 2024

(a)	(b) (c)	(e)
Description		Current Value
Common stock (continued):		
	Netflix, Inc.	4,457
	Northrop Grumman Corporation	4,386
	Schneider Electric S.E.	4,340
	UBS Group AG	4,275
	The Boeing Company	4,071
	Diageo PLC	4,068
	Hitachi, Ltd.	4,058
	Novo Nordisk A/S	3,957
	The Cigna Group	3,866
	Amadeus IT Group, S.A.	3,814
	Roche Holding Limited	3,595
	London Stock Exchange Group PLC	3,569
	BNP Paribas SA	3,526
	Union Pacific Corporation	3,509
	LVMH Moet Hennessy - Louis Vuitton, Societe Europeenne	3,422
	McKesson Corporation	3,419
	NatWest Group PLC	3,366
	Fujitsu Limited	3,313
	Mitsubishi UFJ Financial Group, Inc.	3,246
	Target Corporation	3,244
	Exxon Mobil Corporation	3,227
	HDFC Bank Limited Spons ADS	3,193
	ConocoPhillips	3,074
	Sanofi	3,038
	Analog Devices, Inc.	2,974
	Lam Research Corporation	2,889
	Aon PLC	2,873
	Totalenergies SE ADS	2,834
	Marriott International, Inc.	2,789
	Morgan Stanley	2,766
	PACCAR Inc.	2,705
	Skyworks Solutions, Inc.	2,681
	Symrise AG	2,657
	Duke Energy Corporation	2,586
	The Southern Company	2,552
	Moderna, Inc.	2,536
	Accenture PLC	2,463

EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN

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

December 31, 2024

(a)	(b) (c)	(e)
Description		Current Value
Common stock (continued):		
	Prologis, Inc.	2,431
	KDDI Corporation	2,390
	Eni S.P.A.	2,380
	American Express Company	2,374
	InterContinental Hotels Group PLC	2,373
	General Dynamics Corporation	2,371
	Texas Roadhouse Inc.	2,346
	Cyberbark Software Limited	2,332
	RTX Corporation	2,314
	Air Liquide S.A.	2,307
	Daikin Industries, Ltd.	2,256
	KKR & Co. Inc.	2,219
	Chubb Limited	2,210
	AbbVie Inc.	2,132
	Marsh & McLennan Companies, Inc.	2,124
	Piper Sandler Co	2,100
	Pfizer Inc.	2,096
	CSL Limited	2,092
	BJ's Wholesale Club Holdings, Inc.	2,055
	British American Tobacco PLC	1,998
	Lowe's Companies, Inc.	1,974
	Glencore PLC	1,947
	SoftBank Group Corp.	1,899
	Walmart Inc	1,897
	Visa Inc.	1,896
	API Group Corp	1,870
	Performance Food Group	1,860
	Compagnie Financiere Richemont SA	1,856
	Techtronic Industries Company Limited	1,847
	Citigroup Inc.	1,830
	Barclays Plc ADR	1,821
	Cavco Industries	1,785
	Illinois Tool Works Inc.	1,775
	Globus Med Inc.	1,737
	Eagle Malts Inc.	1,727
	Nasdaq, Inc.	1,701
	Comort Systems USA Inc	1,696

EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN

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

December 31, 2024

(a)	(b) (c)	(e)
Description		Current Value
Common stock (continued):		
	Kenvue Inc.	1,687
	Group 1 Automotive Inc.	1,686
	Dorman Products Inc.	1,684
	Nintendo Co., LTD	1,665
	Iberdrola, S.A.	1,653
	Gates Indl Corp PLC	1,646
	Manhattan Associates Inc.	1,621
	Mondelez International, Inc.	1,613
	Pinnacle FINL Partners Inc	1,601
	Voya Financial Inc	1,583
	Seven & i Holdings Co., LTD	1,583
	CCC Intelligent Solutions HLD	1,560
	Toyota Motor Corporation	1,557
	Zebra Technologies Corporation	1,545
	Globant S A	1,501
	Elements Solutions Inc	1,500
	Wintrust Finl Corp	1,497
	RBC Bearings Inc.	1,496
	RPM International Inc.	1,477
	Idex Corp	1,465
	NXP Semiconductors N.V.	1,455
	AstraZeneca PLC	1,441
	Macom Tech Solutions HLDG Inc.	1,429
	ITT Inc.	1,429
	Burlington Stores Inc.	1,425
	Paylocity Hldg Corp	1,396
	Kinsale Cap Group Inc.	1,395
	Heineken N.V.	1,387
	Stifel Finl Corp	1,379
	CrowdStrike Holdings, Inc.	1,369
	Neurocrine Biosciences Inc.	1,365
	Jazz Pharmaceuticals PLC	1,355
	Salesforce, Inc.	1,337
	Intra-cellular Therapies Inc.	1,336
	Qiagen N.V.	1,291
	Entegris Inc	1,288
	KLA Corporation	1,260

EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN

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

December 31, 2024

(a)	(b) (c)	(e)
Description		Current Value
Common stock (continued):		
	Nordson Corporation	1,255
	Atlantaic UN Bankshares Corp.	1,250
	AIA Group Limited	1,247
	Akzo Nobel N.V.	1,220
	Vertex Pharmaceuticals Incorporated	1,208
	ING Groep NV Spons ADR	1,207
	Integer HLDGS Corp	1,193
	O'Reilly Automotive, Inc.	1,186
	Woodside Energy Group Ltd	1,186
	Daiichi Sankyo Company	1,163
	Booz Allen Hamilton HLDG Corp	1,158
	Chart Industries Corp	1,145
	Procore Technologies Inc	1,124
	Tandem Diabetes Care Inc.	1,117
	Cognex Corp	1,112
	Federal Signal Corporation	1,109
	Sun Cmnty Inc	1,107
	Idacorp Inc.	1,093
	Cullen Frost Bankers	1,074
	Churchill Downs Inc	1,068
	Kubota Corporation	1,053
	Airbnb, Inc.	1,051
	Lancaster Colony Corp	1,039
	Ryanair Holdings PLC	1,003
	Bright Horizons Family Solutions Inc.	998
	Hilton Worldwide HLDNGS Inc.	989
	Agree RLT Corporation REIT	986
	BIO Rad Labs Inc.	986
	Quaker Houghton	985
	Grand Canyon ED Inc	983
	Tri Pointe Homes Inc.	979
	Advanced Micro Devices, Inc.	966
	Eastgroup PPTYS Inc	963
	Halozyme Therapeutics Inc	956
	Natera Inc.	950
	Moody's Corporation	947
	Lincon Electric Hldgs Inc.	937

EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN

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

December 31, 2024

(a)	(b) (c)	(e)
Description		Current Value
Common stock (continued):		
	Vericiel Corporation	933
	Portland General Elect Company	916
	UMB Finl Corp	903
	Spotify Technology	895
	Columbus McKinnon Corp	894
	Shin Etsu Chemical Co	893
	Ovintiv Inc.	891
	Adobe Inc.	889
	Toro Company	881
	Schneider National Inc	878
	Compagnie Generale des Etablissements Michelin Societe en commandite par actions	873
	Silicon Lab Inc.	870
	Hologic Inc	865
	Adidas AG	858
	Datadog Inc	857
	Glacier Bancorp Inc.	854
	Matador Res Company	844
	Magnolia Oil Gas Corp A	842
	CLP Holdings Limited	841
	Genthrem Inc.	838
	Simpson MFC Inc.	829
	Healthpeak Properties Inc. REIT	811
	Vertiv Holdings Company	795
	Aptargroup Inc.	786
	The Home Depot, Inc.	778
	Snowflake Inc.	772
	SMC Corporation	772
	Hexcel Corp	752
	Exponent Inc.	713
	Marketaxess hldgs Inc.	678
	Medpace Hldgs Inc.	664
	Permian Resources Corporation	661
	Banco Bradesco	657
	Azenta Inc.	650
	Acadia Healthcare Inc.	634
	Insmmed Inc.	621
	National Storage Affiliates	607

EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN

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

December 31, 2024

(a)	(b) (c)	(e)
Description		Current Value
Common stock (continued):		
	The TJX Companies, Inc.	604
	Renesas Electronics Corp	599
	Vail Resorts Inc.	562
	Mitsubishi Elec Corp.	547
	Dexcom Inc	544
	RIO Tinto PLC	529
	Edwards Lifesciences Corp	518
	Caggemi ADR	491
	Championx Corp	489
	Gibraltar Industries Inc.	412
	Industria De Diseno Textil Ind	386
	Assurant Inc.	640
	Carter Inc.	325
	Aplovin Corp	324
	Flutter Entertainment PLC	267
		<u>4,862,688</u>
Corporate bonds:		
	Thermo Fisher Scientific Inc Note	125,859
	FEDEX Corp Note Call Make Whole	97,856
	Extra Space Scorage LP Note	66,921
		<u>290,636</u>
U.S. Government securities:		
	United States Treas Ser B-2026	170,000
	Federal Home Loan Ba Ser 9I-2028	74,987
	Federal Farm Cr Bks Bond	50,150
	Federal Home Ln Mtg Corp Mtn	49,868
	Federal Home Loan Ba Ser 4F-9025	49,842
		<u>394,847</u>
*	Variable annuity contract:	
	Voya Fixed Account	<u>1,614,400</u>
*	Voya pooled separate accounts:	
	MyCompass Ind Mod 2055 Fd R	7,828,771
	MyCompass Ind Mod 2045 Fd R	4,171,630
	MyCompass Ind Mod 2035 Fd R	3,934,315
	MyCompass Ind Mod Ret Fd R	1,298,961
	MyCompass Ind Agg 2055 Fd R	34,285

EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN

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

December 31, 2024

(a)	(b) (c)	(e)
Description		Current Value
* Voya pooled separate accounts (continued):		
	MyCompass Ind Agg 2035 Fd R	32,526
	MyCompass Ind Cns 2035 F R	31,799
	MyCompass Ind Cns 2055 F R	25,701
	MyCompass Ind Mod 2065 Fd R	10,689
	MyCompass Ind Cns Ret Fd R	3,689
	MyCompass Ind Cns 2045 F R	640
		<u>17,373,006</u>
Cash and cash equivalents:		
	Charles Schwab Bank	76,883
	TD Bank NA	35,805
	Raymond James Bank Deposit Program 0.25% Selected Sweep Option	90,268
	Cash	21
		<u>202,977</u>
* Notes receivable from participants (5.25% - 10.50%)		<u>405,308</u>
		<u>\$ 60,501,254</u>

* Investments are with parties-in-interest.