**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
- [X] 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
- [X] 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
NUVASIVE, INC. 401K PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan
01/01/1999

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
NUVASIVE, INC.

7475 LUSK BLVD
SAN DIEGO, CA 92121

**2b** Employer Identification Number (EIN)
33-0768598

**2c** Plan Sponsor's telephone number
858-909-3352

**2d** Business code (see instructions)
339110

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/30/2025 | HEIDI POTTGEN |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address [X] Same as Plan Sponsor

**3b** Administrator's EIN

**3c** Administrator's telephone number

**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

**a** Sponsor's name

**c** Plan Name

**4b** EIN

**4d** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 3451 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 2394 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 0 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 0 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 0 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 0 |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | 0 |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | 0 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 174 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2S 2T 3D 3H

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

**9a** Plan funding arrangement (check all that apply)

(1) [X] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust
(4) [ ] General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

(1) [X] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust
(4) [ ] 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) [X] **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) [X] **H** (Financial Information)
(2) [ ] **I** (Financial Information – Small Plan)
(3) [X] **A** (Insurance Information) – Number Attached 1
(4) [X] **C** (Service Provider Information)
(5) [ ] **D** (DFE/Participating Plan Information)
(6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code______________________

| SCHEDULE A (Form 5500) | Insurance Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.**<br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | **2024**<br>**This Form is Open to Public Inspection** |

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

| | |
|---|---|
| **A** Name of plan<br>NUVASIVE, INC. 401K PLAN | **B** Three-digit plan number (PN) ▶ 001 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500<br>NUVASIVE, INC. | **D** Employer Identification Number (EIN)<br>33-0768598 |

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

**1** Coverage Information:

**(a)** Name of insurance carrier

VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year **(f)** From | Policy or contract year **(g)** To |
|---|---|---|---|---|---|
| 71-0294708 | 86509 | YH169 | 0 | 01/01/2024 | 12/31/2024 |

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

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| 0 | 0 |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | |
|---|---|---|---|
| | | | |
| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | |
|---|---|---|---|
| | | | |
| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | |
|---|---|---|---|
| | | | |
| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | |
|---|---|---|---|
| | | | |
| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | |
|---|---|---|---|
| | | | |
| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | |
|---|---|---|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | 0 |
| 5 Current value of plan's interest under this contract in separate accounts at year end | 5 | |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

| | | |
|---|---|---|
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | 6d | |

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP PENSION FUNDING

| | | | | |
|---|---|---|---|---|
| b Balance at the end of the previous year | | | 7b | 9411754 |
| c Additions: (1) Contributions deposited during the year | 7c(1) | 709785 | | |
| (2) Dividends and credits | 7c(2) | | | |
| (3) Interest credited during the year | 7c(3) | 166994 | | |
| (4) Transferred from separate account | 7c(4) | | | |
| (5) Other (specify below) | 7c(5) | 45788 | | |
| ▶ * | | | | |
| (6)Total additions | | | 7c(6) | 922567 |
| d Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 10334321 |
| e Deductions: | | | | |
| (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 2989838 | | |
| (2) Administration charge made by carrier | 7e(2) | 43596 | | |
| (3) Transferred to separate account | 7e(3) | | | |
| (4) Other (specify below) | 7e(4) | 7300887 | | |
| ▶ * | | | | |
| (5) Total deductions | | | 7e(5) | 10334321 |
| f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 0 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

## Part IV Provision of Information

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

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
| --- | --- | --- |
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2024**<br>**This Form is Open to Public Inspection.** |

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

| | |
| --- | --- |
| **A** Name of plan<br>NUVASIVE, INC. 401K PLAN | **B** Three-digit plan number (PN) ▶ 001 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500<br>NUVASIVE, INC. | **D** Employer Identification Number (EIN)<br>33-0768598 |

## 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).. . . . . . . . . . . . . . . [X] Yes [ ] No

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

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

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

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

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

RETIREMENT INSURANCE & ANNUITY

71-0294708

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered “Yes” to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 26 64 | SERVICE PROVIDER | 360848 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

VOYA RETIREMENT ADVISORS, LLC

02-0488491

| (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 | SERVICE PROVIDER | 37950 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

MORNINGSTAR INVESTMENT MANAGEMENT

36-4317381

| (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 | SERVICE PROVIDER | 19465 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

**Part II** **Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

**A** Name of plan
NUVASIVE, INC. 401K PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
NUVASIVE, INC.

**D** Employer Identification Number (EIN)
33-0768598

## Part I Asset and Liability Statement

**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.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | | |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | | |
| **c** General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| (2) U.S. Government securities | 1c(2) | | |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | | |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | 2103806 | 0 |
| (9) Value of interest in common/collective trusts | 1c(9) | | |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 241325321 | 0 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 9411754 | 0 |
| (15) Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| (1) Employer securities | 1d(1) | | |
| (2) Employer real property | 1d(2) | | |
| **e** Buildings and other property used in plan operation | 1e | | |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 252840881 | 0 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | | |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 252840881 | 0 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| **Income** | | (a) Amount | (b) Total |
|---|---|---|---|
| **a Contributions:** | | | |
| (1) Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 7669015 | |
| **(B)** Participants | 2a(1)(B) | 18797712 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 1859223 | |
| (2) Noncash contributions | 2a(2) | | |
| (3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 28325950 |
| **b Earnings on investments:** | | | |
| (1) Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | 134546 | |
| **(F)** Other | 2b(1)(F) | 166995 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 301541 |
| (2) Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 7886448 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 7886448 |
| (3) Rents | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| (5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | **(a)** Amount | **(b)** Total |
|---|---|---|---|
| **(6)** Net investment gain (loss) from common/collective trusts | **2b(6)** | | |
| **(7)** Net investment gain (loss) from pooled separate accounts | **2b(7)** | | |
| **(8)** Net investment gain (loss) from master trust investment accounts | **2b(8)** | | |
| **(9)** Net investment gain (loss) from 103-12 investment entities | **2b(9)** | | |
| **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | **2b(10)** | | 30078085 |
| **c** Other income | **2c** | | 89802 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | **2d** | | 66681826 |

## Expenses

| | | | |
|---|---|---|---|
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | **2e(1)** | 45725912 | |
| **(2)** To insurance carriers for the provision of benefits | **2e(2)** | | |
| **(3)** Other | **2e(3)** | | |
| **(4)** Total benefit payments. Add lines **2e(1)** through **(3)** | **2e(4)** | | 45725912 |
| **f** Corrective distributions (see instructions) | **2f** | | |
| **g** Certain deemed distributions of participant loans (see instructions) | **2g** | | 79182 |
| **h** Interest expense | **2h** | | |
| **i** Administrative expenses: | | | |
| **(1)** Salaries and allowances | **2i(1)** | | |
| **(2)** Contract administrator fees | **2i(2)** | 242695 | |
| **(3)** Recordkeeping fees | **2i(3)** | | |
| **(4)** IQPA audit fees | **2i(4)** | | |
| **(5)** Investment advisory and investment management fees | **2i(5)** | 78303 | |
| **(6)** Bank or trust company trustee/custodial fees | **2i(6)** | | |
| **(7)** Actuarial fees | **2i(7)** | | |
| **(8)** Legal fees | **2i(8)** | | |
| **(9)** Valuation/appraisal fees | **2i(9)** | | |
| **(10)** Other trustee fees and expenses | **2i(10)** | | |
| **(11)** Other expenses | **2i(11)** | 39850 | |
| **(12)** Total administrative expenses. Add lines **2i(1)** through **(11)** | **2i(12)** | | 360848 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | **2j** | | 46165942 |

## Net Income and Reconciliation

| | | | |
|---|---|---|---|
| **k** Net income (loss). Subtract line **2j** from line **2d** | **2k** | | 20515884 |
| **l** Transfers of assets: | | | |
| **(1)** To this plan | **2l(1)** | | |
| **(2)** From this plan | **2l(2)** | | 273356765 |

## 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)** [X] 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)** [X] 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: HUTCHINSON & BLOODGOOD, LLP **(2)** EIN: 95-0858589

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

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

## Part IV Compliance Questions

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

| | During the plan year: | | Yes | No | Amount |
|---|---|---|---|---|---|
| **a** | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | **4a** | X | | 7073037 |
| **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.) | **4b** | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | |
| **e** | Was this plan covered by a fidelity bond? | **4e** | X | | 1000000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | | X | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | X | | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | X | | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | X | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [X] Yes [ ] No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| GLOBUS MEDICAL INC. 401(K) PLAN | 04-3744954 | 001 |
| | | |
| | | |
| | | |

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

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

| SCHEDULE R (Form 5500) | Retirement Plan Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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).<br>▶ **File as an attachment to Form 5500.** | **2024**<br>**This Form is Open to Public Inspection.** |

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

**A** Name of plan
NUVASIVE, INC. 401K PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
NUVASIVE, INC.

**D** Employer Identification Number (EIN)
33-0768598

## Part I Distributions

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

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

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

EIN(s): 71-0294708 ____________

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

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

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ........ ☐ Yes ☐ No ☐ N/A

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month ______ Day ______ Year ______

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6 a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ........ **6a** 

**b** Enter the amount contributed by the employer to the plan for this plan year ........ **6b** 

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ........ **6c** 

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

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

| | | |
|---|---|---|
| **a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) | **14a** | |
| **b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14b** | |
| **c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14c** | |

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

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

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

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

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

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

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

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

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

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.________________________________

## Part VII IRS Compliance Questions

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702844A .

# NuVasive, Inc. 401(k) Plan

Financial Report

Years ended December 31, 2024 and 2023

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YOUR PARTNER FOR SUCCESS
SINCE 1922

(619) 849-6500
7676 Hazard Center Dr., Suite 1150
San Diego, CA 92108

**INDEPENDENT AUDITORS' REPORT**

To the Plan Administrator
NuVasive, Inc. 401(k) Plan
San Diego, California

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

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

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

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

**Opinion**

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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

**Responsibilities of Management for the Financial Statements**
Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not effect management's responsibility for the financial statements.

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

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

**Auditors' Responsibilities for the Audit of the Financial Statements**
Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

**Other Matters - Supplemental Schedule Required by ERISA**
The supplemental schedule of delinquent participant contributions for the year ended December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Hutchinson and Bloodgood LLP

October 28, 2025

Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

| | 2024 | 2023 |
|---|---|---|
| **ASSETS** | | |
| Investments, at fair value: | | |
| Mutual funds held within pooled separate accounts | $ -- | $ 241,325,321 |
| Investments, at contract value: | | |
| Fully benefit-responsive investment contract | -- | 9,411,754 |
| Total investments | -- | 250,737,075 |
| Receivables: | | |
| Notes receivable from participants | -- | 2,103,808 |
| Employer contributions receivable | -- | 50,752 |
| Total receivables | -- | 2,154,560 |
| Total assets | -- | 252,891,635 |
| **LIABILITIES** | -- | -- |
| Net assets available for benefits | $ -- | $ 252,891,635 |

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

Statements of Changes in Net Assets Available for Benefits
Years ended December 31, 2024 and 2023

| | 2024 | 2023 |
|---|---|---|
| **ADDITIONS TO NET ASSETS ATTRIBUTED TO:** | | |
| Investment income: | | |
| Net appreciation in fair value of investments | **$ 30,078,085** | $ 34,580,547 |
| Dividend income | **7,886,571** | 6,611,107 |
| Interest income | **166,872** | 156,494 |
| Other income | **79,161** | -- |
| Net investment income | **38,210,689** | 41,348,148 |
| Interest income on notes receivable from participants | **145,187** | 120,874 |
| Contributions: | | |
| Participant contributions | **18,797,712** | 21,904,656 |
| Rollover contributions | **1,859,223** | 1,229,148 |
| Employer contributions, net of forfeitures used of $534,223 and $343,089, respectively | **7,618,264** | 8,938,463 |
| Other loss | **--** | (652) |
| Total contributions | **28,275,199** | 32,071,615 |
| Total additions | **66,631,075** | 73,540,637 |
| **DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:** | | |
| Distributions to participants | **45,805,094** | 19,142,104 |
| Administrative expenses | **360,848** | 398,396 |
| Total deductions | **46,165,942** | 19,540,500 |
| Net increase before transfers | **20,465,133** | 54,000,137 |
| Transfer out to Globus Medical Inc., 401k Plan (see Note 1) | **273,356,768** | -- |
| **NET ASSETS AVAILABLE FOR BENEFITS** | | |
| Beginning of year | **252,891,635** | 198,891,498 |
| End of year | **$ --** | $ 252,891,635 |

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

## NOTE 1. DESCRIPTION OF THE PLAN

The following description of the NuVasive, Inc. 401(k) Plan (the Plan) is provided for general information purposes only. More complete information regarding the Plan's provisions may be found in the plan document.

**General:** The Plan is a defined contribution plan covering substantially all employees of NuVasive, Inc. and its wholly owned subsidiaries, NuVasive Clinical Services Monitoring, Inc. (NCSM), NuVasive Clinical Services, Inc. (NCS), NuVasive Manufacturing, LLC (NML), NuVasive Specialized Orthopedics, Inc. (NSO), American Neuromonitoring Associates, P.C. (ANA), Pacific Neuromonitoring Associates, Inc. (PNA), Midwest Neuromonitoring Associates, PLLC (MNA), and North Pacific Neuromonitoring Associates, P.C. (NPNA), (the Company), except for employees covered by collective bargaining agreements, employees of affiliates, leased employees, interns, and co-op employees.

Effective February 24, 2021, the Plan was amended to recognize employee's prior service with Simplify Medical, Inc. for purposes of vesting.

The Plan provides participants with a salary deferral option pursuant to Section 401(k) of the Internal Revenue Code (IRC). The Company serves as the administrator of the Plan. The Plan engages Voya Institutional Trust Company (the Custodian) to hold and invest plan assets and execute plan transactions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective December 31, 2024, amendments to the Plan were adopted whereby all plan assets were merged with the Globus Medical Inc., 401k Plan.

**Contributions**: Participants are auto-enrolled in the Plan at 3% of compensation, generally beginning with the payroll period following 30 days of employment. Deferral percentage increases by 1% on June 1st of each year, for all participants except those who have made an affirmative election that is at least equal to the automatic deferral amount. Escalation will end once the participant reaches the maximum of 8%.

Eligible employees may elect to defer a percentage of their pre-tax annual compensation as defined in the Plan. Participants may also make contributions to the Plan on an after-tax basis by designating deferrals as Roth deferrals. The maximum employee contribution permitted by the Internal Revenue Service (IRS) for calendar years 2024 and 2023 were $23,000 and $22,500, respectively. In addition, participants who had attained age 50 by year end could also make catch-up contributions for calendar years 2024 and 2023 of $7,500.

## NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

**Contributions (Continued):** The Company may make a discretionary matching contribution that equals a percentage of participants' 401(k) salary deferrals. The percentage is determined each year. The Company made discretionary matching contributions of 50% of the first 8% of wages deferred to the Plan for the years ended December 31, 2024 and 2023.

The Company may make a discretionary profit sharing contribution to the Plan. To be eligible for an allocation of the discretionary contribution, a participant must be employed as of the last day of the year or if not, must have completed more than 500 hours of service during the plan year. Discretionary contributions to the Plan are to be allocated to all eligible participants on the basis of their relative compensation to the total compensation of all eligible participants. The Company did not make any discretionary profit sharing contributions to the Plan for the years ended December 31, 2024 and 2023.

The Company may make non-elective, qualified non-elective (QNEC) or qualified matching contributions, to the extent necessary to satisfy the non-discrimination tests.

**Participant Accounts:** Each participant's interest in the Plan is maintained in three sub-accounts within one main account. These sub-accounts are: the employee deferral, the Company’s discretionary contributions, and rollover contributions from an employee's previous plan(s). The sub-accounts are credited with the appropriate contributions and any earnings or losses resulting from the investment of those contributions is credited on the valuation date. Participants may select investment options in which contributions made by them or on their behalf by the Company will be invested.

**Vesting:** Participants are 100% vested in their employee deferral's plus actual earnings thereon.

Vesting in the Company's discretionary matching and profit sharing contributions, plus actual earnings thereon, is based on years of continuous service. Years of service for vesting purposes is based upon the completion of 1,000 hours of service within the plan year. Periods of service with employers merged into the Company are counted for vesting purposes.

Participant vesting in the Company's discretionary matching contributions is as follows:

| Years of Service | Vested Percentage |
|---|---|
| Less than 1 | 0% |
| 1 but less than 2 | 33-1/3% |
| 2 but less than 3 | 66% |
| 3 or more | 100% |

**NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)**

**Vesting (Continued):** Participants previously participating in the Calder Development Associates 401(k), vest in contributions to the profit sharing source as follows:

| Years of Service | Vested Percentage |
|---|---|
| Less than 2 | 0% |
| 2 but less than 3 | 50% |
| 3 but less than 4 | 75% |
| 4 or more | 100% |

Participant vesting in the Company's discretionary profit sharing contributions for all other participants, is as follows:

| Years of Service | Vested Percentage |
|---|---|
| Less than 2 | 0% |
| 2 but less than 3 | 20% |
| 3 but less than 4 | 40% |
| 4 but less than 5 | 60% |
| 5 but less than 6 | 80% |
| 6 or more | 100% |

**Forfeitures:** Participants who are not 100% vested will forfeit the nonvested portion of the Company discretionary contributions upon termination of employment. Forfeitures will be used to reduce plan administrative expenses, to offset the Company's discretionary contributions or non-elective contributions, or used to reinstate previously forfeited account balances of former participants. Forfeitures used to pay plan expenses during 2024 and 2023 were $32,564 and $85,210, respectively. Forfeitures available to be used as of December 31, 2024 and 2023 were approximately $0 and $535,800, respectively.

**Payments of Benefits**: Upon retirement, death, disability or other termination of service, if the participant's vested account does not exceed $1,000, distribution is made in a lump sum. If the participant's vested account exceeds $1,000, the participant may elect to receive a lump-sum payment or defer receipt of payment according to plan provisions.

Active participants may withdraw all or a portion of their account balances upon attaining age 59 1/2. In-service withdrawals of funds merged in from prior plans are allowed at any time.

Hardship distributions are allowed upon experiencing a financial hardship as defined by the IRC. Such withdrawals are subject to applicable excise and income taxes, and may only be made with the approval of the plan administrator.

**Administrative Expenses:** Administrative expenses are borne by both the Plan and the Company. Administrative expenses charged to the Plan include investment advisor fees, record-keeping fees, advisory fees, audit fees, distribution fees, and loan fees.

## NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

**Investment Options:** Upon enrollment in the Plan, a participant may direct contributions to any combination of the following investment options:

- **Bonds**: Investments in fixed income securities seeking income or growth of income with varying maturities.
- **LifeStyle and LifeCycle Funds**: Investments in a combination of aggressive stocks, international stocks, large-company stocks, government bonds, foreign bonds or money markets. The allocation to each asset type is tailored based upon the stated objective and target date of the particular fund.
- **Balanced**: Investments in stocks and bonds to achieve growth of principal and income.
- **Large Cap Value**: Investments in stocks of larger, mature companies seeking capital appreciation and dividend income.
- **Large Cap Growth**: Investments in stocks of larger, rapidly growing, U.S. companies seeking capital gains rather than dividend income.
- **Small/Mid/Specialty**: Investments in stocks of small and medium sized companies demonstrating above average earnings growth potential seeking capital appreciation.
- **Globe/International**: Investments in stocks of non-U.S. companies seeking a diversified portfolio of capital appreciation and income.
- **Guaranteed investment:** Stability of principal is the primary objective of this investment. Investment in a fixed annuity whereby principal and interest are guaranteed. The investment guarantees a minimum rate of interest and may credit interest that exceeds the minimum. Investment withdrawals for other than the payment of benefits to participants may be subject to market value adjustment and a surrender charge.

## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Method of Accounting:** The financial statements of the Plan are prepared using the accrual method of accounting.

**Use of Estimates:** The preparation of financial statements in conformity with U.S. GAAP requires plan management to make estimates and assumptions that affect the reported amounts and disclosures at the date of the financial statements and reported amounts during the reporting period. Actual results could differ from the estimated amounts.

## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

**Accounting for Fully Benefit-Responsive Investments:** Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement attribute, for that portion of the net assets attributable to fully benefit-responsive investment contracts, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

**Investment Valuation and Income Recognition:** Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in the fair value of investments consists of net realized gains or losses and the net unrealized appreciation or depreciation in the fair value of investments that were both purchased and sold during the period as well as investments held at year-end.

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

**Payments of Benefits**: Benefits are recorded when paid.

**Excess Contributions Payable:** Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions.

## NOTE 3. INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN

The Voya Retirement Insurance and Annuity Company is the Custodian of the Plan (Custodian) and has certified certain information for the years ended December 31, 2024 and 2023, and that information was not audited in accordance with the Plan Administrator's instructions and as permitted by Section 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Information included in the accompanying financial statements and supplementary schedule, certified by the Custodian, consists of the following:

| | **2024** | 2023 |
|---|---|---|
| Investments, at fair value | | |
| Mutual funds held within pooled separate accounts | **$ --** | $ 241,325,321 |
| Investments, at contract value | | |
| Guaranteed investment | **$ --** | $ 9,411,754 |
| Notes receivable from participants | **$ --** | $ 2,103,808 |
| Net investment income | **$ 38,210,689** | $ 41,348,148 |
| Interest income on notes receivable from participants | **$ 145,187** | $ 120,874 |

## NOTE 4. INVESTMENTS

The Plan provides for various investment options in mutual funds and other securities. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in those factors in the near term would materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

## NOTE 5. FAIR VALUE MEASUREMENTS

The fair value measurement topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

- Level 1. Inputs to valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

**NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)**

- Level 2. Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3. Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

- Mutual funds held in pooled separate accounts are valued at quoted market prices obtained for the underlying mutual fund which is then adjusted to apply the expense factor disclosed in the annuity contract and have been considered level 1 investments.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair value. Furthermore, while the Plan Administrator believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

## NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

| | Assets at fair value as of December 31, 2024 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds held within pooled separate accounts | $ -- | $ -- | $ -- | $ -- |

| | Assets at fair value as of December 31, 2023 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds held within pooled separate accounts | $241,325,321 | $ -- | $ -- | $241,325,321 |
| | $241,325,321 | $ -- | $ -- | $241,325,321 |

## NOTE 6. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan participates in an unallocated traditional investment contract with Voya by investing in the Voya Fixed Account. As discussed in Note 2, the Voya Fixed Account is included in the Statements of Net Assets Available for Benefits at contract value. The fund is fully benefit-responsive, therefore, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the Fund. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against the Fund value for credit risk of the Fund issuer or otherwise.

The issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The credited interest rate is based on a formula agreed upon with the issuer, however, not to be less than 1%. Such interest rates are reviewed at least annually for resetting.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

## NOTE 6. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT (CONTINUED)

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) bankruptcy of the plan sponsor or other plan events that cause a significant withdrawal from the Plan (3) the failure of the Trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that the occurrence of any such event is probable.

There are no events that would allow the issuer to terminate the contract and settle at an amount different from contract value.

## NOTE 7. NOTES RECEIVABLE FROM PARTICIPANTS

A participant may borrow, from his or her account, a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at the same rate as the prevailing interest rates charged by lenders for loans under similar circumstances. The repayment term of the loan is not to exceed five years, except for loans used to purchase or improve the participant's primary residence, which has a repayment term not to exceed 30 years.

## NOTE 8. FEDERAL INCOME TAX STATUS

The Company adopted a prototype non-standardized profit sharing plan with a cash or deferral arrangement, which received a favorable opinion letter from the Internal Revenue Service (IRS) on June 30, 2020 stating that the Plan and related Trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the opinion letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

U.S. GAAP require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authority. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that 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 audit by taxing jurisdictions, however, there are currently no audits for any tax periods in progress.

## NOTE 9. PARTICIPANT WITHDRAWALS AND DISTRIBUTIONS

At December 31, 2024 and 2023, there were no unpaid distributions included in accounts of participants who have elected to withdraw from participation in the Plan.

**NOTE 10. PARTY-IN-INTEREST TRANSACTIONS**

As of December 31, 2024 and 2023, certain plan investments are invested in shares of mutual funds managed by Voya Institutional Trust Company, the Custodian of the Plan. Therefore, these transactions qualify as party-in-interest transactions under ERISA.

**NOTE 11. RECONCILIATION TO FORM 5500**

The following is a reconciliation of net assets available for benefits reported in the financial statements at December 31, 2024 and 2023 to the amounts in Form 5500:

| | **2024** | 2023 |
|---|---|---|
| Net assets available for benefits per the financial statements | **$ --** | $ 252,891,635 |
| Employer contributions receivable | **--** | (50,752) |
| Rounding | **--** | (2) |
| Net assets available for benefits per the Form 5500 | **$ --** | $ 252,840,881 |

The following is a reconciliation of changes in net assets available for benefits reported in the financial statements for the years ended December 31, 2024 and 2023 to the amounts in Form 5500:

| | **2024** | 2023 |
|---|---|---|
| Net increase before transfers per the financial statements | **$ 20,465,133** | $ 54,000,137 |
| Employer contributions receivable | **--** | (50,752) |
| Prior year employer contributions received | **50,752** | 280,700 |
| Rounding | **(1)** | (1) |
| Net increase per the Form 5500 | **$ 20,515,884** | $ 54,230,084 |

## NOTE 12. PROHIBITED TRANSACTIONS

**Delinquent Contributions:** During the year ended December 31, 2024, the Company inadvertently failed to deposit participants deferrals timely. The DOL considers late deposits to be prohibited transactions. The plan sponsor will reimburse the Plan for lost interest and will pay applicable excise tax in 2025.

## NOTE 13. SUBSEQUENT EVENTS

Management has evaluated its December 31, 2024 and 2023 financial statements for subsequent events through October 28, 2025, the date of issuance of the financial statements. The Company is not aware of any additional subsequent events that would require recognition or disclosure in the financial statements.

# SUPPLEMENTAL SCHEDULE

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
E.I.N. 33-0768598, Plan No. 001

| December 31, 2024 | Total that Constitute Non-exempt Prohibited Transaction | | | |
|---|---|---|---|---|
| Participant Contributions Transferred Late to Plan | Contributions not Corrected | Contributions Corrected Outside *VFCP | Contributions Pending Correction in VFCP | Total Fully Corrected Under VFCP and **PTE 2002-51 |
| Check here if late participant loan repayments are included N/A | $7,073,067 | N/A | N/A | N/A |

*Voluntary Fiduciary Correction Program
**Prohibited Transaction Exemption

# NuVasive, Inc. 401(k) Plan

Financial Report

Years ended December 31, 2024 and 2023

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(619) 849-6500
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San Diego, CA 92108

**INDEPENDENT AUDITORS' REPORT**

To the Plan Administrator
NuVasive, Inc. 401(k) Plan
San Diego, California

**Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**
We have performed audits of the financial statements of NuVasive, Inc. 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

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

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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

**Responsibilities of Management for the Financial Statements**
Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not effect management's responsibility for the financial statements.

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

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

**Auditors' Responsibilities for the Audit of the Financial Statements**
Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

**Other Matters - Supplemental Schedule Required by ERISA**
The supplemental schedule of delinquent participant contributions for the year ended December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Hutchinson and Bloodgood LLP

October 28, 2025

Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

| | 2024 | 2023 |
|---|---|---|
| **ASSETS** | | |
| Investments, at fair value: | | |
| Mutual funds held within pooled separate accounts | $ -- | $ 241,325,321 |
| Investments, at contract value: | | |
| Fully benefit-responsive investment contract | -- | 9,411,754 |
| Total investments | -- | 250,737,075 |
| Receivables: | | |
| Notes receivable from participants | -- | 2,103,808 |
| Employer contributions receivable | -- | 50,752 |
| Total receivables | -- | 2,154,560 |
| Total assets | -- | 252,891,635 |
| **LIABILITIES** | -- | -- |
| Net assets available for benefits | $ -- | $ 252,891,635 |

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

Statements of Changes in Net Assets Available for Benefits
Years ended December 31, 2024 and 2023

| | **2024** | 2023 |
|---|---|---|
| **ADDITIONS TO NET ASSETS ATTRIBUTED TO:** | | |
| Investment income: | | |
| Net appreciation in fair value of investments | **$ 30,078,085** | $ 34,580,547 |
| Dividend income | **7,886,571** | 6,611,107 |
| Interest income | **166,872** | 156,494 |
| Other income | **79,161** | -- |
| Net investment income | **38,210,689** | 41,348,148 |
| Interest income on notes receivable from participants | **145,187** | 120,874 |
| Contributions: | | |
| Participant contributions | **18,797,712** | 21,904,656 |
| Rollover contributions | **1,859,223** | 1,229,148 |
| Employer contributions, net of forfeitures used of $534,223 and $343,089, respectively | **7,618,264** | 8,938,463 |
| Other loss | **--** | (652) |
| Total contributions | **28,275,199** | 32,071,615 |
| Total additions | **66,631,075** | 73,540,637 |
| **DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:** | | |
| Distributions to participants | **45,805,094** | 19,142,104 |
| Administrative expenses | **360,848** | 398,396 |
| Total deductions | **46,165,942** | 19,540,500 |
| Net increase before transfers | **20,465,133** | 54,000,137 |
| Transfer out to Globus Medical Inc., 401k Plan (see Note 1) | **273,356,768** | -- |
| **NET ASSETS AVAILABLE FOR BENEFITS** | | |
| Beginning of year | **252,891,635** | 198,891,498 |
| End of year | **$ --** | $ 252,891,635 |

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

## NOTE 1. DESCRIPTION OF THE PLAN

The following description of the NuVasive, Inc. 401(k) Plan (the Plan) is provided for general information purposes only. More complete information regarding the Plan's provisions may be found in the plan document.

**General:** The Plan is a defined contribution plan covering substantially all employees of NuVasive, Inc. and its wholly owned subsidiaries, NuVasive Clinical Services Monitoring, Inc. (NCSM), NuVasive Clinical Services, Inc. (NCS), NuVasive Manufacturing, LLC (NML), NuVasive Specialized Orthopedics, Inc. (NSO), American Neuromonitoring Associates, P.C. (ANA), Pacific Neuromonitoring Associates, Inc. (PNA), Midwest Neuromonitoring Associates, PLLC (MNA), and North Pacific Neuromonitoring Associates, P.C. (NPNA), (the Company), except for employees covered by collective bargaining agreements, employees of affiliates, leased employees, interns, and co-op employees.

Effective February 24, 2021, the Plan was amended to recognize employee's prior service with Simplify Medical, Inc. for purposes of vesting.

The Plan provides participants with a salary deferral option pursuant to Section 401(k) of the Internal Revenue Code (IRC). The Company serves as the administrator of the Plan. The Plan engages Voya Institutional Trust Company (the Custodian) to hold and invest plan assets and execute plan transactions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective December 31, 2024, amendments to the Plan were adopted whereby all plan assets were merged with the Globus Medical Inc., 401k Plan.

**Contributions**: Participants are auto-enrolled in the Plan at 3% of compensation, generally beginning with the payroll period following 30 days of employment. Deferral percentage increases by 1% on June 1st of each year, for all participants except those who have made an affirmative election that is at least equal to the automatic deferral amount. Escalation will end once the participant reaches the maximum of 8%.

Eligible employees may elect to defer a percentage of their pre-tax annual compensation as defined in the Plan. Participants may also make contributions to the Plan on an after-tax basis by designating deferrals as Roth deferrals. The maximum employee contribution permitted by the Internal Revenue Service (IRS) for calendar years 2024 and 2023 were $23,000 and $22,500, respectively. In addition, participants who had attained age 50 by year end could also make catch-up contributions for calendar years 2024 and 2023 of $7,500.

## NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

**Contributions (Continued):** The Company may make a discretionary matching contribution that equals a percentage of participants' 401(k) salary deferrals. The percentage is determined each year. The Company made discretionary matching contributions of 50% of the first 8% of wages deferred to the Plan for the years ended December 31, 2024 and 2023.

The Company may make a discretionary profit sharing contribution to the Plan. To be eligible for an allocation of the discretionary contribution, a participant must be employed as of the last day of the year or if not, must have completed more than 500 hours of service during the plan year. Discretionary contributions to the Plan are to be allocated to all eligible participants on the basis of their relative compensation to the total compensation of all eligible participants. The Company did not make any discretionary profit sharing contributions to the Plan for the years ended December 31, 2024 and 2023.

The Company may make non-elective, qualified non-elective (QNEC) or qualified matching contributions, to the extent necessary to satisfy the non-discrimination tests.

**Participant Accounts:** Each participant's interest in the Plan is maintained in three sub-accounts within one main account. These sub-accounts are: the employee deferral, the Company’s discretionary contributions, and rollover contributions from an employee's previous plan(s). The sub-accounts are credited with the appropriate contributions and any earnings or losses resulting from the investment of those contributions is credited on the valuation date. Participants may select investment options in which contributions made by them or on their behalf by the Company will be invested.

**Vesting:** Participants are 100% vested in their employee deferral's plus actual earnings thereon.

Vesting in the Company's discretionary matching and profit sharing contributions, plus actual earnings thereon, is based on years of continuous service. Years of service for vesting purposes is based upon the completion of 1,000 hours of service within the plan year. Periods of service with employers merged into the Company are counted for vesting purposes.

Participant vesting in the Company's discretionary matching contributions is as follows:

| Years of Service | Vested Percentage |
|---|---|
| Less than 1 | 0% |
| 1 but less than 2 | 33-1/3% |
| 2 but less than 3 | 66% |
| 3 or more | 100% |

## NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

**Vesting (Continued):** Participants previously participating in the Calder Development Associates 401(k), vest in contributions to the profit sharing source as follows:

| Years of Service | Vested Percentage |
|---|---|
| Less than 2 | 0% |
| 2 but less than 3 | 50% |
| 3 but less than 4 | 75% |
| 4 or more | 100% |

Participant vesting in the Company's discretionary profit sharing contributions for all other participants, is as follows:

| Years of Service | Vested Percentage |
|---|---|
| Less than 2 | 0% |
| 2 but less than 3 | 20% |
| 3 but less than 4 | 40% |
| 4 but less than 5 | 60% |
| 5 but less than 6 | 80% |
| 6 or more | 100% |

**Forfeitures:** Participants who are not 100% vested will forfeit the nonvested portion of the Company discretionary contributions upon termination of employment. Forfeitures will be used to reduce plan administrative expenses, to offset the Company's discretionary contributions or non-elective contributions, or used to reinstate previously forfeited account balances of former participants. Forfeitures used to pay plan expenses during 2024 and 2023 were $32,564 and $85,210, respectively. Forfeitures available to be used as of December 31, 2024 and 2023 were approximately $0 and $535,800, respectively.

**Payments of Benefits**: Upon retirement, death, disability or other termination of service, if the participant's vested account does not exceed $1,000, distribution is made in a lump sum. If the participant's vested account exceeds $1,000, the participant may elect to receive a lump-sum payment or defer receipt of payment according to plan provisions.

Active participants may withdraw all or a portion of their account balances upon attaining age 59 1/2. In-service withdrawals of funds merged in from prior plans are allowed at any time.

Hardship distributions are allowed upon experiencing a financial hardship as defined by the IRC. Such withdrawals are subject to applicable excise and income taxes, and may only be made with the approval of the plan administrator.

**Administrative Expenses:** Administrative expenses are borne by both the Plan and the Company. Administrative expenses charged to the Plan include investment advisor fees, record-keeping fees, advisory fees, audit fees, distribution fees, and loan fees.

**NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)**

**Investment Options:** Upon enrollment in the Plan, a participant may direct contributions to any combination of the following investment options:

- **Bonds**: Investments in fixed income securities seeking income or growth of income with varying maturities.
- **LifeStyle and LifeCycle Funds**: Investments in a combination of aggressive stocks, international stocks, large-company stocks, government bonds, foreign bonds or money markets. The allocation to each asset type is tailored based upon the stated objective and target date of the particular fund.
- **Balanced**: Investments in stocks and bonds to achieve growth of principal and income.
- **Large Cap Value**: Investments in stocks of larger, mature companies seeking capital appreciation and dividend income.
- **Large Cap Growth**: Investments in stocks of larger, rapidly growing, U.S. companies seeking capital gains rather than dividend income.
- **Small/Mid/Specialty**: Investments in stocks of small and medium sized companies demonstrating above average earnings growth potential seeking capital appreciation.
- **Globe/International**: Investments in stocks of non-U.S. companies seeking a diversified portfolio of capital appreciation and income.
- **Guaranteed investment:** Stability of principal is the primary objective of this investment. Investment in a fixed annuity whereby principal and interest are guaranteed. The investment guarantees a minimum rate of interest and may credit interest that exceeds the minimum. Investment withdrawals for other than the payment of benefits to participants may be subject to market value adjustment and a surrender charge.

**NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Method of Accounting:** The financial statements of the Plan are prepared using the accrual method of accounting.

**Use of Estimates:** The preparation of financial statements in conformity with U.S. GAAP requires plan management to make estimates and assumptions that affect the reported amounts and disclosures at the date of the financial statements and reported amounts during the reporting period. Actual results could differ from the estimated amounts.

## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

**Accounting for Fully Benefit-Responsive Investments:** Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement attribute, for that portion of the net assets attributable to fully benefit-responsive investment contracts, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

**Investment Valuation and Income Recognition:** Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in the fair value of investments consists of net realized gains or losses and the net unrealized appreciation or depreciation in the fair value of investments that were both purchased and sold during the period as well as investments held at year-end.

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

**Payments of Benefits**: Benefits are recorded when paid.

**Excess Contributions Payable:** Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions.

## NOTE 3. INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN

The Voya Retirement Insurance and Annuity Company is the Custodian of the Plan (Custodian) and has certified certain information for the years ended December 31, 2024 and 2023, and that information was not audited in accordance with the Plan Administrator's instructions and as permitted by Section 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Information included in the accompanying financial statements and supplementary schedule, certified by the Custodian, consists of the following:

| | **2024** | 2023 |
|---|---|---|
| Investments, at fair value | | |
| Mutual funds held within pooled separate accounts | **$ --** | $ 241,325,321 |
| Investments, at contract value | | |
| Guaranteed investment | **$ --** | $ 9,411,754 |
| Notes receivable from participants | **$ --** | $ 2,103,808 |
| Net investment income | **$ 38,210,689** | $ 41,348,148 |
| Interest income on notes receivable from participants | **$ 145,187** | $ 120,874 |

## NOTE 4. INVESTMENTS

The Plan provides for various investment options in mutual funds and other securities. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in those factors in the near term would materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

## NOTE 5. FAIR VALUE MEASUREMENTS

The fair value measurement topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

- Level 1. Inputs to valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

**NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)**

- Level 2. Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3. Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

- Mutual funds held in pooled separate accounts are valued at quoted market prices obtained for the underlying mutual fund which is then adjusted to apply the expense factor disclosed in the annuity contract and have been considered level 1 investments.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair value. Furthermore, while the Plan Administrator believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

## NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

| | Assets at fair value as of December 31, 2024 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds held within pooled separate accounts | $ -- | $ -- | $ -- | $ -- |

| | Assets at fair value as of December 31, 2023 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds held within pooled separate accounts | $241,325,321 | $ -- | $ -- | $241,325,321 |
| | $241,325,321 | $ -- | $ -- | $241,325,321 |

## NOTE 6. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan participates in an unallocated traditional investment contract with Voya by investing in the Voya Fixed Account. As discussed in Note 2, the Voya Fixed Account is included in the Statements of Net Assets Available for Benefits at contract value. The fund is fully benefit-responsive, therefore, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the Fund. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against the Fund value for credit risk of the Fund issuer or otherwise.

The issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The credited interest rate is based on a formula agreed upon with the issuer, however, not to be less than 1%. Such interest rates are reviewed at least annually for resetting.

The Plan’s ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer’s ability to meet its financial obligations. The issuer’s ability to meet its contractual obligations may be affected by future economic and regulatory developments.

## NOTE 6. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT (CONTINUED)

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) bankruptcy of the plan sponsor or other plan events that cause a significant withdrawal from the Plan (3) the failure of the Trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that the occurrence of any such event is probable.

There are no events that would allow the issuer to terminate the contract and settle at an amount different from contract value.

## NOTE 7. NOTES RECEIVABLE FROM PARTICIPANTS

A participant may borrow, from his or her account, a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at the same rate as the prevailing interest rates charged by lenders for loans under similar circumstances. The repayment term of the loan is not to exceed five years, except for loans used to purchase or improve the participant's primary residence, which has a repayment term not to exceed 30 years.

## NOTE 8. FEDERAL INCOME TAX STATUS

The Company adopted a prototype non-standardized profit sharing plan with a cash or deferral arrangement, which received a favorable opinion letter from the Internal Revenue Service (IRS) on June 30, 2020 stating that the Plan and related Trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the opinion letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

U.S. GAAP require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authority. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that 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 audit by taxing jurisdictions, however, there are currently no audits for any tax periods in progress.

## NOTE 9. PARTICIPANT WITHDRAWALS AND DISTRIBUTIONS

At December 31, 2024 and 2023, there were no unpaid distributions included in accounts of participants who have elected to withdraw from participation in the Plan.

## NOTE 10. PARTY-IN-INTEREST TRANSACTIONS

As of December 31, 2024 and 2023, certain plan investments are invested in shares of mutual funds managed by Voya Institutional Trust Company, the Custodian of the Plan. Therefore, these transactions qualify as party-in-interest transactions under ERISA.

## NOTE 11. RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits reported in the financial statements at December 31, 2024 and 2023 to the amounts in Form 5500:

| | **2024** | 2023 |
|---|---|---|
| Net assets available for benefits per the financial statements | **$ --** | $ 252,891,635 |
| Employer contributions receivable | **--** | (50,752) |
| Rounding | **--** | (2) |
| Net assets available for benefits per the Form 5500 | **$ --** | $ 252,840,881 |

The following is a reconciliation of changes in net assets available for benefits reported in the financial statements for the years ended December 31, 2024 and 2023 to the amounts in Form 5500:

| | **2024** | 2023 |
|---|---|---|
| Net increase before transfers per the financial statements | **$ 20,465,133** | $ 54,000,137 |
| Employer contributions receivable | **--** | (50,752) |
| Prior year employer contributions received | **50,752** | 280,700 |
| Rounding | **(1)** | (1) |
| Net increase per the Form 5500 | **$ 20,515,884** | $ 54,230,084 |

## NOTE 12. PROHIBITED TRANSACTIONS

**Delinquent Contributions:** During the year ended December 31, 2024, the Company inadvertently failed to deposit participants deferrals timely. The DOL considers late deposits to be prohibited transactions. The plan sponsor will reimburse the Plan for lost interest and will pay applicable excise tax in 2025.

## NOTE 13. SUBSEQUENT EVENTS

Management has evaluated its December 31, 2024 and 2023 financial statements for subsequent events through October 28, 2025, the date of issuance of the financial statements. The Company is not aware of any additional subsequent events that would require recognition or disclosure in the financial statements.

# SUPPLEMENTAL SCHEDULE

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
E.I.N. 33-0768598, Plan No. 001

| December 31, 2024 | Total that Constitute Non-exempt Prohibited Transaction | | | |
|---|---|---|---|---|
| Participant Contributions Transferred Late to Plan | Contributions not Corrected | Contributions Corrected Outside *VFCP | Contributions Pending Correction in VFCP | Total Fully Corrected Under VFCP and **PTE 2002-51 |
| Check here if late participant loan repayments are included N/A | $7,073,067 | N/A | N/A | N/A |

*Voluntary Fiduciary Correction Program
**Prohibited Transaction Exemption