

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>CAROLINA ORTHOPEADIC & NEUROSURGICAL ASSOCIATES, P.A. 401(K) PROFIT SHARING PLAN & TRUST</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CAROLINA ORTHOPAEDIC AND NEUROSURGICAL ASSOCIATES, P.A.</u></p> <p><u>1330 BOILING SPRINGS ROAD</u> <u>SUITE 1600</u> <u>SPARTANBURG, SC 29303</u></p>	<p>1c Effective date of plan <u>07/01/1968</u></p> <p>2b Employer Identification Number (EIN) <u>57-0510670</u></p> <p>2c Plan Sponsor's telephone number <u>864-582-6396</u></p> <p>2d Business code (see instructions) <u>621399</u></p>

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

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

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	337
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)	150
	6a(2)	179
	6b	0
	6c	173
	6d	352
	6e	1
	6f	353
	6g(1)	317
	6g(2)	344
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 2J 2K 2F 2G 2R 3D 2T

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 0
- (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 CAROLINA ORTHOPEADIC & NEUROSURGICAL ASSOCIATES, P.A. 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CAROLINA ORTHOPAEDIC AND NEUROSURGICAL ASSOCIATES, P.A.	D Employer Identification Number (EIN) 57-0510670	

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)

LPL FINANCIAL RPCP

04-3046611

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	34023	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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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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 CAROLINA ORTHOPEADIC & NEUROSURGICAL ASSOCIATES, P.A. 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 CAROLINA ORTHOPAEDIC AND NEUROSURGICAL ASSOCIATES, P.A.	D Employer Identification Number (EIN) 57-0510670

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	2735	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	979898	736447
(2) Participant contributions	1b(2)	2019	885
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	169105	239679
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	12247499	15452329
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	3856164	801993

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	17257420	17231333
Liabilities			
g Benefit claims payable.....	1g	150	0
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	13200	9666
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	13350	9666
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	17244070	17221667

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)	914157	
(B) Participants.....	2a(1)(B)	927436	
(C) Others (including rollovers).....	2a(1)(C)	91173	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1932766
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	15866	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		15866
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	80031	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	339933	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		419964
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1631079
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3999675

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3969997	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3969997
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		2902
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	15156	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	34023	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		49179
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4022078

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-22403
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **GOSNELL MENARD ROBINSON INFANTE CPA**

(2) EIN: **57-1003842**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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>CAROLINA ORTHOPEADIC & NEUROSURGICAL ASSOCIATES, P.A. 401(K) PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CAROLINA ORTHOPAEDIC AND NEUROSURGICAL ASSOCIATES, P.A.</u>	D Employer Identification Number (EIN) <u>57-0510670</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): 57-0510670

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

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

3		
---	--	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703912A.

CAROLINA ORTHOPEDIC & NEUROLOGICAL ASSOCIATES PA
401K PROFIT SHARING PLAN & TRUST
FINANCIAL STATEMENTS AND REQUIRED SCHEDULES
DECEMBER 31, 2024 and 2023

INDEX

INDEPENDENT AUDITORS' REPORT1-2

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS 3

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS 4

NOTES TO FINANCIAL STATEMENTS5-11

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)..... 12

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MEMBERS OF AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
Carolina Orthopedic & Neurological Associates PA 401k Profit Sharing Plan & Trust

Opinion

We have audited the financial statements of Carolina Orthopedic & Neurological Associates PA 401k Profit Sharing Plan & Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Carolina Orthopedic & Neurological Associates PA 401k Profit Sharing Plan & Trust as of December 31, 2024 and 2023, and the changes in net assets available for benefits for the year ended December 31, 2024 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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.

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 Carolina Orthopedic & Neurological Associates PA 401k Profit Sharing Plan & Trust's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Carolina Orthopedic & Neurological Associates PA 401k Profit Sharing Plan & Trust’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 Carolina Orthopedic & Neurological Associates PA 401k Profit Sharing Plan & Trust’s ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule of Assets (Held at End of Year) 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

Respectfully,



Gosnell Menard Robinson Infante CPAs
Spartanburg, SC
October 15, 2025

Carolina Orthopedic & Neurological Associates PA 401k Profit Sharing Plan & Trust
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

Assets	2024	2023
Cash	\$ -	\$ 2,735
Employee Contribution Receivable	885	2,019
Employer Contribution Receivable	736,447	979,898
Investments at Fair Value		
Investments in Ascensus Trust Company	15,452,329	12,247,499
Self-Directed Brokerage Accounts	801,993	3,856,164
Participant Notes Receivable	239,679	169,105
 Total Assets	 17,231,333	 17,257,420
 Liabilities		
Benefits Payable	-	150
Excess Contributions Payable	9,666	13,200
 Total Liabilities	 9,666	 13,350
 Net Assets Available for Benefits	 \$ 17,221,667	 \$ 17,244,070

**Carolina Orthopedic & Neurological Associates PA 401k Profit Sharing
Plan & Trust**

**Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2024**

Additions

Additions to Net Assets Attributed to:

Investment Income:

Interest/Dividends - Participant directed investments	\$ 339,933
Dividends - Self-Directed Brokerage accounts	80,031
Participant Loan Interest	15,866
Net Appreciation in Fair Value of Investments	<u>1,631,079</u>
Total Investment Income	<u>2,066,909</u>

Contributions:

Employees'	927,436
Employer's	914,157
Rollovers	<u>91,173</u>

Total Contributions	<u>1,932,766</u>
---------------------	------------------

Total Additions	<u>3,999,675</u>
-----------------	------------------

Deductions

Deductions from Net Assets Attributed to:

Benefits Paid to Participants	3,969,997
Contract Administrator Fees	49,179
Deemed Distributions	<u>2,902</u>

Total Deductions	<u>4,022,078</u>
------------------	------------------

Net Decrease	(22,403)
--------------	----------

Net Assets Available for Benefits:

Beginning of Year	<u>17,244,070</u>
-------------------	-------------------

End of Year	<u><u>\$ 17,221,667</u></u>
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Carolina Orthopedic & Neurological Associates PA 401k Profit Sharing Plan & Trust
Notes to Financial Statements
December 31, 2024 and 2023

A. Description of Plan

The following description of the Carolina Orthopedic & Neurological Associates PA 401k Profit Sharing Plan & Trust provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

1. General. The Plan is a defined contribution plan covering substantially all full-time employees of Carolina Orthopedic & Neurological Associates PA 401k Profit Sharing Plan & Trust (the "Company") who have one year of service and have reached age 21. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").
2. Contributions. Each year, participants may contribute up to maximum percentage of annual compensation and dollar amount, as limited each year by the Internal Revenue Service. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company can contribute a discretionary percentage of the salary reduction each participant elects to defer as determined each year by the Company. The Company makes safe harbor qualified non-elective contribution equal to 3% of the compensation of each eligible participant.

Upon enrollment, a participant may direct contributions to any of the Plan's investment options. Participants may change their investment options daily. All contributions are invested in various mutual funds offered by Ascensus Trust Company. A participant also has the option to contribute to a self-directed brokerage account. Contributions are subject to certain limitations.

3. Participant Accounts. Each participant's account is credited with the participant's contribution, the Company's matching contribution, and all allocations of Plan earnings. Allocations are based on participants' earnings as defined. Forfeited balances of terminated participants' nonvested accounts are used to reduce future Company contributions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
4. Vesting. Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100 percent vested after 6 years of credited service, at normal retirement age or death, for employer contributions received prior to January 1, 2015. A participant is 100% vested in the company's Safe Harbor qualified non-elective contributions (QNEC). Effective January 1, 2015, the Plan elected to become Safe Harbor 401k Plan. Vesting percentages for participants that are terminated under circumstances that do not entitle them to the full vesting percentage under the Plan are listed below in the Vesting Schedule:

Carolina Orthopedic & Neurological Associates PA 401k Profit Sharing Plan & Trust
Notes to Financial Statements
December 31, 2024 and 2023

Years of Service	Percentage
1	0
2	20
3	40
4	60
5	80
6	100

5. **Payment of Benefits.** Upon qualification for benefits, a participant’s vested account balance will be distributed in a single lump sum, or in installment payments over a specified period of time.
6. **Forfeitures.** The plan provides for participant forfeitures to decrease the required Company contributions. As of December 31, 2024 and 2023 forfeited nonvested accounts totaled \$31,130 and \$19,958, respectively. These accounts will be used to reduce future employer contributions. In 2024 employer contributions were not reduced by forfeited nonvested accounts.
7. **Participant Notes Receivable.** Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of (a) \$50,000, reduced by the participant’s highest outstanding loan balance for the prior 12 months over the outstanding loan balance on the date the loan was made, or (b) the greater of one-half of the present value of the participant’s vested accrued benefit under the plan. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant Notes fund. Loan terms range from 1-5 years or up to 15 years for the purchase of a primary residence. The loans are secured by the balance in the participant’s account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest is to be paid ratably through bimonthly payroll deductions.
8. **Investment Options.** Upon enrollment in the Plan, a participant may direct employee contributions in one percent increments in any of 40 investment options as provided for by Ascensus Trust Company. A participant may open a self-directed brokerage account in which the participant makes a decision on the investments included in their account which are not held by Ascensus Trust Company.

Carolina Orthopedic & Neurological Associates PA 401k Profit Sharing Plan & Trust
Notes to Financial Statements
December 31, 2024 and 2023

B. Summary of Accounting Policies

1. **Basis of Accounting.** The financial statements of the Plan are prepared under the accrual basis of accounting.
2. **Investments.** Investments held by a defined contribution plan are required to be reported at fair value.
3. **Payment of Benefits.** Benefits are recorded when paid.
4. **Estimates.** The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes in those assets and liabilities, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.
5. **Date of Management's Review.** Subsequent events were evaluated through October 15, 2025, which is the date the financial statements were available to be issued.

- C. **Investments.** Certain of the Plan's investments are held by Ascensus Trust Company. The investments are presented at the fair value as determined and certified by the trustees at quoted market prices.

The Plan has seven self-directed brokerage accounts. The self-directed brokerage accounts are presented at fair value as determined by quoted market prices on December 31, 2024.

During the year ended December 31, 2024 the Plan's separate investments (including investments bought, sold, held during the year) appreciated \$1,419,940 per the certified trust statements from Ascensus Trust Company. The Plan's self-directed brokerage investments (including investments bought, sold, held during the year) appreciated \$211,139 for the year ended December 31, 2024. The Plan's total investments appreciated \$1,631,079 for the year ended December 31, 2024.

- D. **Plan Termination.** Although it has not expressed any intent to do so, the Company 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 Plan Termination, participants will become 100 percent vested.

Carolina Orthopedic & Neurological Associates PA 401k Profit Sharing Plan & Trust
Notes to Financial Statements
December 31, 2024 and 2023

- E. **Tax Status.** The IRS has determined and informed the Company by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believe that the Plan is qualified and that the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service and Department of Labor. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

- F. **Plan Administrative Expenses.** It is the policy of the Company to pay administrative expenses incurred by the Plan including, but not limited to, trustee fees and auditing fees. Investment-related expenses are excluded from net depreciation of fair value of investments.
- G. **Market Risk.** The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Because of the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.
- H. **Information Certified by Trustee.** In addition to the information contained in Note C, the trustees have certified, as being complete and accurate, the investment income that is held by Ascensus Trust Company. Investment income held in self-directed brokerage accounts are not certified by the institutions which hold the funds.
- I. **Rollover Contributions.** An aggregate of \$91,173 was rolled into the Plan during the year ended December 31, 2024, and is included in rollovers on the statement of changes in net assets available for benefits.

Carolina Orthopedic & Neurological Associates PA 401k Profit Sharing Plan & Trust
Notes to Financial Statements
December 31, 2024 and 2023

J. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB 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. 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Mutual Funds – Valued at the net asset value (NAV) of shares held by the plan at year end.

Self-Directed brokerage accounts - Accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices.

Carolina Orthopedic & Neurological Associates PA 401k Profit Sharing Plan & Trust
Notes to Financial Statements
December 31, 2024 and 2023

The table below segregates all financial assets and liabilities as of December 31, 2024 and 2023 that are measured at fair value on a recurring basis (at least annually) into the most appropriate level within the fair value hierarchy based on the inputs used to determine the fair value at the measurement date:

December 31, 2024	Fair Value	Level 1	Level 2	Level 3
Mutual Funds - Ascensus	\$ 15,452,329	\$ 15,452,329	\$ -	\$ -
Self-Directed Brokerage Accounts	801,993	781,993	-	20,000
Total	\$ 16,254,322	\$ 16,234,322	\$ -	\$ 20,000

December 31, 2023	Fair Value	Level 1	Level 2	Level 3
Mutual Funds - Ascensus	\$ 12,247,499	\$ 12,247,499	\$ -	\$ -
Self-Directed Brokerage Accounts	3,856,164	3,836,164	-	20,000
Total	\$ 16,103,663	\$ 16,083,663	\$ -	\$ 20,000

Changes in Level 3 Fair Value Measurements:

The reconciliation for all assets measured at fair value on a recurring basis using significant unobservable inputs (Level 3) for the years ended December 31, 2024 and 2023 was as follows:

For the year ended December 31, 2024							Changes in Unrealized Losses Included in Changes in Net Assets Available for Benefits Relating to Positions Still Held
Beginning Asset Balance as of January 1, 2024	Interest	Purchases	Sales	Transfers In (Out) of Level 3	Ending Asset Balance as of December 31, 2024		
Assets							
Self-Directed Brokerage Accounts	\$ 20,000	\$ -	\$ -	\$ -	\$ 20,000	\$ -	
Total	\$ 20,000	\$ -	\$ -	\$ -	\$ 20,000	\$ -	

For the year ended December 31, 2023							Changes in Unrealized Losses Included in Changes in Net Assets Available for Benefits Relating to Positions Still Held
Beginning Asset Balance as of January 1, 2023	Interest	Purchases	Sales	Transfers In (Out) of Level 3	Ending Asset Balance as of December 31, 2023		
Assets							
Self-Directed Brokerage Accounts	\$ -	\$ -	\$ -	\$ 20,000	\$ 20,000	\$ -	
Total	\$ -	\$ -	\$ -	\$ 20,000	\$ 20,000	\$ -	

Carolina Orthopedic & Neurological Associates PA 401k Profit Sharing Plan & Trust
Notes to Financial Statements
December 31, 2024 and 2023

K. Party-in-Interest Transactions

Certain Plan investments are shares of mutual funds managed by Ascensus Trust Company. Ascensus Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to \$37,523 for the year ended December 31, 2024. The fees are deducted from participants' account and presented net of investment gain or loss.

Self-directed brokerage accounts are held by various qualified institutions. Investment management fees were \$11,657 for the year ended December 31, 2024.

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

L. SECURE Act 2.0

On December 23, 2022, Congress passed the Consolidated Appropriations Act of 2023 which included SECURE Act 2.0. SECURE Act 2.0 contains over 90 new retirement provisions, with varying effective dates through 2027. Since SECURE Act 2.0 provisions include both required and optional elements, the plan administrator will determine the optional provisions to elect and amend the Plan document accordingly. Most of the significant provisions will become effective in 2024 and thereafter.

Carolina Orthopedic & Neurological Associates PA 401k Profit Sharing Plan & Trust
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

EIN: 57-0510670

Plan #:002

(a)	(b) - IDENTITY OF ISSUER	(c) - DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	(d) COST	(e) - CURRENT VALUE
		NOTES RECEIVABLE PARTICIPANTS (4.25% - 9.50%)		\$ 239,679
		SELF DIRECTED BROKERAGE ACCOUNTS		801,993
*	VANGUARD	Vanguard 500 Index Adm	**	1,185,645
*	VANGUARD	Vanguard Developed Mkts Index Adm	**	898
*	VANGUARD	Vanguard Emerging Mkts Stock Idx Adm	**	40,637
*	VANGUARD	Vanguard Energy Index Adm	**	7,848
*	VANGUARD	Vanguard Financials Index Adm	**	75,405
*	VANGUARD	Vanguard FTSE All-World ex-US Idx Adm	**	1,461
*	VANGUARD	Vanguard Health Care Index Adm	**	50,200
*	VANGUARD	Vanguard High Yield Corp Adm	**	7,247
*	VANGUARD	Vanguard Interm-Term Bond Index Adm	**	5,324
*	VANGUARD	Vanguard Large Cap Index Adm	**	60,354
*	VANGUARD	Vanguard Mid Cap Index Adm	**	111,111
*	VANGUARD	Vanguard Mid-Cap Growth Index Adm	**	480,702
*	VANGUARD	Vanguard Mid-Cap Value Index Adm	**	21,209
*	VANGUARD	Vanguard Global Capital Cycles Inv	**	2,894
*	VANGUARD	Vanguard Real Estate Index Adm	**	118,998
*	VANGUARD	Vanguard Short-Term Bond Index Adm	**	11,215
*	VANGUARD	Vanguard Small-Cap Index Adm	**	1,949
*	VANGUARD	Vanguard Small-Cap Growth Index Adm	**	397,958
*	VANGUARD	Vanguard Small-Cap Value Index Adm	**	99,061
*	VANGUARD	Vanguard Communications Services Adm	**	9,790
*	VANGUARD	Vanguard Total Intl Bond Index Adm	**	56
*	VANGUARD	Vanguard Total Intl Stock Index Adm	**	50,836
*	VANGUARD	Vanguard Total Stock Market Index Adm	**	201,604
*	VANGUARD	Vanguard U.S. Growth Adm	**	778,137
*	VANGUARD	Vanguard Utilities Index Adm	**	291,383
*	VANGUARD	Vanguard Value Index Adm	**	24,209
*	VANGUARD	Vanguard Long-Term Bond Index Adm	**	536
*	VANGUARD	Vanguard Cash Reserves Federal MM Adm	**	85,104
*	VANGUARD	Vanguard Target Retirement 2070 Fund	**	566
*	VANGUARD	Vanguard Target Retirement 2065 Fund	**	102,930
*	VANGUARD	Vanguard Target Retirement 2060 Fund	**	483,708
*	VANGUARD	Vanguard Target Retirement 2055 Fund	**	966,917
*	VANGUARD	Vanguard Target Retirement 2050 Fund	**	1,517,034
*	VANGUARD	Vanguard Target Retirement 2045 Fund	**	2,601,309
*	VANGUARD	Vanguard Target Retirement 2040 Fund	**	2,253,415
*	VANGUARD	Vanguard Target Retirement 2035 Fund	**	1,156,109
*	VANGUARD	Vanguard Target Retirement 2030 Fund	**	1,672,867
*	VANGUARD	Vanguard Target Retirement 2025 Fund	**	463,575
*	VANGUARD	Vanguard Target Retirement 2020 Fund	**	101,868
*	VANGUARD	Vanguard Target Retirement Income Fund	**	10,260
				<u>\$ 16,494,001</u>

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

Part II	Basic Plan Information—enter all requested information	
1a Name of plan	Carolina Orthopaedic & Neurosurgical Associates, P.A. 401(k) Profit Sharing Plan & Trust	1b Three-digit plan number (PN) ▶ 002 1c Effective date of plan 07/01/1968
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) Carolina Orthopaedic and Neurosurgical Associates, P.A. 1330 Boiling Springs Road Suite 1600 Spartanburg SC 29303		2b Employer Identification Number (EIN) 57-0510670 2c Plan Sponsor's telephone number 864-582-6396 2d Business code (see instructions) 621399

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			Kelly Roper
	Signature of plan administrator	Date 10/14/25	Enter name of individual signing as plan administrator
SIGN HERE			Kelly Roper
	Signature of employer/plan sponsor	Date 10/14/25	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%; text-align: center;">5</td> <td style="width:85%;"></td> <td style="width:10%; text-align: right;">337</td> </tr> </table>	5		337																											
5		337																													
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%; text-align: center;">6a(1)</td> <td style="width:85%;"></td> <td style="width:10%; text-align: right;">150</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td></td> <td style="text-align: right;">179</td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> <td style="text-align: right;">173</td> </tr> <tr> <td style="text-align: center;">6d</td> <td></td> <td style="text-align: right;">352</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> <td style="text-align: right;">1</td> </tr> <tr> <td style="text-align: center;">6f</td> <td></td> <td style="text-align: right;">353</td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> <td style="text-align: right;">317</td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> <td style="text-align: right;">344</td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> <td style="text-align: right;">30</td> </tr> </table>	6a(1)		150	6a(2)		179	6b		0	6c		173	6d		352	6e		1	6f		353	6g(1)		317	6g(2)		344	6h		30
6a(1)		150																													
6a(2)		179																													
6b		0																													
6c		173																													
6d		352																													
6e		1																													
6f		353																													
6g(1)		317																													
6g(2)		344																													
6h		30																													
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%; text-align: center;">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 2J 2K 2F 2G 2R 3D 2T

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 _____

(B) IDENTITY	(C) DESCRIPTION	(E) CURRENT VALUE
VANGUARD 500 INDEX ADM	MUTUAL FUND	1,185,645
VANGUARD DEVELOPED MARKETS INDEX ADM	MUTUAL FUND	898
VANGUARD EMERGING MKTS STOCK INDEX ADM	MUTUAL FUND	40,637
VANGUARD ENERGY INDEX ADM	MUTUAL FUND	7,848
VANGUARD FINANCIALS INDEX ADM	MUTUAL FUND	75,405
VANGUARD FTSE ALL-WORLD EX-US IDX ADM	MUTUAL FUND	1,461
VANGUARD HEALTH CARE INDEX ADM	MUTUAL FUND	50,200
VANGUARD HIGH YIELD CORP ADM	MUTUAL FUND	7,247
VANGUARD INTERM-TERM BOND INDEX ADM	MUTUAL FUND	5,324
VANGUARD LARGE CAP INDEX ADM	MUTUAL FUND	60,354
VANGUARD MID CAP INDEX ADM	MUTUAL FUND	111,111
VANGUARD MID-CAP GROWTH INDEX FUND ADM	MUTUAL FUND	480,702
VANGUARD MID-CAP VALUE INDEX FUND ADM	MUTUAL FUND	21,209
VANGUARD GLOBAL CAPITAL CYCLES INV	MUTUAL FUND	2,894
VANGUARD REAL ESTATE INDEX ADM	MUTUAL FUND	118,998
VANGUARD SHORT-TERM BOND INDEX ADM	MUTUAL FUND	11,215
VANGUARD SMALL-CAP INDEX ADM	MUTUAL FUND	1,949
VANGUARD SMALL-CAP GROWTH INDEX ADM	MUTUAL FUND	397,958
VANGUARD SMALL-CAP VALUE INDEX ADM	MUTUAL FUND	99,061
VANGUARD COMMUNICATIONS SERVICES ADM	MUTUAL FUND	9,790
VANGUARD TOTAL INTL BOND INDEX ADM	MUTUAL FUND	56
VANGUARD TOTAL INTL STOCK INDEX ADM	MUTUAL FUND	50,836
VANGUARD TOTAL STOCK MARKET INDEX ADM	MUTUAL FUND	201,604
VANGUARD U.S. GROWTH ADM	MUTUAL FUND	778,137
VANGUARD UTILITIES INDEX ADM	MUTUAL FUND	291,383
VANGUARD VALUE INDEX ADM	MUTUAL FUND	24,209
VANGUARD LONG-TERM BOND INDEX ADM	MUTUAL FUND	536
VANGUARD MONEY MARKET FUND	MUTUAL FUND	85,104
VANGUARD TARGET RETIREMENT 2070	MUTUAL FUND	566
VANGUARD TARGET RETIREMENT 2065	MUTUAL FUND	102,930
VANGUARD TARGET RETIREMENT 2060	MUTUAL FUND	483,708
VANGUARD TARGET RETIREMENT 2055	MUTUAL FUND	966,917
VANGUARD TARGET RETIREMENT 2050	MUTUAL FUND	1,517,034
VANGUARD TARGET RETIREMENT 2045	MUTUAL FUND	2,601,309
VANGUARD TARGET RETIREMENT 2040	MUTUAL FUND	2,253,415
VANGUARD TARGET RETIREMENT 2035	MUTUAL FUND	1,156,109
VANGUARD TARGET RETIREMENT 2030	MUTUAL FUND	1,672,867
VANGUARD TARGET RETIREMENT 2025	MUTUAL FUND	463,575
VANGUARD TARGET RETIREMENT 2020	MUTUAL FUND	101,868
VANGUARD TARGET RETIREMENT INCOME FUND	MUTUAL FUND	10,260
SELF DIRECTED BROKERAGE ACCOUNTS	BROKERAGE ACCOUNTS	801,993
PARTICIPANT LOANS	INTEREST RATES FROM 4.25% TO 9.50%; MATURING THROUGH AUGUST 2029	239,679
		\$16,494,001