

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed 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-SF.	OMB Nos. 1210-0110 1210-0089 2017 This Form is Open to Public Inspection

Part I Annual Report Identification Information	
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A This return/report is for: <div> ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> <div> ☐ a one-participant plan ☐ a foreign plan </div>	
B This return/report is <div> ☒ the first return/report ☐ the final return/report </div> <div> ☐ an amended return/report ☐ a short plan year return/report (less than 12 months) </div>	
C Check box if filing under: <div> ☒ Form 5558 ☐ automatic extension ☐ DFVC program </div> <div> ☐ special extension (enter description) </div>	

Part II Basic Plan Information —enter all requested information								
1a Name of plan ORTHOPEDIC ONE, INC. CASH BALANCE PLAN	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ►</td> <td>002</td> </tr> <tr> <td>1c Effective date of plan</td> <td>01/01/2017</td> </tr> </table>	1b Three-digit plan number (PN) ►	002	1c Effective date of plan	01/01/2017			
1b Three-digit plan number (PN) ►	002							
1c Effective date of plan	01/01/2017							
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ORTHOPEDIC ONE, INC. 170 TAYLOR STATION ROAD COLUMBUS, OH 43213	<table border="1"> <tr> <td>2b Employer Identification Number (EIN)</td> <td>20-0503812</td> </tr> <tr> <td>2c Sponsor's telephone number</td> <td>614-545-7905</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td>621111</td> </tr> </table>	2b Employer Identification Number (EIN)	20-0503812	2c Sponsor's telephone number	614-545-7905	2d Business code (see instructions)	621111	
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2c Sponsor's telephone number	614-545-7905							
2d Business code (see instructions)	621111							
3a Plan administrator's name and address ☒ Same as Plan Sponsor.	<table border="1"> <tr> <td>3b Administrator's EIN</td> </tr> <tr> <td>3c Administrator's telephone number</td> </tr> </table>	3b Administrator's EIN	3c Administrator's telephone number					
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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	<table border="1"> <tr> <td>4b EIN</td> </tr> <tr> <td>4d PN</td> </tr> </table>	4b EIN	4d PN					
4b EIN								
4d PN								
5a Total number of participants at the beginning of the plan year	<table border="1"> <tr> <td>5a</td> <td>53</td> </tr> </table>	5a	53					
5a	53							
b Total number of participants at the end of the plan year	<table border="1"> <tr> <td>5b</td> <td>53</td> </tr> </table>	5b	53					
5b	53							
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<table border="1"> <tr> <td>5c</td> <td></td> </tr> </table>	5c						
5c								
d(1) Total number of active participants at the beginning of the plan year	<table border="1"> <tr> <td>5d(1)</td> <td>53</td> </tr> </table>	5d(1)	53					
5d(1)	53							
d(2) Total number of active participants at the end of the plan year	<table border="1"> <tr> <td>5d(2)</td> <td>53</td> </tr> </table>	5d(2)	53					
5d(2)	53							
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1"> <tr> <td>5e</td> <td></td> </tr> </table>	5e						
5e								
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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.								
<table border="1"> <tr> <td rowspan="2">SIGN HERE</td> <td>Filed with authorized/valid electronic signature.</td> <td>10/12/2018</td> <td>TIM SMITH</td> </tr> <tr> <td>Signature of plan administrator</td> <td>Date</td> <td>Enter name of individual signing as plan administrator</td> </tr> </table>	SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2018	TIM SMITH	Signature of plan administrator	Date	Enter name of individual signing as plan administrator	
SIGN HERE		Filed with authorized/valid electronic signature.	10/12/2018	TIM SMITH				
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
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SIGN HERE								
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☒ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	0	2910161
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	0	2910161
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	2909932	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	229	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		2910161
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i Net income (loss) (subtract line 8h from line 8c)	8i		2910161
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1C
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c		X	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	☒ Yes ☐ No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a 0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		
a	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 letter ruling granting the waiver. Month _____ Day _____ Year _____	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		
b	Enter the minimum required contribution for this plan year	12b
c	Enter the amount contributed by the employer to the plan for this plan year	12c
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a	Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes ☒ No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐ Yes ☒ No
c	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.)	
13c(1)	13c(2)	13c(3)
Name of plan(s):	EIN(s)	PN(s)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>ORTHOPEDIC ONE, INC. CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ORTHOPEDIC ONE, INC.</u>	D Employer Identification Number (EIN) <u>20-0503812</u>

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500
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Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>			
2 Assets:			
a Market value	2a	<u>0</u>	
b Actuarial value	2b	<u>0</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>	<u>0</u>
b For terminated vested participants	<u>0</u>	<u>0</u>	<u>0</u>
c For active participants	<u>53</u>	<u>0</u>	<u>0</u>
d Total	<u>53</u>	<u>0</u>	<u>0</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>6.05 %</u>	
6 Target normal cost	6	<u>2387240</u>	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		
Signature of actuary <u>MICHAEL J. PEATROWSKY, MAAA, EA</u>	<u>10/05/2018</u> Date	
Type or print name of actuary <u>MILLIMAN, INC.</u>	<u>17-07621</u> Most recent enrollment number	
Firm name <u>1120 SOUTH 101ST STREET SUITE 400 OMAHA, NE 68124</u>	<u>402-393-9400</u> Telephone number (including area code)	
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of 0.00 %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 0.00 %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	100.00%
15 Adjusted funding target attainment percentage	15	100.00%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.00%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/14/2017	2075447				
02/12/2018	827509				
04/30/2018	6976				
Totals ▶			18(b)	2909932	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2744220

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age.....				22 65
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	2387240	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	2387240	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	2387240	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2744220	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	356980	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years	☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☐ 2010 ☐ 2011
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Schedule SB, Part V-Statement of Actuarial Assumptions/Methods

Plan Name: Orthopedic One, Inc. Cash Balance Plan

EIN: 20-0503812

Plan #: 002

Milliman

Actuarial Valuation

Appendix A – Summary of Actuarial Methods

The actuarial cost method is a particular technique used by the actuary for establishing the amount and incidence of annual actuarial costs. The actuarial cost method determines the portion of the ultimate cost of a pension plan that should be allocated to each year (known as the normal cost). The cost method is thus a budgeting tool that helps to ensure that the pension plan will be adequately and systematically funded.

The annual cost for a pension plan is determined using the unit credit cost method. The ultimate cost for a pension plan will be determined not by the cost method but by the benefits and expenses which become payable and the earnings which are obtained on the investments of the Plan. In addition, the choice of actuarial assumptions will affect the current level of contributions and pattern of future contributions.

Under the unit credit cost method, the target normal cost for each participant is equal to the present value of the projected benefit (salary increases may be included) one year from the valuation date minus the present value of accrued benefits as of the valuation date. The target normal cost for the Plan is the total of the individually computed target normal costs for all participants including the costs for any death or disability benefits under the Plan.

The target liability at any point in time for an active participant is the present value of the participant's accrued benefit. For persons receiving benefits or entitled to a deferred vested retirement income, the target liability is equal to the present value of their future benefit payments. The total target liability for the Plan is the total of the individually computed target liability amounts for all participants.

Certain assumptions are made in the calculation of the target liability, such as: interest rates, mortality, turnover, etc. which are assumed to hold for many years into the future. Since actual experience may differ somewhat from the assumptions, the costs determined by the valuation must be regarded as estimates of the true costs of the Plan.

The actuarial value of assets equals the fair market value of assets.

Schedule SB, Part V-Statement of Actuarial Assumptions/Methods**Plan Name: Orthopedic One, Inc. Cash Balance Plan****EIN: 20-0503812****Plan #: 002****Milliman Actuarial Valuation****Appendix B - Summary of Actuarial Assumptions**

Interest rates

For purposes of determining the Adjusted Funding Target Attainment Percentage (AFTAP) and minimum required contribution, the valuation interest rates used are the HATFA rates issued by the Department of the Treasury:

<u>Segment one</u>	<u>Segment two</u>	<u>Segment three</u>
4.16%	5.72%	6.48%

For maximum deductible contribution purposes, the valuation interest rates are the three segmented rates as of January 1, 2017 with no lookback period:

<u>Segment one</u>	<u>Segment two</u>	<u>Segment three</u>
1.57%	3.77%	4.73%

Salary increases

None assumed

Explicit provision for expenses

None assumed

Mortality rates - PPA funding

Post-retirement: Annuitant and non-annuitant tables as prescribed on the valuation date

Pre-retirement: None

Withdrawal and disability rates

None assumed

Retirement rates

Participants are assumed to retire at age 65.

Form of Payment

Benefit will be paid as a lump sum at retirement.

Definitions

Accrued benefit

The benefit is then the actuarial equivalent of the hypothetical account balance at normal retirement, accumulated with hypothetical interest at the rate of 5% per year.

Applicable interest rate

5%

Compensation

The amount paid or payable by Employer to an Employee for the entire Plan Year.

Effective date

The effective date of the Plan is January 1, 2017.

Eligible Class of employee

Employees listed on Appendix A of the Plan Document with the exception of Leased Employees and Employees of Controlled or Affiliated Employers.

Entry date

Employees are eligible to enter on their Date of.

Hypothetical Cash Balance Account, Unit Cash Balance Benefit and Interest

The balance of a participant's hypothetical cash balance account is the sum of their credits of their Unit Cash Balance Benefit and interest.

Accrual of Unit Cash Balance Benefit credits

For each plan year in which an individual is an active participant and completes at least 1000 hours of service, the benefit account will be increased by the following earnings credits:

Formula Tier	Unit Cash Balance Benefit
Category 1 Participant	20% of all earnings up to the maximum amount permitted under Section 415(b)
Category 2 Participant	15% of all earnings up to the maximum amount permitted under Section 415(b)
Category 3 Participant	10% of all earnings up to the maximum amount permitted under Section 415(b)
Category 4 Participant	5% of all earnings up to the maximum amount permitted under Section 415(b)
Category 5 Participant	3% of all earnings up to the maximum amount permitted under Section 415(b)
Category 6 Participant	2% of all earnings up to the maximum amount permitted under Section 415(b)
Category 7 Participant	100% of earnings in excess of the Section 401(a)(17) limit
Category 8 Participant	30% of earnings in excess of the Section 401(a)(17) limit
Category 9 Participant	20% of earnings in excess of the Section 401(a)(17) limit
Category 10 Participant	10% of earnings in excess of the Section 401(a)(17) limit
Category 11 Participant	5% of earnings in excess of the Section 401(a)(17) limit

Schedule SB, Part V-Summary of Plan Provisions**Plan Plan Name: Orthopedic One, Inc. Cash Balance Plan****EIN: 20-0503812****Plan #: 002****Milliman**

Actuarial Valuation

Appendix C – Summary of Principal Plan Provisions

Category 12 Participant	The maximum amount permitted under Section 415(b)
Category 13 Participant	\$100,000.00
Category 14 Participant	\$50,000.00
Category 15 Participant	\$30,000.00
Category 16 Participant	\$25,000.00
Category 17 Participant	\$13,000.00
Category 18 Participant	\$12,000.00
Category 19 Participant	\$10,000.00
Category 20 Participant	\$2,500.00

Accrual of interest credits

For each plan year, and continuing until the last month before payment of a participant's benefit, the hypothetical account shall be credited with a hypothetical interest amount. The interest is credited by multiplying the balance of the participant's hypothetical account as of the beginning of the plan year by the applicable interest rate.

Limitation year

The limitation year is the 12-month period beginning January 1 and ending December 31.

Normal retirement age

A participant's normal retirement age is age 65.

One year break-in-service

A one-year break-in-service occurs in any plan year during which the employee completes 500 or fewer hours of service.

Plan year

The plan year is the 12-month period beginning January 1 and ending December 31.

Vested accrued benefit

A participant's vested accrued benefit as of a given date is equal to the product of his accrued benefit multiplied by his vested percentage as of that same date.

Vesting schedule

Participant's vested percentage will be based on the following schedule:

Years of vesting service	Vesting percentage
Less than 3	0%
3 or more	100%

Year of vesting service

A year of vesting service is credited for an employment year in which an employee has at least 1000 hours of service. Service during years prior to the year in which the individual attains age 18 will be disregarded.

Participation

Employees listed on Appendix A of the Plan Document with the exception of Leased Employees and Employees of Controlled or Affiliated Employers; will become a participant in the Plan on their Date of Employment.

Normal retirement benefit

The normal form of payment is a straight life annuity for unmarried participants and a qualified joint and survivor annuity for married participants.

Early retirement benefit

No early retirement benefit is provided under the plan.

Optional benefit forms

Optional benefit forms are available and equal to the actuarial equivalent of the normal benefit form. Such distribution may be in one or more of the following forms:

- Lump sum

- Joint & 50% survivor pension - monthly pension benefit payable during the joint lifetime of the participant and the joint annuitant; reduces to 50% of the original amount upon the death of the participant.

- Joint & 75% survivor pension - monthly pension benefit payable during the joint lifetime of the participant and the joint annuitant; reduces to 75% of the original amount upon the death of the participant.

Pre-retirement death benefit

A participant's surviving beneficiary will be entitled to receive a death benefit in the event of the death of a participant prior to the commencement of a monthly pension benefit that is equal to the present value of the participant's vested accrued benefit.

Disability benefit

The plan does not provide for disability benefits.

Termination benefit

In the event of the termination of a participant's employment prior to his or her normal retirement date, the participant will be entitled to a benefit that is the actuarial equivalent of the vested accrued benefit payable at the normal retirement date.

Schedule SB, Line 22 – Description of Weighted Average Retirement Age
Plan Name: Orthopedic One, Inc. Cash Balance Plan
EIN: 20-0503812
Plan #: 002

We assume retirement at age 65 or current age if older, therefore, the weighted average retirement age is 65.

Schedule SB, Line 26 – Schedule of Active Participant Data
Plan Name: Orthopedic One, Inc. Cash Balance Plan
EIN: 20-0503812
Plan #: 002

Number of Participants by Age and Service Groups

Age	Years of Credited Service										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	
0-24	-	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-	-
30-34	2	-	-	-	-	-	-	-	-	-	2
35-39	7	-	-	-	-	-	-	-	-	-	7
40-44	11	-	-	-	-	-	-	-	-	-	11
45-49	10	-	-	-	-	-	-	-	-	-	10
50-54	6	-	-	-	-	-	-	-	-	-	6
55-59	8	-	-	-	-	-	-	-	-	-	8
60-64	8	-	-	-	-	-	-	-	-	-	8
65-69	-	-	-	-	-	-	-	-	-	-	-
70&Up	1	-	-	-	-	-	-	-	-	-	1
Total	53	-	-	-	-	-	-	-	-	-	53

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Orthopedic One, Inc. Cash Balance Plan	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">B Three-digit plan number (PN) ►</td> <td style="width:30%; text-align: center;">002</td> </tr> </table>	B Three-digit plan number (PN) ►	002
B Three-digit plan number (PN) ►	002		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Orthopedic One, Inc.	D Employer Identification Number (EIN) 20-0503812		
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other			
F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500			

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2017</u>			
2 Assets:			
a Market value.....	2a	0	
b Actuarial value	2b	0	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	0	0	0
c For active participants	53	0	0
d Total	53	0	0
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.05 %	
6 Target normal cost	6	2,387,240	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary <u>Michael J. Peatrowsky, MAAA, EA</u> Type or print name of actuary <u>Milliman, Inc.</u> Firm name <u>1120 South 101st Street</u> <u>Suite 400</u> <u>Omaha NE 68124</u> Address of the firm	<u>10/05/2018</u> Date <u>17-07621</u> Most recent enrollment number <u>(402) 393-9400</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2017
v. 170203

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	0	0
10 Interest on line 9 using prior year's actual return of <u>0.00</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>0.00</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	100.00%
15 Adjusted funding target attainment percentage.....	15	100.00%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.00%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/14/2017	2,075,447				
02/12/2018	827,509				
04/30/2018	6,976				
Totals ▶			18(b)	2,909,932	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	2,744,220

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?..... ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 % ☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			
Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No			
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment			27
Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)			30 0
Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)			31a 2,387,240
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	0		0
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....			34 2,387,240
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....			36 2,387,240
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 2,744,220
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 356,980
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....			39 0
40 Unpaid minimum required contributions for all years			40 0
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)			
41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected ☐ 2 plus 7 years ☐ 15 years			
b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011			
42 Amount of acceleration adjustment			42
43 Excess installment acceleration amount to be carried over to future plan years			43