

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [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: GOLDEN STATE ORTHOPEDICS & SPINE PROFIT SHARING 401(K) PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 03/01/2001
2a Plan sponsor's name (employer, if for a single-employer plan): GOLDEN STATE ORTHOPEDICS & SPINE
2b Employer Identification Number (EIN): 94-3375456
2c Plan Sponsor's telephone number: 925-939-8585
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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	764
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	356
	<b>6a(2)</b>	431
	<b>6b</b>	18
	<b>6c</b>	319
	<b>6d</b>	768
	<b>6e</b>	0
	<b>6f</b>	768
	<b>6g(1)</b>	702
<b>6g(2)</b>	768	
<b>6h</b>	60	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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)

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

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**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.

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**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 \_\_\_\_\_

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

<b>A</b> Name of plan <b>GOLDEN STATE ORTHOPEDICS &amp; SPINE PROFIT SHARING 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GOLDEN STATE ORTHOPEDICS &amp; SPINE</b>	<b>D</b> Employer Identification Number (EIN) <b>94-3375456</b>	

**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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**(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)

CAPITAL PERFORMANCE ADVISORS

165 LENNON LANE, SUITE 200  
WALNUT CREEK, CA 94010

20-8077927

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 51	INVESTMENT ADVISOR	216926	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)

PENSIONONE ADVISORS

165 LENNON LANE, SUITE 200  
WALNUT CREEK, CA 94598

20-1407640

(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?
13 15 17	PLAN ADMINISTRATION	74593	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)

PILLER WEALTH MGMT LLC

1255 TREAT BLVD, SUITE 300  
WALNUT CREEK, CA 94597

26-2819598

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 51	INVESTMENT ADVISOR	48450	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ROCKEFELLER GLOBAL FAMILY OFFICE

TWO EMBARCADERO CENTER, SUITE 2320  
SAN FRANCISCO, CA 94111

82-3226180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 51	INVESTMENT ADVISOR	46972	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)

STELVIO PRIVATE WEALTH

187 SOUND BEACH AVE, SUITE B  
OLD GREENWICH, CT 06870

85-4190789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 51	INVESTMENT ADVISOR	14663	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)

A.C. SONDEHI & ASSOC, LLC

1614 HAMPTON COURT  
SAFETY HARBOR, FL 34695

22-3356208

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 51	INVESTMENT ADVISOR	12995	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

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

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

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

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

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<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>GOLDEN STATE ORTHOPEDICS &amp; SPINE PROFIT SHARING 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GOLDEN STATE ORTHOPEDICS &amp; SPINE</b>	<b>D</b> Employer Identification Number (EIN) <b>94-3375456</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	286498	9283
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	2758273	3075949
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	9787	0
<b>(3)</b> Other .....	<b>1b(3)</b>	3699769	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	7862031	3291865
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	2027949
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	142832	117567
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	4527704	7924919
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	613975	1377700
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	318585	420409
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	0	0
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	0	0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	69819976	83875270
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	0	0
<b>(15)</b> Other .....	<b>1c(15)</b>	5952667	7328650

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	0	0
(2) Employer real property.....	<b>1d(2)</b>	0	0
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	0	0
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	95992097	109449561
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	0	0
<b>h</b> Operating payables.....	<b>1h</b>	0	0
<b>i</b> Acquisition indebtedness.....	<b>1i</b>	0	0
<b>j</b> Other liabilities.....	<b>1j</b>	11460	23330
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	11460	23330
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	95980637	109426231

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	3075949	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	2428088	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	249226	
(2) Noncash contributions.....	<b>2a(2)</b>	0	5753263
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	20361	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	0	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	85966	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	0	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	22811	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	0	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		129138
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	4308	
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	182016	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	3032166	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		3218490
(3) Rents.....	<b>2b(3)</b>		0
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	630920	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	0	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		630920
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>	763725	
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	3659109	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(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)	4519053
<b>c</b> Other income .....	2c	0
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d	18673698

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4807991
(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)	4807991
<b>f</b> Corrective distributions (see instructions) .....	2f	0
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g	0
<b>h</b> Interest expense.....	2h	0
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	0
(2) Contract administrator fees .....	2i(2)	74793
(3) Recordkeeping fees .....	2i(3)	0
(4) IQPA audit fees .....	2i(4)	0
(5) Investment advisory and investment management fees .....	2i(5)	342539
(6) Bank or trust company trustee/custodial fees .....	2i(6)	216
(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)	2565
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	420113
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j	5228104

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k	13445594
<b>l</b> 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: **FRANK, RIMERMAN + CO, LLP**

(2) EIN: **94-1341042**

**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
<b>a</b> 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"/>	745676
<b>b</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"/>	
<b>c</b> 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"/>	
<b>d</b> 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"/>	
<b>e</b> Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	500000
<b>f</b> 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"/>	
<b>g</b> 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"/>	
<b>h</b> 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"/>	
<b>i</b> 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"/>	
<b>j</b> 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"/>	
<b>k</b> 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"/>	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>m</b> 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"/>	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>GOLDEN STATE ORTHOPEDICS &amp; SPINE PROFIT SHARING 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>GOLDEN STATE ORTHOPEDICS &amp; SPINE</u>	<b>D</b> Employer Identification Number (EIN) <u>94-3375456</u>	

<b>Part I</b>	<b>Distributions</b>
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**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): 45-0404698 68-0469736

**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	
---	--

<b>Part II</b>	<b>Funding Information</b> (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.)
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**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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**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

<b>Part IV</b>	<b>ESOPs</b> (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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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 Q704105A.

Plan Administrator  
Golden State Orthopedics & Spine Profit Sharing 401(k) Plan  
Walnut Creek, California



Certified  
Public  
Accountants

## INDEPENDENT AUDITOR'S REPORT

### Opinion

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

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its 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 (GAAP).

### 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 *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe 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 GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

### **Auditor's 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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with 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, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

#### **Other Matter – 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 schedules listed the accompanying table of contents, 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 (DOL) 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 schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. In our opinion, the information in the accompanying schedules 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*Frank, Rimmerman & Co. LLP*

San Jose, California  
October 15, 2025

**Golden State Orthopedics & Spine Profit Sharing 401(k) Plan**  
**Statements of Net Assets Available for Benefits**

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	December 31,	
	<u>2024</u>	<u>2023</u>
Assets		
Investments, at fair value:		
Mutual funds	\$ 77,276,497	\$ 64,485,232
Common stocks	9,952,868	4,527,704
Participant-managed retirement accounts	7,417,060	5,999,281
Exchange traded funds	6,598,773	5,334,744
Interest bearing cash and cash equivalents	3,203,455	7,815,417
Private real estate entity	1,377,700	613,975
Preferred stocks	<u>117,567</u>	<u>142,832</u>
Total investments	105,943,920	88,919,185
Contributions receivable:		
Employer	3,075,949	2,758,273
Participant	<u>-</u>	<u>9,787</u>
Total contributions receivable	3,075,949	2,768,060
Notes receivable from participants	420,409	318,585
Transfer of Plan assets in-transit	-	3,699,769
Non-interest bearing cash	<u>9,283</u>	<u>286,498</u>
Total assets	109,449,561	95,992,097
Liabilities		
Accounts Payable	<u>23,330</u>	<u>11,460</u>
Net Assets Available for Benefits	<u>\$ 109,426,231</u>	<u>\$ 95,980,637</u>

See Notes to Financial Statements

**Golden State Orthopedics & Spine Profit Sharing 401(k) Plan**  
**Statement of Changes in Net Assets Available for Benefits**  
**Year Ended December 31, 2024**

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Additions to Net Assets	
Investment income:	
Net appreciation in fair value of investments	\$ 9,572,806
Interest and dividends	<u>3,324,818</u>
Net investment income	12,897,624
Interest on notes receivable from participants	<u>22,811</u>
Net income	12,920,435
Contributions:	
Employer	3,075,949
Participant	2,428,088
Participant rollover	<u>249,226</u>
Total contributions	<u>5,753,263</u>
Total net additions	18,673,698
Deductions from Net Assets	
Benefits paid to participants	4,807,991
Administrative expenses	<u>420,113</u>
Total deductions	<u>5,228,104</u>
Net Increase	13,445,594
Net Assets Available for Benefits	
December 31, 2023	<u>95,980,637</u>
December 31, 2024	<u>\$ 109,426,231</u>

See Notes to Financial Statements

## **Golden State Orthopedics & Spine Profit Sharing 401(k) Plan Notes to the Financial Statements**

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### 1. Description of the Plan

Golden State Orthopedics & Spine (the Company) established the Golden State Orthopedics & Spine Profit Sharing 401(k) Plan, effective March 1, 2001, to provide participants with a means to fund their retirement on a tax-deferred basis. The following description of the Plan, as amended and restated, provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

#### *General:*

The Plan is a defined contribution plan under the related provisions of the Internal Revenue Code (the Code) and applicable state laws. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Company is the Plan sponsor and Plan administrator. A Company employee serves as the Plan trustee. An administrative committee, consisting of Company employees, helps administer the Plan and is responsible for selecting investment options offered under the Plan and monitoring investment performance. The Vanguard Group, Inc. (Vanguard) is the Plan record keeper for the non-segregated investment accounts and has outsourced recordkeeping services for these accounts to Ascensus, LLC. Ascensus Trust Company, Charles Schwab Bank, Fidelity Brokerage Services LLC, Merrill Lynch, Wells Fargo Clearing Services, LLC, and Pershing LLC are the Plan's investment custodians (the Custodians). The Custodians hold, invest, and reinvest Plan assets in the interest and at the direction of the participants and their beneficiaries. Thomas Doll provides investment management advisory services to the Plan and is the record keeper for the segregated investment accounts. The segregated investment accounts consist of mutual funds, exchange traded funds, common stocks, preferred stocks, interest bearing cash and cash equivalents, and non-interest bearing cash held in various individual accounts held at brokerage firms and financial institutions other than Ascensus Trust Company.

In January 2022, the Company merged with another entity, Webster OrthoNorCal, Inc. (OrthoNorCal). Effective November 1, 2023, the employees of OrthoNorCal became eligible to contribute to the Plan. In 2023, the OrthoNorCal employee benefit plan was merged into the Plan and participant account balances totaling \$9,180,159 were transferred from the OrthoNorCal employee benefit plan to the Plan. Due to the timing of the transfer, funds totaling \$3,699,769 were in-transit as of December 31, 2023. The in-transit funds were transferred into participant directed investments in 2024.

#### *Eligible Participants:*

Employees, as defined by the Plan agreement, aged 21 and older, are eligible to participate in the Plan after one year of service in which they work 1,000 hours. Plan entry dates are the first day of January and July.

## Golden State Orthopedics & Spine Profit Sharing 401(k) Plan Notes to the Financial Statements

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### 1. Description of the Plan (continued)

#### *Contributions:*

Participants may make contributions to the Plan through pre-tax salary deferrals and Roth post-tax contributions up to 100% of annual compensation, as defined by the Plan agreement. Participants who have reached the age of 50 may also elect to withhold additional catch-up contributions under the Code. Participants may also contribute amounts representing distributions from other qualified defined contribution or defined benefit plans (rollovers), subject to Code regulations.

The Plan requires safe harbor non-elective contributions of at least 3% of eligible annual compensation. The Company may also make discretionary non-elective and matching contributions. In 2024, the Company made safe harbor non-elective contributions and discretionary non-elective contributions totaling \$3,075,949, which were recorded as an employer contribution receivable as of December 31, 2024. The discretionary non-elective contributions were between 2% of eligible compensation and the maximum amount allowed under the Code. The Company did not make any matching contributions to the Plan in 2024. The employer contribution receivable as of December 31, 2024 represents the total Company contributions to the Plan for 2024.

Contributions are subject to certain limitations under the Code.

#### *Participant Accounts:*

Participant accounts are credited with participant contributions and rollovers, Company contributions, and an allocation of Plan earnings or losses. Allocations are based on participant earnings or account balances, in accordance with the Plan agreement. The benefit to which participants are entitled is the benefit that can be provided from the participant accounts.

Participants may elect to invest their accounts in a variety of participant-directed investment options offered by the Plan that are designed to provide the participants with a wide range of investment options. Participants may authorize transfers among investment options at any time.

Participants can also choose to invest in and manage a broader range of investments through participant-managed retirement accounts. Investment choices offered in these accounts include most equity securities listed on major stock exchanges in the United States of America (U.S.), additional mutual funds and over-the counter stocks, bonds and other fixed-income securities.

The investment in the private real estate entity is non-participant directed and is closed to additional participant contributions.

## Golden State Orthopedics & Spine Profit Sharing 401(k) Plan Notes to the Financial Statements

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### 1. Description of the Plan (continued)

#### *In-Plan Roth Conversions:*

The Plan allows participants who are active employees of the Company to convert any portion of their contributions and safe harbor matching contributions to Roth designated contributions. There were no balances converted to Roth designated accounts in 2024.

#### *Vesting:*

Participants are immediately vested in their contributions, plus actual earnings (less any losses) thereon. Participants are also immediately vested in Company safe harbor matching and safe harbor non-elective contributions. Vesting in Company discretionary matching and discretionary non-elective contributions, if any, is based on years of service with 20% vesting occurring each year beginning after two years of service and fully (100%) vesting after six years of service. Participants become fully vested in Company discretionary contributions upon death, disability or upon reaching retirement age, as defined.

#### *Forfeitures:*

Terminated participant non-vested account balances are forfeited upon the earlier of the payment of vested benefits or the last day of the Plan year in which the participants incur five consecutive one-year breaks in service. Forfeitures can first be used to restore previously forfeited accounts, then to reduce Company contributions, then to pay Plan administrative expenses. The Plan had \$49,986 of forfeitures available for future use as of December 31, 2024 (\$52,172 as of December 31, 2023). Forfeitures of \$42,452 and \$12,933 were used to pay Plan expenses and reduce Company contributions, respectively, in 2024.

#### *Notes Receivable from Participants:*

Participants may borrow up to one-half of their vested account balance, a minimum of \$1,000 and a maximum of \$50,000, for a period not to exceed five years, except for notes used to purchase a primary residence for which a longer term may be granted. Participants may have two notes outstanding. Participant notes are evidenced by a written note, secured by the vested balance in the participant account, and bear interest at the Federal prime rate plus 2%. The interest rates on notes outstanding as of December 31, 2024 range from 4.25% to 10.50%. Repayment of principal and interest is generally made through payroll deductions.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant notes are reclassified as distributions based upon the terms of the Plan agreement.

## Golden State Orthopedics & Spine Profit Sharing 401(k) Plan Notes to the Financial Statements

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### 1. Description of the Plan (continued)

#### *Payment of Benefits:*

Upon termination of service, participants may elect to leave their account balance in the Plan or receive their benefits in a lump sum amount equal to the value of the participant's interest in their account, or in partial payments. Accounts between \$200 and \$7,000 may be automatically distributed to individual retirement accounts on behalf of the participants without participant approval. Accounts with a balance of \$200 or less may be distributed directly to participants without participant approval. The Plan agreement also allows for in-service and hardship withdrawals of benefits to current employees. Benefits are recorded when paid.

#### *Administrative Expenses:*

Several of the investment fund options are subject to investment fees based on a percentage of invested assets, as disclosed in the fund's prospectus. These fees are charged directly against the fund's investment performance and, thus, are not separately disclosed in the Plan's financial statements. The fees related to certain advisory services, as well as certain investment, account maintenance and note fees, are paid by the Plan and charged to participant accounts. All other administrative expenses related to the Plan are paid by the Company and are not reflected in the Plan's financial statements.

#### *Risks and Uncertainties:*

Participants may invest their account balances in a variety of investment options offered by the Plan. Investments are exposed to various risks, such as interest rate, market fluctuation, and credit risks. Due to the level of risk associated with certain investment options offered by the Plan, it is at least reasonably possible changes in risk in the near term could materially affect participant account balances and the amounts reported in the statements of net assets available for benefits.

#### *Plan Termination:*

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions and to terminate the Plan, at any time, subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in their accounts, and distributions would be made to participants, as described in the Plan agreement.

## Golden State Orthopedics & Spine Profit Sharing 401(k) Plan Notes to the Financial Statements

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### 2. Summary of Significant Accounting Policies

#### *Basis of Accounting:*

The Plan's financial statements are prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

#### *Use of Estimates:*

The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

#### *Investments:*

Investments are reported at fair value and consist of the following:

*Mutual Funds and Exchange Traded Funds:* These funds are reported at fair value, which is the net asset value of shares held by the Plan at year end, as quoted in active markets.

*Participant-Managed Retirement Accounts:* The participant-managed brokerage retirement accounts may consist of shares in various interest-bearing cash accounts, mutual funds, money market funds, over-the-counter equity securities, bonds and other fixed-income securities that are valued based on quoted prices in active markets.

*Common Stocks and Preferred Stocks:* These shares are reported at fair value based on the closing price reported in an active market on which the securities are traded.

*Interest Bearing Cash and Cash Equivalents:* These investments include certificates of deposit, cash reserves, a savings account and an interest-bearing sweep account. These accounts are valued at cost plus any interest earned and reinvested.

*Private Real Estate Entity:* This investment is valued at estimated fair value based on the most recent independent appraisal of the underlying property.

## Golden State Orthopedics & Spine Profit Sharing 401(k) Plan Notes to the Financial Statements

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### 2. Summary of Significant Accounting Policies (continued)

#### *Fair Value Measurement:*

The Plan uses a three-level hierarchy for fair value measurement based on the nature of inputs used in the valuation of an asset or liability as of the measurement date. The three-level hierarchy prioritizes within the measurement of fair value, the use of market-based information over entity-specific information. Fair value focuses on an exit price and is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date. The inputs or methodology used for valuing financial instruments are not necessarily an indication of the risk associated with those instruments.

The three-level hierarchy for fair value measurement is defined as follows:

**Level I:** Inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.

**Level II:** Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.

**Level III:** Inputs to the valuation methodology, which are significant to the fair value measurement, are unobservable.

A financial instrument's categorization within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement.

The Plan's investments set forth by level within the fair value hierarchy as of December 31, 2024 are summarized as follows:

Investments	Level I	Level II	Level III	Total
Mutual funds	\$ 77,276,497	\$ -	\$ -	\$ 77,276,497
Exchange traded funds	6,598,773	-	-	6,598,773
Common stocks	9,952,868	-	-	9,952,868
Preferred stocks	117,567	-	-	117,567
Participant-managed retirement accounts	7,417,060	-	-	7,417,060
Investment in private real estate entity	-	-	1,377,700	1,377,700
Interest bearing cash and cash equivalents	3,203,455	-	-	3,203,455
Total investments	<u>\$ 104,566,220</u>	<u>\$ -</u>	<u>\$ 1,377,700</u>	<u>\$ 105,943,920</u>

## Golden State Orthopedics & Spine Profit Sharing 401(k) Plan Notes to the Financial Statements

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### 2. Summary of Significant Accounting Policies (continued)

#### *Fair Value Measurement:* (continued)

The Plan's investments set forth by level within the fair value hierarchy as of December 31, 2023 are summarized as follows:

Investments	Level I	Level II	Level III	Total
Mutual funds	\$ 64,485,232	\$ -	\$ -	\$ 64,485,232
Exchange traded funds	5,334,744	-	-	5,334,744
Common stocks	4,527,704	-	-	4,527,704
Preferred stocks	142,832	-	-	142,832
Participant-managed retirement accounts	5,999,281	-	-	5,999,281
Investment in private real estate entity	-	-	613,975	613,975
Interest bearing cash and cash equivalents	<u>7,815,417</u>	<u>-</u>	<u>-</u>	<u>7,815,417</u>
Total investments	<u>\$ 88,305,210</u>	<u>\$ -</u>	<u>\$ 613,975</u>	<u>\$ 88,919,185</u>

#### *Income Recognition:*

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

### 3. Party-In-Interest Transactions

The Plan's non-interest bearing cash accounts are managed by the Custodians and consist of funds received but not yet used to purchase investments on behalf of the participants. Transactions within this account by the Plan qualify as party-in-interest transactions. Certain Plan investments are managed by the Custodians and certain Plan investments are managed by Vanguard. Purchases and sales of these investments by the Plan qualify as party-in-interest transactions. Notes receivable transactions with participants also qualify as party-in-interest transactions. All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

## **Golden State Orthopedics & Spine Profit Sharing 401(k) Plan Notes to the Financial Statements**

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### **4. Nonexempt Prohibited Transactions**

In 2022, 2023 and 2024, participant contributions and note repayments totaling \$447,802, \$83,135 and \$214,739, respectively, were not remitted to the Plan in a timely manner as required by the Department of Labor (DOL). The DOL considers delinquent contributions to be nonexempt prohibited transactions with the Plan sponsor that can jeopardize the Plan's tax-exempt status.

### **5. Income Tax Status**

The Plan administrator has adopted a pre-approved plan document that has received an opinion letter from the Internal Revenue Service (IRS) dated June 30, 2020, stating that the form of the pre-approved plan document was in compliance with the applicable provisions of the Code. The Plan document has been amended and restated since receipt of the letter. However, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code and related state statutes and is, therefore, qualified, and the trust that forms a part of the Plan is exempt from federal and state income taxes.

GAAP requires the Plan administrator 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 IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded, as of December 31, 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2021.

### **6. Subsequent Events**

Subsequent events have been evaluated through October 15, 2025, which is the date the financial statements were approved by the Plan administrator and available to be issued.

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan ( Filers checking this box must provide participating employer information in accordance with the form instructions.) [X] a single-employer plan [ ] a DFE (specify) \_\_\_\_
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [ ]
D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: GOLDEN STATE ORTHOPEDICS & SPINE PROFIT SHARING 401(K) PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 03/01/2001
2a Plan sponsor's name (employer, if for a single-employer plan): GOLDEN STATE ORTHOPEDICS & SPINE
2b Employer Identification Number (EIN): 94-3375456
2c Plan Sponsor's telephone number: 925-939-8585
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, Date, and Name. Row 1: Signature of plan administrator (signed), Date 10/14/2025, Name STEVE HAMMARSTROM. Row 2: Signature of employer/plan sponsor. Row 3: Signature of DFE.

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	764
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	356
	<b>6a(2)</b>	431
	<b>6b</b>	18
	<b>6c</b>	319
	<b>6d</b>	768
	<b>6e</b>	0
	<b>6f</b>	768
	<b>6g(1)</b>	702
<b>6g(2)</b>	768	
<b>6h</b>	60	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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)

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

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**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

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**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 \_\_\_\_\_

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**Golden State Orthopedics & Spine Profit Sharing 401(k) Plan  
 (Employer Identification Number 94-3375456)  
 (Plan Number 002)**

**Supplemental Schedule Accompanying Form 5500  
 Schedule H, Line 4a - Schedule of Delinquent Participant Contributions  
 Year Ended December 31, 2024**

Plan Year	Participant Contributions and Loan Repayments Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Fully Corrected Participant Contributions and Loan Repayments Under VFCP and PTE 2002-51
		Participant Contributions and Loan Repayments Not Corrected	Participant Contributions and Loan Repayments Corrected Outside VFCP	Participant Contributions and Loan Repayments Pending Correction in VFCP	
2024	\$ 214,739	\$ 214,739	\$ -	\$ -	\$ -
2023	83,135	83,135	-	-	-
2022	447,802	447,802	-	-	-
Totals	<u>\$ 745,676</u>	<u>\$ 745,676</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

**Golden State Orthopedics & Spine Profit Sharing 401(k) Plan  
(Employer Identification Number 94-3375456)  
(Plan Number 002)  
Supplemental Schedule Accompanying Form 5500  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
December 31, 2024**

(a)	(b) Identity of issue, borrower, lessor or similar party (c) Description of investment including maturity date rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Cash and Cash Equivalents:		
*	Charles Schwab Bank Benefit Plans Sweep Account	**	\$ 573,082
*	Fidelity Government Cash Reserves Fund	**	432,093
*	Fidelity Government Money Market Fund Premium Class	**	16,214
	Goldman Sachs FSQ Government Institutional Class Money Market Fund	**	34,915
*	Schwab Treasury Obligations Money Fund	**	513,878
	Synchrony Bank Certificate of Deposit	**	74,632
*	Vanguard Cash Reserves Federal Money Market Fund Admiral Shares	**	36,987
*	Vanguard Federal Money Market Fund Investor Shares	**	1,521,654
	Self Directed Brokerage Accounts:		
*	Schwab Self-Directed Cash Fund	**	88,410
*	Schwab Self-Directed Investment Fund	**	7,328,650
	Mutual Funds:		
	American Century Equity Growth Fund Investor Class	**	20,343
	American Europacific Growth Fund Class F3	**	66,471
	Angel Oak Multi-Strategy Income Fund Institutional Class	**	23,954
	BlackRock Floating Rate Income Portfolio Class K	**	102,750
	BlackRock Global Allocation Fund Class K	**	398,715
	BlackRock Large-Cap Focus Value Income Fund Class K	**	123,427
	Bridgeway Omni Small-Cap Value Fund N	**	972,917
	Calamos Aksia Alternative Credit and Income Fund Class I	**	50,617
	Calvert International Responsible Index Fund I	**	75,094
	Cliffwater Corporate Lending Fund	**	116,368
	Cliffwater Corporate Lending Fund Class 1	**	587,007
	Cliffwater Enhanced Lending Fund	**	112,664
	Cliffwater LLC Enhanced Lending I Fund	**	143,310
	DFA Diversified Fixed Income Portfolio Institutional Class	**	165,957
	DFA Emerging Markets Core Equity 2 Portfolio Institutional Class	**	282,974
	DFA Emerging Markets Social Core Equity Portfolio Institutional Class	**	12,603
	DFA Five-Year Global Fixed Income Portfolio Institutional Class	**	1,148,265
	DFA Inflation-Protected Securities Portfolio Institutional Class	**	549,644
	DFA International Core Equity 2 Portfolio Institutional Class	**	749,371
	DFA International Real Estate Securities Portfolio Institutional Class	**	4,596
	DFA International Small Cap Value Portfolio Institutional Class	**	1,168,136
	DFA International Value Portfolio III	**	758,792
	DFA Real Estate Securities Portfolio Institutional Class	**	15,798
	DFA Short-Term Extended Quality Portfolio Institutional Class	**	664,606

(continued)

**Golden State Orthopedics & Spine Profit Sharing 401(k) Plan**  
**(Employer Identification Number 94-3375456)**  
**(Plan Number 002)**  
**Supplemental Schedule Accompanying Form 5500**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)**  
**December 31, 2024**

(a)	(b) Identity of issue, borrower, lessor or similar party (c) Description of investment including maturity date rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Mutual Funds: (continued)		
	DFA Social Fixed Income Portfolio Institutional Class	**	3,804
	DFA Two-Year Global Fixed Income Portfolio Institutional Class	**	87,563
	DFA U.S. Core Equity 2 Portfolio Institutional Class	**	3,125,260
	DFA U.S. Large Cap Value Portfolio III	**	1,500,422
	DFA U.S. Micro Cap Portfolio Institutional Class	**	286,144
	DFA U.S. Small Cap Portfolio Institutional Class	**	71,660
	DFA U.S. Small Cap Value Portfolio Institutional Class	**	48,799
	DFA U.S. Social Core Equity 2 Portfolio Institutional Class	**	46,005
	DFA U.S. Targeted Value Portfolio Institutional Class	**	1,131,844
	DoubleLine Total Return Bond Fund Class I	**	23,551
	Federated Hermes Government Obligations Fund Capital Shares	**	127
*	Fidelity Emerging Markets Index Fund	**	279,719
*	Fidelity Intermediate Treasury Bond Index Fund	**	1,121,790
*	Fidelity Small Cap Index Fund	**	347,530
*	Fidelity Total Market Index Fund	**	2,318,927
*	Fidelity U.S. Bond Index Fund	**	99,580
	First Trust Health Care AlphaDEX Fund	**	52,065
	Goldman Sachs Mid-Cap Growth Fund Institutional Class	**	126,965
	Goldman Sachs Mid-Cap Value Fund Institutional Class	**	48,976
	Impax Sustainable Allocation Fund	**	213,393
	Invesco QQQ Trust Series I	**	97,656
	Janus Henderson Funds Global Life Sciences Fund Class I	**	45,031
	Janus Henderson Global Research Fund	**	18,547
	Janus Henderson Research Fund	**	25,197
	JPMorgan Strategic Income Opportunities Fund Class R6	**	86,484
	Stone Ridge Diversified Alternatives Fund	**	112,070
	Stone Ridge Diversified Alternatives Fund I	**	538,788
	Stone Ridge Trust Diversified Alternatives Fund I	**	116,362
	Stone Ridge Trust II Renaissance Risk Premium Interval Fund	**	274,905
	Stone Ridge Trust V - Alternative Lending Risk Prem Fund	**	830,124
	The Growth Fund of America Class F3	**	460,033
	VanEck International Investors Gold Fund Class I	**	26,317
*	Vanguard 500 Index Fund Admiral Shares	**	3,757,976
*	Vanguard Developed Markets Index Fund Admiral Shares	**	584,325
*	Vanguard Intermediate-Term Bond Index Fund Admiral Shares	**	207,293
*	Vanguard Real Estate Index Fund Admiral Shares	**	513,914
*	Vanguard Target Retirement 2020 Fund	**	3,237,285

(continued)

**Golden State Orthopedics & Spine Profit Sharing 401(k) Plan**  
**(Employer Identification Number 94-3375456)**  
**(Plan Number 002)**  
**Supplemental Schedule Accompanying Form 5500**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)**  
**December 31, 2024**

(a)	(b) Identity of issue, borrower, lessor or similar party (c) Description of investment including maturity date rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Mutual Funds: (continued)		
*	Vanguard Target Retirement 2025 Fund	**	4,376,058
*	Vanguard Target Retirement 2030 Fund	**	5,018,969
*	Vanguard Target Retirement 2035 Fund	**	10,507,022
*	Vanguard Target Retirement 2040 Fund	**	9,659,894
*	Vanguard Target Retirement 2045 Fund	**	3,879,116
*	Vanguard Target Retirement 2050 Fund	**	4,964,713
*	Vanguard Target Retirement 2055 Fund	**	1,824,664
*	Vanguard Target Retirement 2060 Fund	**	811,190
*	Vanguard Target Retirement 2065 Fund	**	138,676
*	Vanguard Target Retirement 2070 Fund	**	17
*	Vanguard Target Retirement Income Fund	**	5,727,264
	Vericimetry US Small Cap Value Fund	**	145,045
	Virtus KAR Small-Cap Value Fund Class I	**	43,059
	Exchange Traded Funds:		
	American Century ETF Trust Avantis U.S. Large Cap Value ETF	**	33,870
	American Century ETF Trust Avantis U.S. Small Cap Value ETF	**	97,928
	Financial Select Sector SPDR Fund	**	19,332
	First Trust Cloud Computing ETF	**	23,824
	First Trust Enhanced Short Maturity ETF	**	33,949
	First Trust NASDAQ Clean Edge Green Energy Index Fund ETF	**	16,965
	First Trust NASDAQ Cybersecurity ETF	**	31,725
	Global X Robotics & Artificial Intelligence ETF	**	15,975
	Global X U.S. Preferred ETF	**	40,778
	Invesco S&P 500 Equal Weight ETF	**	185,920
	Invesco S&P 500 Revenue ETF	**	35,741
	Invesco S&P MidCap 400 Revenue ETF	**	36,496
	Invesco S&P SmallCap 600 Revenue ETF	**	36,333
	Invesco S&P Ultra Dividend Revenue ETF	**	33,872
	iShares 20+ Year Treasury Bond ETF	**	6,375
	iShares Expanded Tech-Software Sector ETF	**	45,454
	iShares MSCI EAFE ETF	**	806,305
	iShares MSCI Japan ETF	**	68,496
	iShares PHLX Semiconductor ETF	**	10,775
	iShares Russell 2000 Growth ETF	**	43,423
	iShares Russell 2000 Value ETF	**	25,050
	iShares U.S. Aerospace & Defense ETF	**	82,854
	iShares U.S. Broker-Dealers & Securities Exchanges ETF	**	58,505

(continued)

**Golden State Orthopedics & Spine Profit Sharing 401(k) Plan**  
**(Employer Identification Number 94-3375456)**  
**(Plan Number 002)**  
**Supplemental Schedule Accompanying Form 5500**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)**  
**December 31, 2024**

(a)	(b) Identity of issue, borrower, lessor or similar party (c) Description of investment including maturity date rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Exchange Traded Funds: (continued)		
	iShares U.S. Home Construction ETF	**	32,671
	iShares U.S. Insurance ETF	**	37,688
	iShares U.S. Oil & Gas Exploration & Production ETF	**	44,815
	iShares U.S. Oil Equipment & Services ETF	**	14,858
	iShares U.S. Technology ETF	**	43,708
	John Hancock Preferred Income ETF	**	73,208
	PGIM Ultra Short Bond ETF	**	8,176
*	Vanguard Intermediate-Term Treasury ETF	**	28,652
*	Vanguard Short-Term Inflation-Protected Securities ETF	**	39,083
*	Vanguard Total Stock Market ETF	**	4,485,969
	Common Stocks:		
	Abbott Laboratories	**	7,465
	Aflac Incorporated	**	11,068
	AGNC Investment Corp. Common Stock	**	10,859
	Agnico Eagle Mines Limited Common Stock	**	204,803
	Air Products and Chemicals, Inc.	**	97,661
	Alphabet Inc. Non-Voting Capital Stock Class C	**	190,440
	Altisource Portfolio Solutions S.A.	**	394
	Amazon.com Inc.	**	329,085
	American Express Company	**	88,147
	American Water Works Company, Inc.	**	49,483
	Analog Devices Inc.	**	8,073
	Apple Inc.	**	275,212
	Applied Industrial Technologies, Inc.	**	574,728
	Archer-Daniels-Midland Company	**	47,580
	Arkansas Power & Light	**	23,690
	AT&T Inc. Common Stock	**	38,618
	ATI Inc.	**	137,600
	Automatic Data Processing Inc.	**	58,652
*	Bank of America Corporation	**	34,066
	Barrick Gold Corporation Common Stock	**	14,508
	Baxter International Inc.	**	19,566
	Becton, Dickinson and Company	**	7,940
	Berkshire Hathaway Inc. Class B	**	226,640
	BlackRock, Inc.	**	10,251
	Block Inc. Class A	**	33,996
	Boeing Company	**	44,250

(continued)

**Golden State Orthopedics & Spine Profit Sharing 401(k) Plan**  
**(Employer Identification Number 94-3375456)**  
**(Plan Number 002)**  
**Supplemental Schedule Accompanying Form 5500**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)**  
**December 31, 2024**

(a)	(b) Identity of issue, borrower, lessor or similar party (c) Description of investment including maturity date rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Common Stocks: (continued)		
	Bristol-Myers Squibb Company	**	21,798
	Brown-Forman Corporation	**	18,990
	Canadian National Railway Co.	**	20,302
	CenterPoint Energy, Inc.	**	24,339
*	Charles Schwab Corporation New Common Stock	**	21,463
	Cheniere Energy, Inc.	**	107,435
	Chevron Corporation	**	23,059
	Chubb Limited	**	8,842
	Cintas Corporation	**	8,039
	Cisco Systems Inc. Common Stock	**	12,195
	Coinbase Global, Inc.	**	24,830
	Colgate-Palmolive Co.	**	4,273
	Comcast Corporation New Class A	**	30,213
	ConocoPhillips	**	231,956
	Costco Wholesale Corporation New Common Stock	**	77,883
	Coterra Energy Inc. Common Stock	**	21,045
	Devon Energy Corporation	**	114,555
	Dollar General Corporation Common Stock	**	15,164
	Dollar Tree Inc. Common Stock	**	23,681
	DTE Electric Co	**	50,141
	Duke Energy Carolinas	**	48,414
	DXC Technology Company	**	39,960
	Eli Lilly and Company	**	47,769
	Eli Lilly and Company Common Stock	**	223,010
	Elme Communities	**	7,635
	Emerson Electric Co.	**	6,940
	Endeavour Mining PLC Ordinary Shares	**	36,226
	Energy Transfer LP	**	137,130
	EnLink Midstream, LLC	**	28,300
	Entergy Louisiana	**	99,536
	Entergy Mississippi	**	49,089
	ePlus inc.	**	73,880
	Equinox Gold Corp. Common Shares with No Par Value	**	7,530
	Expedia Group, Inc.	**	21,428
	Exxon Mobil Corporation Common Stock	**	110,380
	Federal Farm Credit Banks	**	49,940
	Federal Home Loan Banks	**	49,785

(continued)

**Golden State Orthopedics & Spine Profit Sharing 401(k) Plan**  
**(Employer Identification Number 94-3375456)**  
**(Plan Number 002)**  
**Supplemental Schedule Accompanying Form 5500**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)**  
**December 31, 2024**

(a)	(b) Identity of issue, borrower, lessor or similar party (c) Description of investment including maturity date rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Common Stocks: (continued)		
	First Majestic Silver Corp. Common Shares with No Par Value	**	17,106
	First Republic Bank San Francisco, California New Common Stock	**	3
	Ford Motor Company	**	14,850
	Fortuna Silver Mines Inc. Common Shares with No Par Value	**	10,294
	Franco-Nevada Corporation Common Stock	**	138,798
	General Dynamics Corporation Common Stock	**	22,924
	Genuine Parts Company	**	15,996
	Globe Life Inc. Common Stock	**	18,066
	GSK plc Sponsored American Depositary Receipt New	**	26,413
	Hartford Financial Services Group Inc. Common Stock	**	11,815
	Hecla Mining Company	**	1,112
	Honda Motor Ltd American Depositary Receipt - Each Convertible Into 3 Ordinary	**	10,278
	Honeywell International Inc.	**	22,589
	Hut 8 Mining Corp. Common Stock	**	67,118
	Illinois Tool Works Inc.	**	6,593
	Ingredion Incorporated Common Stock	**	17,195
	Intel Corporation	**	9,968
	Itron, Inc.	**	108,580
	John Deere Capital	**	75,332
	Johnson & Johnson	**	9,545
	Jones Lang LaSalle Incorporated Common Stock	**	14,935
	JPMorgan Chase & Co.	**	157,981
	Kearny Financial Corp.	**	6,740
	Kellogg Company	**	6,154
	Kenvue Inc. Common Stock	**	29,164
	Kinetik Holdings Inc.	**	56,710
	Kontoor Brands, Inc.	**	85,410
	Lockheed Martin Corporation	**	7,775
	Lowe's Companies Inc.	**	8,144
	MAG Silver Corp. Common Shares with No Par Value	**	27,200
	Magnite, Inc.	**	31,840
	Maiden Holdings Ltd. Shares	**	10,140
	Marathon Digital Holdings, Inc. Common Stock	**	44,396
	MasterCard Incorporated Class A	**	169,556
	McDonald's Corporation	**	8,117
	Medtronic plc	**	26,920

(continued)

**Golden State Orthopedics & Spine Profit Sharing 401(k) Plan**  
**(Employer Identification Number 94-3375456)**  
**(Plan Number 002)**  
**Supplemental Schedule Accompanying Form 5500**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)**  
**December 31, 2024**

(a)	(b) Identity of issue, borrower, lessor or similar party (c) Description of investment including maturity date rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Common Stocks: (continued)		
	Merck & Co., Inc.	**	126,759
	Meta Platforms Inc. Class A	**	351,306
	Microsoft Corporation	**	270,802
	MicroStrategy Incorporated	**	57,924
	MicroStrategy Incorporated Class A Common Stock	**	238,800
	MPLX LP	**	100,506
	National Fuel Gas Company Common Stock	**	14,988
	NextEra Energy Inc.	**	5,950
	NNN REIT, Inc. Common Stock	**	13,072
	Norfolk Southern Corp.	**	4,694
	Northrop Grumman Corporation	**	24,386
	NVIDIA Corporation	**	147,048
	ONEOK, Inc.	**	20,080
	OrthoPediatrics Corp.	**	37,018
	Oshkosh Corporation Common Stock	**	12,930
	Oxford Industries, Inc.	**	78,780
	PacifiCorp	**	174,882
	Pan American Silver Corp. Common Stock	**	18,210
	Patterson Companies, Inc.	**	17,745
	Paychex Inc.	**	8,273
	PayPal Holdings, Inc. Common Stock	**	34,140
	PDF Solutions, Inc. Common Stock	**	13,540
	PepsiCo Incorporated	**	5,626
	Pfizer Inc.	**	6,633
	Phillips 66	**	6,038
	Plains All American Pipeline, L.P.	**	119,560
	PMF TEI Fund, LP	**	1,595
	PNC Financial Services Group Inc.	**	21,406
	Potomac Electric Power Co	**	49,847
	PPG Industries Inc. Common Stock	**	13,259
	PPG Industries, Inc.	**	5,256
	Procter & Gamble Co.	**	6,203
	Prologis, Inc.	**	48,736
	Prudential Financial, Inc.	**	10,673
	Public Service Enterprise Group Incorporated	**	24,431
	Realty Income Corporation	**	61,956
	Reinsurance Group of America, Incorporated	**	47,776

(continued)

**Golden State Orthopedics & Spine Profit Sharing 401(k) Plan**  
**(Employer Identification Number 94-3375456)**  
**(Plan Number 002)**  
**Supplemental Schedule Accompanying Form 5500**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)**  
**December 31, 2024**

(a)	(b) Identity of issue, borrower, lessor or similar party (c) Description of investment including maturity date rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Common Stocks: (continued)		
	Riot Platforms, Inc. Common Stock	**	24,842
	Royal Gold, Inc. Common Stock	**	177,785
	Salesforce, Inc.	**	66,866
	Sandstorm Gold Ltd. New Common Shares	**	22,613
	Sanofi Sponsored American Depositary Receipt	**	23,874
	Shell plc Sponsored American Depositary Shares Each Representing 2 Ordinary Shares	**	12,781
	Silvercorp Metals Inc. Common Shares with No Par Value	**	21,951
	Smith & Nephew PLC American Depositary Receipt	**	30,725
	SoundHound AI, Inc.	**	5,952
	Southern Company	**	6,092
	Starbucks Corporation	**	6,296
	Stryker Corporation	**	36,005
	Sunoco LP	**	77,160
	Sunrun Inc. Common Stock	**	1,850
	Sysco Corporation	**	4,435
	Terex Corporation	**	23,110
	Tesla Inc.	**	121,152
	Texas Instruments Incorporated	**	5,063
	The Estée Lauder Companies Inc.	**	49,003
	The Gorman-Rupp Company	**	64,464
	The Home Depot Inc.	**	8,169
	Total Energies SE Sponsored American Depositary Receipt	**	22,127
	Travelers Companies Inc. Common Stock	**	18,067
	Truist Financial Corporation Common Stock	**	19,781
	TRX Corporation	**	7,522
	U.S. Bancorp Delaware New Common Stock	**	19,371
	Unilever PLC Sponsored American Depositary Receipt New	**	25,232
	Union Electric Co	**	24,920
	United Parcel Service Inc. Class B	**	15,763
	UnitedHealth Group Incorporated	**	32,326
	Verizon Communications Inc. Common Stock	**	26,433
	Viatis Inc.	**	1,697
	Visa Inc. Class A	**	107,454
	W. P. Carey Inc.	**	21,738
	Walmart Inc.	**	256,540
	Walt Disney Company	**	7,795

(continued)

**Golden State Orthopedics & Spine Profit Sharing 401(k) Plan**  
**(Employer Identification Number 94-3375456)**  
**(Plan Number 002)**  
**Supplemental Schedule Accompanying Form 5500**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)**  
**December 31, 2024**

(a)	(b) Identity of issue, borrower, lessor or similar party (c) Description of investment including maturity date rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Common Stocks: (continued)		
*	Wells Fargo & Company New Common Stock	**	35,260
	Western Midstream Partners, LP	**	38,430
	Wheaton Precious Metals Corp. Common Shares with No Par Value	**	103,764
	Williams Companies Inc. Common Stock	**	10,391
	Wisconsin Electric Power Co	**	50,040
	Wisconsin Power & Light	**	19,761
	Workday, Inc.	**	77,409
	Workiva Inc.	**	21,900
	Xcel Energy Inc.	**	91,497
	Zimmer Biomet Holdings Inc.	**	44,681
	Zscaler, Inc.	**	108,246
	Zynex, Inc.	**	16,020
	Preferred Stocks:		
	AT&T Inc. Depository Shares Representing 1/1000th Perpetual Preferred Series A 5%	**	21,040
	Goldman Sachs Group Inc. 6.30069% Perpetual Preferred Stock	**	22,950
	Principal Spectrum Preferred and Capital Securities Income Fund Institutional Class	**	73,577
		**	
	Private Real Estate Entity - 30% interest	\$ 70,744	1,377,700
*	Non-interest bearing cash	9,283	9,283
*	Participant loans receivable - 41 loans outstanding with interest rates ranging from 4.25% to 10.50%	-	420,409
	Total assets held at end of year		<u>\$ 106,373,612</u>

\* An asterisk in column (a) denotes a transaction with a party-in-interest to the Plan.

\*\* Cost information is not required as all investments are participant directed.