

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... 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 ORTHOPEDIC SURGERY, INC. 401(K) PROFIT SHARING PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 09/01/1969
2a Plan sponsor's name (employer, if for a single-employer plan) ORTHOPEDIC SURGERY, INC. DBA AGILITY ORTHOPEDICS
2b Employer Identification Number (EIN) 04-2455168
2c Plan Sponsor's telephone number 781-279-7040
2d Business code (see instructions) 621111

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	106
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)	61
	6a(2)	65
	6b	0
	6c	51
	6d	116
	6e	0
	6f	116
	6g(1)	105
6g(2)	116	
6h	14	
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 2H 2J 2T 3D

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan ORTHOPEDIC SURGERY, INC. 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 ORTHOPEDIC SURGERY, INC. DBA AGILITY ORTHOPEDICS	D Employer Identification Number (EIN) 04-2455168	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

ASCENSUS TRUST

1655 43RD STREET S, SUITE 100
FARGO, ND 58103

45-0404698

(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		1894	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ORTHOPEdic SURGERY, INC. 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 ORTHOPEdic SURGERY, INC. DBA AGILITY ORTHOPEdICS	D Employer Identification Number (EIN) 04-2455168

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	433558	470992
(2) Participant contributions	1b(2)	6510	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	20248	7038
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	18689	14012
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8718967	10276568
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	9197972	10768610
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
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	9197972	10768610

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)	463396	
(B) Participants.....	2a(1)(B)	344073	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		807469
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	1407	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1407
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(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)	0	
(B) Other.....	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1106879
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		1915755

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	343247	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		343247
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	1870	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1870
j Total expenses. Add all expense amounts in column (b) and enter total	2j		345117

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1570638
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: **LITMANGERSON ASSOCIATES, LLP**

(2) EIN: **04-2694095**

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11487
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	850000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

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

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

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

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

A Name of plan <u>ORTHOPEDIC SURGERY, INC. 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>ORTHOPEDIC SURGERY, INC. DBA AGILITY ORTHOPEDICS</u>	D Employer Identification Number (EIN) <u>04-2455168</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): 04-2455168

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703007A.



**Orthopedic Surgery, Inc. 401(k)
Profit Sharing Plan**

Financial Statements
and Supplemental Schedules

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

Orthopedic Surgery, Inc. 401(k) Profit Sharing Plan
Financial Statements and Supplemental Schedules
As of December 31, 2024 and 2023 and for the Year Ended December 31, 2024

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LGA, LLP

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Woburn, MA 01801

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Independent Auditors' Report

To the Plan Administrator of
Orthopedic Surgery, Inc. 401(k) Profit Sharing Plan
Stoneham, Massachusetts

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of Orthopedic Surgery, Inc. 401(k) Profit Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment and notes receivable from participants information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Orthopedic Surgery, Inc. 401(k) Profit Sharing Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Orthopedic Surgery, Inc. 401(k) Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Orthopedic Surgery, Inc. 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2024 and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Litmanbeck & Associates, LLP

Woburn, Massachusetts
October 13, 2025

Orthopedic Surgery, Inc. 401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments, at fair value	\$ 10,283,606	\$ 8,739,215
Receivables:		
Participant contributions	-	6,510
Employer contributions	470,992	433,558
Notes receivable from participants	14,012	18,689
Total receivables	<u>485,004</u>	<u>458,757</u>
Net assets available for benefits	<u>\$ 10,768,610</u>	<u>\$ 9,197,972</u>

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

Orthopedic Surgery, Inc. 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	\$ 868,500
Interest and dividends	238,379
Total investment income	<u>1,106,879</u>

Interest on notes receivable from participants	<u>1,407</u>
------------------------------------------------	--------------

Contributions:

Participant	344,073
Employer	463,396
Total contributions	<u>807,469</u>

Total additions	<u>1,915,755</u>
-----------------	------------------

Deductions from net assets attributed to:

Benefits paid to participants	343,247
Administrative expenses	1,870
Total deductions	<u>345,117</u>

Net increase	1,570,638
--------------	-----------

Net assets available for benefits:

Beginning of year	<u>9,197,972</u>
End of year	<u>\$ 10,768,610</u>

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

Orthopedic Surgery, Inc. 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of Plan

The following description of the Orthopedic Surgery, Inc. 401(k) Profit Sharing Plan (the Plan) provides only general information. Plan participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering eligible employees of Orthopedic Surgery, Inc. dba Agility Orthopedics (the Plan Sponsor). The Plan Administrator is responsible for the oversight of the Plan, determining the appropriateness of the Plan's investment offerings, and monitoring investment performance. The Plan is subject to the provisions of the Internal Revenue Code of 1986 (IRC) and the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was originally established on September 1, 1969 and was most recently amended in April 2022 to adjust certain eligibility requirements.

Eligibility

The Plan covers substantially all employees of the Plan Sponsor. All employees who are 21 years or older that have completed a year of service, as defined, excluding leased employees, are eligible to participate in the Plan for all contribution types.

Setting Every Community Up for Retirement Enhancement (SECURE) Act and SECURE 2.0 Act

The SECURE Act and the SECURE 2.0 Act had various provisions in effect during the year ended December 31, 2024. The most significant change required including long-term part-time (LTPT) employees who attained 500 or more hours of service in three consecutive 12-month eligibility computation periods beginning in 2021 as eligible employees for participant contributions. The Plan is required to be formally amended on or before December 31, 2025 for the SECURE Act and on or before December 31, 2026 for the SECURE 2.0 Act.

Contributions

Participants are automatically enrolled in pre-tax contributions at 2% of eligible compensation, as defined, and enter the Plan on the first day of the month coinciding with or following the attainment of eligibility, unless the participant elects an alternative deferral percentage or opts out of participating. Participants may contribute up to 90% of their eligible compensation, as defined, as pre-tax and/or Roth contributions. Participants may elect to separately defer up to 100% of any cash bonuses paid by the Plan Sponsor. Participants that 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 defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

The Plan provides for safe harbor nonelective employer contributions for eligible participants. For the year ended December 31, 2024, safe harbor nonelective employer contributions equaled 3% of each participant's annual eligible compensation, as defined, and totaled \$221,813. Safe harbor nonelective employer contributions are funded after year end and, therefore, are included within employer contributions receivable on the accompanying statements of net assets available for benefits. As of December 31, 2024 and 2023, the receivable related to safe harbor nonelective employer contributions was \$221,813 and \$208,724, respectively.

Orthopedic Surgery, Inc. 401(k) Profit Sharing Plan

Notes to Financial Statements
December 31, 2024 and 2023

1. Description of Plan...continued

Contributions...continued

In addition, the Plan provides for discretionary employer profit-sharing contributions made to eligible participants, as defined. The Plan calculates discretionary employer profit-sharing contributions based on the percentage in which each participant's annual eligible compensation, as defined, bears to the total annual eligible compensation of all participants within the same employee class as determined by the Plan Sponsor. For the year ended December 31, 2024, the Plan Sponsor made discretionary employer profit-sharing contributions totaling \$241,583. Discretionary employer profit-sharing contributions are funded after year end and, therefore, are included within employer contributions receivable on the accompanying statements of net assets available for benefits. As of December 31, 2024 and 2023, the receivable related to discretionary employer profit-sharing contributions was \$241,583 and \$217,238, respectively.

During the year ended December 31, 2023, certain compliance errors were identified related to the administration of the Plan, which resulted in the Plan Sponsor funding corrective contributions of \$7,596 subsequent to December 31, 2024 that are included within employer contributions receivable in these financial statements.

All contributions and compensation are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions, safe harbor nonelective employer contributions, discretionary employer profit-sharing contributions, corrective contributions, an allocation of the Plan's earnings or losses, and charged with an allocation of administrative expenses that are paid by the Plan. The allocation is based on participant 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.

Notes Receivable from Participants

The Plan permits its participants to obtain loans against their vested account balances. A participant may borrow from his or her vested account a minimum of \$1,000 up to a maximum amount equal to the lesser of \$50,000 reduced by the participant's highest outstanding loan during the 12-month period ending on the date of the loan or 50% of his or her vested account balance. A participant may only have one loan outstanding at any given time. Loan terms are limited to a maximum of five years, with the exception of loans used for the purchase of a principal residence. Notes receivable from participants are secured by the vested balance in the applicable participant's account and shall bear interest at the Wall Street prime rate plus 1% at the date the loan application was processed. Principal and interest are paid ratably through regular payroll deductions for actively employed participants. The Plan Administrator may suspend loan repayments for a period of one year or less if a participant is on a leave of absence, however, the loan must still be repaid in full on the maturity date. The Plan Administrator shall consider a loan in default if any schedule repayment remains unpaid as of the last business day of the calendar quarter in which a loan is initially considered past due. Any unpaid balance at the time of default shall incur a 10% penalty if the participant is under the age of 59½. As of December 31, 2024, the interest rates on outstanding notes receivable from participants ranged from 4.25% to 9.50% with various maturity dates through November 2028.

Certain other restrictions apply to notes receivable from participants as defined in the plan document.

Orthopedic Surgery, Inc. 401(k) Profit Sharing Plan

Notes to Financial Statements
December 31, 2024 and 2023

1. Description of Plan...continued

Vesting

Participants are immediately vested in their elective deferrals, rollover contributions, and safe harbor nonelective employer contributions, plus related earnings. Each participant vests in discretionary employer profit-sharing contributions, and related earnings, based on years of continuous service, starting after his or her second year of service and becoming fully vested after six years of credited service, as defined. Participants become fully vested in discretionary employer profit-sharing contributions if still employed by the Plan Sponsor upon reaching retirement age (65), permanent disability, or death.

Forfeitures

Forfeitures represent the nonvested portion of terminated participant account balances plus related earnings. Forfeitures may be applied to reduce cash required to fund future employer contributions or pay reasonable administrative expenses of the Plan. As of December 31, 2024 and 2023 forfeited nonvested account balances held by the Plan totaled \$5,026 and \$18,849, respectively. During the year ended December 31, 2024, forfeited nonvested account balances of \$29,136 were used to reduce employer contributions related to the year ended December 31, 2023. No forfeitures were used during the year ended December 31, 2024 to pay the Plan's administrative expenses.

Payment of Benefits

A participant's vested account may be distributed to the participant (or the participant's beneficiary in the event of the participant's death) at retirement age (65), disability, death, or termination of employment. Withdrawals may be made in the form of cash, as a single lump-sum payment or as partial withdrawals. If a participant terminates service, the entire vested amount in his or her account may be distributed or rolled over into another qualified plan, as directed by the participant. A participant who is eligible for a hardship withdrawal or has attained age 59½ while still employed by the Plan Sponsor may elect to withdraw all or a portion of his or her vested account. A participant is entitled to receive a distribution from his or her rollover contribution account at any time. The Plan Administrator can elect to distribute funds out of the Plan when a participant terminates employment and has a vested balance in the Plan less than \$5,000. Distribution shall be made to an eligible participant from his or her vested account as soon as reasonably practicable following the date the participant's application for distribution is received by the Plan Administrator, but in no event later than the participant's attainment of age 73.

Certain other restrictions apply to distributions as defined in the plan document.

Investment Elections

Each participant shall direct the investment of his or her account and shall elect among various mutual and money market funds. Each participant has the ability to change his or her investment allocations at any time.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting. The financial statements have been prepared in accordance with accounting standards set by the Financial Accounting Standards Board (FASB). The FASB sets generally accepted accounting principles in the United States of America (GAAP) to ensure net assets available for benefits and changes in net assets available for benefits are consistently reported. References to GAAP issued by the FASB in these notes are to the FASB Accounting Standards Codification (ASC).

Orthopedic Surgery, Inc. 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2024 and 2023

2. Summary of Significant Accounting Policies...continued

Use of Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Administrator determines the Plan's valuation policies utilizing information provided by investment advisers and the trustees. See Note 3 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at amortized cost, which represents the unpaid principal balance plus any accrued but unpaid interest. Interest is recorded on the accrual basis. As of December 31, 2024 and 2023, accrued but unpaid interest has been deemed insignificant to the Plan. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. If a participant ceases to make loan repayments and the Plan Administrator deems the participant's loan to be in default, notes receivable from participants are reduced and a benefit payment is recorded on the statement of changes in net assets available for benefits.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Plan Sponsor. Expenses that are paid by the Plan Sponsor are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefit payments are charged directly to the applicable participant's account and included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments. For the year ended December 31, 2024, the Plan Sponsor paid certain other administrative expenses incurred by the Plan.

3. Fair Value Measurements

The Plan discloses the fair value of investments in accordance with FASB ASC Topic No. 820 *Fair Value Measurements* (ASC 820). The framework under ASC 820 provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3).

Orthopedic Surgery, Inc. 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2024 and 2023

3. Fair Value Measurements...continued

The three levels of the fair value hierarchy under ASC 820 are described as follows:

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 - Inputs to the valuation methodology include:
- quoted prices for similar assets or liabilities in active markets;
 - quoted prices for identical or similar assets or liabilities in inactive markets;
 - inputs other than quoted prices that are observable for the asset or liability;
 - inputs that are derived principally from or corroborated by observable market data by correlation or other means; or
 - if the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

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

Money market fund – A money market fund is valued at the daily closing price as reported by the fund and deemed to be actively traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual and money market funds	<u>\$ 10,283,606</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 10,283,606</u>
Total investments at fair value				<u>\$ 10,283,606</u>

Orthopedic Surgery, Inc. 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2024 and 2023

3. Fair Value Measurements...continued

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual and money market funds	\$ 8,739,215	\$ -	\$ -	\$ 8,739,215
Total investments at fair value				<u>\$ 8,739,215</u>

4. Information Prepared and Certified by Plan's Trustees

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustees of the Plan, Ascensus Trust Company and Newport Trust Company LLC, have certified to the completeness and accuracy of all investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023 and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 and the related investment and notes receivable from participants activity reflected on the statement of changes in net assets available for benefits for the year ended December 31, 2024.

5. Tax Status

The Plan has adopted a pre-approved plan in which the IRS determined, by an opinion letter dated June 30, 2020, that the Plan is designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the opinion letter, the Plan Administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

GAAP requires management to evaluate tax positions taken by the Plan and recognized a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of the Plan's termination, participants will become fully vested in their accounts.

7. Party-in-Interest Transactions

The Plan issues notes receivable to participants, which are secured by the balance in applicable the participant's account and constitute party-in-interest transactions.

8. Risk and Uncertainties

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

Orthopedic Surgery, Inc. 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2024 and 2023

9. Subsequent Events

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

Effective January 1, 2025, the SECURE 2.0 Act expanded LTPT provisions to include employees who attained 500 or more hours of service in two consecutive 12-month eligibility computations periods beginning in 2021 as eligible employees for participant contributions. Further, participants from ages 60 to 63 will be allowed to contribute catch-up contributions equal to 150% of the standard limit.

Supplemental Schedules

Orthopedic Surgery, Inc. 401(k) Profit Sharing Plan

Employer Identification Number 04-2455168

Plan Number 001

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2024

Total that Constitute Nonexempt Prohibited

Check here if Late Participant Loan Repayments are Included: <input type="checkbox"/>	Participant Contributions		Contributions Corrected		Contributions Pending Correction in VFCP		Total Fully Corrected Under VFCP and PTE 2002-51
	Late to the Plan	Transferred	Not Corrected	Outside VFCP	Correction in VFCP		
	\$ 11,487		\$ 11,487	\$ -	\$ -	\$ -	\$ -
For the Year Ended December 31, 2024			\$ 11,487	\$ -	\$ -	\$ -	\$ -

See independent auditors' report.

Orthopedic Surgery, Inc. 401(k) Profit Sharing Plan

Employer Identification Number 04-2455168

Plan Number 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)				(d)	(e)
		Description of Asset					
Identity of Issue, Borrower, Lessor, or Similar Party	Type of Asset	Maturity Date	Rate of Interest	Collateral	Par or Maturity Value	Cost	Current Value
iShares Core S&P 500 ETF	Mutual fund	n/a	n/a	n/a	n/a	n/a	\$ 2,406,902
JP Morgan Equity Income R6	Mutual fund	n/a	n/a	n/a	n/a	n/a	742,199
iShares MSCI USA Quality Factor ETF	Mutual fund	n/a	n/a	n/a	n/a	n/a	654,563
BlackRock Strategic Income Opportunities Institutional Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	461,035
Fidelity Advisor Limited Term Bond Z	Mutual fund	n/a	n/a	n/a	n/a	n/a	404,255
JP Morgan Core Bond R6	Mutual fund	n/a	n/a	n/a	n/a	n/a	391,197
Calvert Equity Fund I	Mutual fund	n/a	n/a	n/a	n/a	n/a	388,605
ClearBridge International Growth IS	Mutual fund	n/a	n/a	n/a	n/a	n/a	371,887
Vanguard Real Estate Index ETF	Mutual fund	n/a	n/a	n/a	n/a	n/a	317,509
Vanguard Russell 2000 ETF	Mutual fund	n/a	n/a	n/a	n/a	n/a	299,244
iShares Core U.S. Aggregate Bond ETF	Mutual fund	n/a	n/a	n/a	n/a	n/a	292,085
iShare Core MSCI EAFE ETF	Mutual fund	n/a	n/a	n/a	n/a	n/a	291,886
T. Rowe Price Institutional Floating Rate	Mutual fund	n/a	n/a	n/a	n/a	n/a	291,240
Vanguard Information Tech Index ETF	Mutual fund	n/a	n/a	n/a	n/a	n/a	274,990
Schwab Target 2040 Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	250,244
PGIM Global Total Return R6	Mutual fund	n/a	n/a	n/a	n/a	n/a	248,220
Schwab Target 2060 Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	213,848
Schwab Target 2035 Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	203,425
JP Morgan Emerging Markets Equity R6	Mutual fund	n/a	n/a	n/a	n/a	n/a	199,060
T. Rowe Price Integrated US Small & Mid-Cap Core Equity I	Mutual fund	n/a	n/a	n/a	n/a	n/a	194,985
Schwab Target 2055 Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	168,909
SPDR S&P 400 Mid Cap Value ETF	Mutual fund	n/a	n/a	n/a	n/a	n/a	166,311
SPDR Portfolio S&P 600 Small Cap ETF	Mutual fund	n/a	n/a	n/a	n/a	n/a	165,449
BNY Mellon Global Real Return I	Mutual fund	n/a	n/a	n/a	n/a	n/a	162,004
PIMCO Total Return Institutional	Mutual fund	n/a	n/a	n/a	n/a	n/a	124,141
VanEck Vectors Natural Resources ETF	Mutual fund	n/a	n/a	n/a	n/a	n/a	107,910
iShares MSCI EAFE Small-Cap ETF	Mutual fund	n/a	n/a	n/a	n/a	n/a	86,349
iShares MSCI Emerging Markets Minimum Volume ETF	Mutual fund	n/a	n/a	n/a	n/a	n/a	85,505
Fidelity Advisor Health Care Z	Mutual fund	n/a	n/a	n/a	n/a	n/a	85,495
Schwab Target 2025 Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	73,508
Schwab Target 2050 Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	65,173
Schwab Target 2045 Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	30,767
SPDR S&P 400 Mid Cap Growth ETF	Mutual fund	n/a	n/a	n/a	n/a	n/a	22,715

See independent auditors' report.

Orthopedic Surgery, Inc. 401(k) Profit Sharing Plan

Employer Identification Number 04-2455168

Plan Number 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)...continued
December 31, 2024

(a)	(b)	(c)					(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Type of Asset	Description of Asset			Rate of Interest	Collateral	Par or Maturity Value	Current Value
		Maturity Date	Maturity Date	Rate of Interest				
Schwab Target 2030 Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	18,293	
Vanguard Treasury Money Market	Money market fund	n/a	n/a	n/a	n/a	n/a	7,038	
Schwab Target 2015 Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	4,149	
BlackRock High Yield Bond Institutional	Mutual fund	n/a	n/a	n/a	n/a	n/a	4,118	
iShare Core S&P Total US Stock Market	Mutual fund	n/a	n/a	n/a	n/a	n/a	2,978	
DoubleLine Core Fixed Income I	Mutual fund	n/a	n/a	n/a	n/a	n/a	2,775	
iShares Gold Trust ETF	Mutual fund	n/a	n/a	n/a	n/a	n/a	2,640	
							<u>10,283,606</u>	
* Participant loans	Notes receivable from participants	varies	varies	4.25% - 9.50%	n/a	n/a	14,012	
* Represents a party-in-interest to the Plan.							<u>\$ 10,297,618</u>	

See independent auditors' report.

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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 Orthopedic Surgery, Inc. 401(k) Profit Sharing Plan	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 09/01/1969</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 09/01/1969	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 09/01/1969					
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) Orthopedic Surgery, Inc. DBA Agility Orthopedics 92 Montvale Avenue, Suite 1400 Stoneham, MA 02180	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">2b Employer Identification Number (EIN) 04-2455168</td> </tr> <tr> <td>2c Plan Sponsor's telephone number (781) 279-7040</td> </tr> <tr> <td>2d Business code (see instructions) 621111</td> </tr> </table>	2b Employer Identification Number (EIN) 04-2455168	2c Plan Sponsor's telephone number (781) 279-7040	2d Business code (see instructions) 621111	
2b Employer Identification Number (EIN) 04-2455168					
2c Plan Sponsor's telephone number (781) 279-7040					
2d Business code (see instructions) 621111					

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

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

SIGN HERE		<input checked="" type="checkbox"/> 10/13/25	Sohail N. Husain
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number																														
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																														
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">5</td> <td style="width:85%;"></td> <td style="width:10%; text-align: right;">106</td> </tr> </table>	5		106																											
5		106																													
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">6a(1)</td> <td style="width:85%;"></td> <td style="width:10%; text-align: right;">61</td> </tr> <tr> <td>6a(2)</td> <td></td> <td style="text-align: right;">65</td> </tr> <tr> <td>6b</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>6c</td> <td></td> <td style="text-align: right;">51</td> </tr> <tr> <td>6d</td> <td></td> <td style="text-align: right;">116</td> </tr> <tr> <td>6e</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>6f</td> <td></td> <td style="text-align: right;">116</td> </tr> <tr> <td>6g(1)</td> <td></td> <td style="text-align: right;">105</td> </tr> <tr> <td>6g(2)</td> <td></td> <td style="text-align: right;">116</td> </tr> <tr> <td>6h</td> <td></td> <td style="text-align: right;">14</td> </tr> </table>	6a(1)		61	6a(2)		65	6b		0	6c		51	6d		116	6e		0	6f		116	6g(1)		105	6g(2)		116	6h		14
6a(1)		61																													
6a(2)		65																													
6b		0																													
6c		51																													
6d		116																													
6e		0																													
6f		116																													
6g(1)		105																													
6g(2)		116																													
6h		14																													
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">7</td> <td style="width:85%;"></td> <td style="width:10%;"></td> </tr> </table>	7																													
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 2H 2J 2T 3D

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

Orthopedic Surgery, Inc. 401(k) Profit Sharing Plan

Employer Identification Number 04-2455168

Plan Number 001

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2024

		<u>Total that Constitute Nonexempt Prohibited</u>			
Check here if Late Participant Loan Repayments are Included: <input type="checkbox"/>	Participant Contributions Transferred Late to the Plan	Contributions		Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
		Not Corrected	Corrected Outside VFCP		
	\$ 11,487	\$ 11,487	\$ -	\$ -	\$ -
For the Year Ended December 31, 2024					

See independent auditors' report.

Orthopedic Surgery, Inc. 401(k) Profit Sharing Plan

Employer Identification Number 04-2455168

Plan Number 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)					(d)	(e)
		Description of Asset						
Identity of Issue, Borrower, Lessor, or Similar Party	Type of Asset	Maturity Date	Rate of Interest	Collateral	Par or Maturity Value	Cost	Current Value	
iShares Core S&P 500 ETF	Mutual fund	n/a	n/a	n/a	n/a	n/a	\$ 2,406,902	
JP Morgan Equity Income R6	Mutual fund	n/a	n/a	n/a	n/a	n/a	742,199	
iShares MSCI USA Quality Factor ETF	Mutual fund	n/a	n/a	n/a	n/a	n/a	654,563	
BlackRock Strategic Income Opportunities Institutional Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	461,035	
Fidelity Advisor Limited Term Bond Z	Mutual fund	n/a	n/a	n/a	n/a	n/a	404,255	
JP Morgan Core Bond R6	Mutual fund	n/a	n/a	n/a	n/a	n/a	391,197	
Calvert Equity Fund I	Mutual fund	n/a	n/a	n/a	n/a	n/a	388,605	
ClearBridge International Growth IS	Mutual fund	n/a	n/a	n/a	n/a	n/a	371,887	
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iShare Core MSCI EAFE ETF	Mutual fund	n/a	n/a	n/a	n/a	n/a	291,886	
T. Rowe Price Institutional Floating Rate	Mutual fund	n/a	n/a	n/a	n/a	n/a	291,240	
Vanguard Information Tech Index ETF	Mutual fund	n/a	n/a	n/a	n/a	n/a	274,990	
Schwab Target 2040 Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	250,244	
PGIM Global Total Return R6	Mutual fund	n/a	n/a	n/a	n/a	n/a	248,220	
Schwab Target 2060 Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	213,848	
Schwab Target 2035 Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	203,425	
JP Morgan Emerging Markets Equity R6	Mutual fund	n/a	n/a	n/a	n/a	n/a	199,060	
T. Rowe Price Integrated US Small & Mid-Cap Core Equity I	Mutual fund	n/a	n/a	n/a	n/a	n/a	194,985	
Schwab Target 2055 Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	168,909	
SPDR S&P 400 Mid Cap Value ETF	Mutual fund	n/a	n/a	n/a	n/a	n/a	166,311	
SPDR Portfolio S&P 600 Small Cap ETF	Mutual fund	n/a	n/a	n/a	n/a	n/a	165,449	
BNY Mellon Global Real Return I	Mutual fund	n/a	n/a	n/a	n/a	n/a	162,004	
PIMCO Total Return Institutional	Mutual fund	n/a	n/a	n/a	n/a	n/a	124,141	
VanEck Vectors Natural Resources ETF	Mutual fund	n/a	n/a	n/a	n/a	n/a	107,910	
iShares MSCI EAFE Small-Cap ETF	Mutual fund	n/a	n/a	n/a	n/a	n/a	86,349	
iShares MSCI Emerging Markets Minimum Volume ETF	Mutual fund	n/a	n/a	n/a	n/a	n/a	85,505	
Fidelity Advisor Health Care Z	Mutual fund	n/a	n/a	n/a	n/a	n/a	85,495	
Schwab Target 2025 Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	73,508	
Schwab Target 2050 Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	65,173	
Schwab Target 2045 Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	30,767	
SPDR S&P 400 Mid Cap Growth ETF	Mutual fund	n/a	n/a	n/a	n/a	n/a	22,715	

See independent auditors' report.

Orthopedic Surgery, Inc. 401(k) Profit Sharing Plan

Employer Identification Number 04-2455168

Plan Number 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)...continued
December 31, 2024

(a)	(b)	(c)						(d)	(e)
		Description of Asset							
Identity of Issue, Borrower, Lessor, or Similar Party		Type of Asset	Maturity Date	Rate of Interest	Collateral	Par or Maturity Value	Cost	Current Value	
	Schwab Target 2030 Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	18,293	
	Vanguard Treasury Money Market	Money market fund	n/a	n/a	n/a	n/a	n/a	7,038	
	Schwab Target 2015 Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	4,149	
	BlackRock High Yield Bond Institutional	Mutual fund	n/a	n/a	n/a	n/a	n/a	4,118	
	iShare Core S&P Total US Stock Market	Mutual fund	n/a	n/a	n/a	n/a	n/a	2,978	
	DoubleLine Core Fixed Income I	Mutual fund	n/a	n/a	n/a	n/a	n/a	2,775	
	iShares Gold Trust ETF	Mutual fund	n/a	n/a	n/a	n/a	n/a	2,640	
								<u>10,283,606</u>	
	* Participant loans	Notes receivable from participants	varies	4.25% - 9.50%	n/a	n/a	-	14,012	
	* Represents a party-in-interest to the Plan.							<u>\$ 10,297,618</u>	

See independent auditors' report.