

<div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>		<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div>		<div>OMB Nos. 1210-0110 1210-0089</div> <div>2021</div> <div>This Form is Open to Public Inspection</div>	
Part I Annual Report Identification Information					
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021					
A This return/report is for: <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)					
B This return/report is <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)					
C Check box if filing under: <input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)					
D If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. <input checked="" type="checkbox"/>					
Part II Basic Plan Information—enter all requested information					
1a Name of plan PEAK PERFORMANCE SPORTS & SPINE CASH BALANCE PLAN AND TRUST				1b Three-digit plan number (PN) ▶	002
				1c Effective date of plan	01/01/2020
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) PEAK PERFORMANCE SPORTS & SPINE 2505 RACQUET LN. YAKIMA, WA 98902				2b Employer Identification Number (EIN)	20-3271703
				2c Sponsor's telephone number	509-453-7325
				2d Business code (see instructions)	621340
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.				3b Administrator's EIN	
				3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name				4b EIN	
				4d PN	
5a Total number of participants at the beginning of the plan year				5a	11
b Total number of participants at the end of the plan year				5b	9
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....				5c	
d(1) Total number of active participants at the beginning of the plan year				5d(1)	11
d(2) Total number of active participants at the end of the plan year				5d(2)	6
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				5e	2
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.					
SIGN HERE	Filed with authorized/valid electronic signature.	07/18/2022	GREGORY HUEFNER, DIRECTOR		
	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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.				Form 5500-SF (2021) v.201209	

- 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	102301	422296
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	102301	422296
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	315351	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	4644	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		319995
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
e Certain deemed and/or corrective distributions (see instructions) .	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i Net income (loss) (subtract line 8h from line 8c)	8i		319995
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:
1B 1C 3D
- 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		100000
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		X	
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 lines 11a and b below.) If this is a defined contribution pension plan, leave line 12 below..... ☒ Yes ☐ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

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.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

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) Name of plan(s):	13c(2) EIN(s)	13c(3) 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 2021 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **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>PEAK PERFORMANCE SPORTS & SPINE CASH BALANCE PLAN AND TRUST</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>PEAK PERFORMANCE SPORTS & SPINE</u>	D Employer Identification Number (EIN) <u>20-3271703</u>
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a <u>106393</u>
b Actuarial value	2b <u>106393</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>0</u> (2) Vested Funding Target <u>0</u> (3) Total Funding Target <u>0</u>
b For terminated vested participants	<u>3</u> <u>2978</u> <u>2978</u>
c For active participants	<u>6</u> <u>97855</u> <u>97855</u>
d Total	<u>9</u> <u>100833</u> <u>100833</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>	
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>5.53</u> %
6 Target normal cost	
a Present value of current plan year accruals	6a <u>318638</u>
b Expected plan-related expenses	6b <u>0</u>
c Total (line 6a + line 6b)	6c <u>318638</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		<u>07/01/2022</u> Date
Signature of actuary		
<u>DENNIS M. REDDINGTON</u> Type or print name of actuary		<u>20-06071</u> Most recent enrollment number
<u>PENSION ADVISORY GROUP, LTD.</u> Firm name		<u>847-680-3867</u> Telephone number (including area code)
<u>175 E. HAWTHORN PKWY., STE. 405</u> <u>VERNON HILLS, IL 60061-1468</u> 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 ☐

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

Schedule SB (Form 5500) 2021
v. 201209

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)		4614
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>5.69</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		4614
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	108.25 %
15 Adjusted funding target attainment percentage	15	100.01 %
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
09/29/2021	40000	0			
03/09/2022	272526	0			
04/22/2022	2825	0			
Totals ▶			18(b)	315351	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	313138

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: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	<input type="checkbox"/> 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) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 6c).....	31a	318638	
b Excess assets, if applicable, but not greater than line 31a	31b	5560	
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	313078	
	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	313078	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	313138	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	60	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b		
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	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years	
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011	

**Peak Performance Sports & Spine
Cash Balance Plan and Trust**

**Plan Specifications and Actuarial Assumptions
Valuation as of 12/31/2021 for the Plan Year Ending 12/31/2021**

Effective Date	January 1, 2020.
Valuation Date	December 31, 2021
Cash Balance Accrual	a) Category 1 (Shareholders): \$200,000. b) Category 2 (Spouses of Shareholders): \$125,000. c) Category 3 (All other participants except non-shareholder doctors): 2.500% of compensation.
Cash Balance Account	The accumulation of the cash accruals credited with 5.000% interest.
Monthly Pension	The monthly annuity actuarially equivalent to the cash balance account.
Eligibility Requirements	a) Minimum years of service: 1. b) Minimum age: 21. c) Participant enters plan on entry date following completion of eligibility requirements. d) Entry date: January 1, July 1.
Normal Retirement Age	1st of month following attainment of age 65 and 5 years of participation.
Funding Provisions	Pension Protection Act of 2006, end of year funding.
Type of Annuity	Life annuity.

**Peak Performance Sports & Spine
Cash Balance Plan and Trust**

**Plan Specifications and Actuarial Assumptions
Valuation as of 12/31/2021 for the Plan Year Ending 12/31/2021**

Top Heavy Status

This plan has been determined to be top heavy for the current plan year. Top heavy benefits are provided in the plan sponsor's defined contribution plan.

Vesting Schedule

100% vesting after completion of three years of service.

Asset Valuation

Fair market value.

Actuarial Equivalence

Pre-Retirement:

- a) Interest: 5.000%.
- b) Mortality: None.

Post Retirement:

- a) Interest: 5.000%.
- b) Mortality: 2021 Applicable Mortality Table.

Peak Performance Sports & Spine**Cash Balance Plan and Trust****Plan Specifications and Actuarial Assumptions****Valuation as of 12/31/2021 for the Plan Year Ending 12/31/2021**

Male Nonannuitant:	2021 Nonannuitant Male		
Female Nonannuitant:	2021 Nonannuitant Female		
Male Annuitant:	2021 Annuitant Male		
Female Annuitant:	2021 Annuitant Female		
Male Projection:	N/A		
Female Projection:	N/A		
Applicable months from valuation month:	0		
Probability of lump sum:	100.00%		
	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Segment rates (Maximum Deductible Contribution):	0.92	2.62	3.29
High Quality Bond rates:	N/A	N/A	N/A
Segment rates (Minimum Required Contribution):	5.00	5.36	6.11
Overrides:	4.75	5.36	6.11
Use optional combined mortality table for small plans:	Yes		
Male:	2021 Optional table small plans Male		
Female:	2021 Optional table small plans Female		
Male weighting:	2021 Optional table small plans Male		
Female weighting:	2021 Optional table small plans Female		
Use discount rate transition:	No		
Actuarial Equivalent Floor			
Stability period:	plan year		
Lookback months:	5		
Nonannuitant:	N/A		
Annuitant:	2021 Applicable		
	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Current:	0.52	2.22	3.03
Override:	0.00	0.00	0.00

Form 5500-SFDepartment of the Treasury
Internal Revenue ServiceDepartment 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**2021****This Form Is Open to
Public Inspection****Part I Annual Report Identification Information**

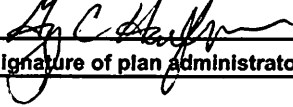
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for: ☒ 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.)**B** This return/report is ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)**C** Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ DFVC program
☐ special extension (enter description)**D** 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 PEAK PERFORMANCE SPORTS & SPINE CASH BALANCE PLAN AND TRUST		1b Three-digit plan number (PN) ▶ 002
		1c Effective date of plan 01/01/2020
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) PEAK PERFORMANCE SPORTS & SPINE 2505 RACQUET LN. YAKIMA WA 98902		2b Employer Identification Number (EIN) 20-3271703 2c Sponsor's telephone number 509-453-7325 2d Business code (see instructions) 621340
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.		3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name		4b EIN 4d PN
5a Total number of participants at the beginning of the plan year		5a 11
b Total number of participants at the end of the plan year		5b 9
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		5c
d(1) Total number of active participants at the beginning of the plan year		5d(1) 11
d(2) Total number of active participants at the end of the plan year		5d(2) 6
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		5e 2

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.

SIGN HERE		7/18/2022	Gregory Huefner, Director
	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

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

Form 5500-SF (2021)
v.201209

- 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	419,493	650,721
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	419,493	650,721
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	131,068	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	102,875	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		233,943
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2,715	
e Certain deemed and/or corrective distributions (see instructions) .	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		2,715
i Net income (loss) (subtract line 8h from line 8c)	8i		231,228
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 3D
- 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		100,000
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 lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. ☒ Yes ☐ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. ☐ Yes ☒ No

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) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2021**This Form is Open to Public
Inspection**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **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.

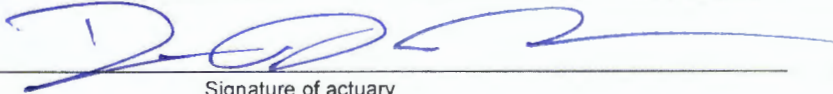
A Name of plan PEAK PERFORMANCE SPORTS & SPINE CASH BALANCE PLAN AND TRUST	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PEAK PERFORMANCE SPORTS & SPINE	D Employer Identification Number (EIN) 20-3271703
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2021</u>			
2 Assets:			
a Market value	2a	106,393	
b Actuarial value	2b	106,393	
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	3	2,978	2,978
c For active participants	6	97,855	97,855
d Total	9	100,833	100,833
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
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	5.53%	
6 Target normal cost			
a Present value of current plan year accruals	6a	318,638	
b Expected plan-related expenses	6b	0	
c Total (line 6a + line 6b)	6c	318,638	

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

DENNIS M. REDDINGTON

Type or print name of actuary

PENSION ADVISORY GROUP, LTD.

Firm name

175 E. HAWTHORN PKWY., STE. 405

VERNON HILLS IL 60061-1468

Address of the firm

07/01/2022

Date

2006071

Most recent enrollment number

847-680-3867

Telephone number (including area code)

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) 2021
v. 201209

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	<input type="checkbox"/> 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) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 6c).....	31a	318,638	
b Excess assets, if applicable, but not greater than line 31a	31b	5,560	
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	313,078	
	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	313,078	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	313,138	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	60	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
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	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years	
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011	

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Sponsor's Name: Peak Performance Sports & Spine

Plan Sponsor's EIN: 20-3271703

Plan Number: 002

**Peak Performance Sports & Spine
Cash Balance Plan and Trust**

**Schedule SB, Line 22 - Description of Weighted Average Retirement Age
Valuation as of 12/31/2021 for the Plan Year Ending 12/31/2021**

<u>Retirement</u>	<u>Normal</u>	<u>Early</u>	<u>Subsidized Early</u>
Age:	65		
Service:	0		
Participation:	5		
Defined:	1st of month following		

100% of plan participants are assumed to retire at the later of attained age at the end of the plan year or normal retirement age.

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 2020 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

► 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.

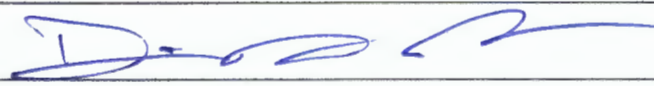
A Name of plan PEAK PERFORMANCE SPORTS & SPINE CASH BALANCE PLAN AND TRUST	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PEAK PERFORMANCE SPORTS & SPINE	D Employer Identification Number (EIN) 20-3271703	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2020</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	0	0	0
d Total	0	0	0
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
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	5.69%	
6 Target normal cost	6	93,792	

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	09/17/2021 Date 2006071
DENNIS M. REDDINGTON Type or print name of actuary		Most recent enrollment number 847-680-3867
PENSION ADVISORY GROUP, LTD. Firm name		Telephone number (including area code)
175 E. HAWTHORN PKWY., STE. 405 VERNON HILLS IL 60061-1468 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 ☐

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

Schedule SB (Form 5500) 2020
v. 200204

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	100.00%
14	Funding target attainment percentage		
15	Adjusted funding target attainment percentage	15	104.91%
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	%
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
09/13/2021	102,301	0			
Totals ▶			18(b)	102,301	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
	19a	0	
a Contributions allocated toward unpaid minimum required contributions from prior years			
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	98,406	
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input type="checkbox"/> Yes <input type="checkbox"/> 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: 4.75 %	2nd segment: 5.50 %	3rd segment: 6.27 %	<input type="checkbox"/> 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) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	93,792	
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	93,792	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....	36	93,792	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	98,406	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	4,614	
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	<input type="checkbox"/> 2 plus 7 years	<input type="checkbox"/> 15 years		
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009	<input type="checkbox"/> 2010	<input type="checkbox"/> 2011

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Sponsor's Name: Peak Performance Sports & Spine

Plan Sponsor's EIN: 20-3271703

Plan Number: 002

**Peak Performance Sports & Spine
Cash Balance Plan and Trust**

**Schedule SB, Line 22 - Description of Weighted Average Retirement Age
Valuation as of 12/31/2020 for the Plan Year Ending 12/31/2020**

<u>Retirement</u>	<u>Normal</u>	<u>Early</u>	<u>Subsidized Early</u>
Age:	65		
Service:	0		
Participation:	5		
Defined:	1st of month following		

100% of plan participants are assumed to retire at the later of attained age at the end of the plan year or normal retirement age.

**Peak Performance Sports & Spine
Cash Balance Plan and Trust**

**Plan Specifications and Actuarial Assumptions
Valuation as of 12/31/2020 for the Plan Year Ending 12/31/2020**

Effective Date	January 1, 2020.
Valuation Date	December 31, 2020
Cash Balance Accrual	a) Category 1 (Shareholders): \$89,000.00. b) Category 2 (Spouses of Shareholders): 3.000% of compensation. c) Category 3 (All other participants except non-shareholder doctors): 2.500% of compensation.
Cash Balance Account	The accumulation of the cash accruals credited with 5.000% interest.
Monthly Pension	The monthly annuity actuarially equivalent to the cash balance account.
Eligibility Requirements	a) Minimum years of service: 1. b) Minimum age: 21. c) Participant enters plan on entry date following completion of eligibility requirements. d) Entry date: January 1, July 1.
Normal Retirement Age	1st of month following attainment of age 65 and 5 years of participation.
Funding Provisions	Pension Protection Act of 2006, end of year funding.
Type of Annuity	Life annuity.

**Peak Performance Sports & Spine
Cash Balance Plan and Trust**

**Plan Specifications and Actuarial Assumptions
Valuation as of 12/31/2020 for the Plan Year Ending 12/31/2020**

Top Heavy Status

This plan has been determined to be top heavy for the current plan year. Top heavy benefits are provided in the plan sponsor's defined contribution plan.

Vesting Schedule

100% vesting after completion of three years of service.

Asset Valuation

Fair market value.

Actuarial Equivalence

Pre-Retirement:

- a) Interest: 5.000%.
- b) Mortality: None.

Post Retirement:

- a) Interest: 5.000%.
- b) Mortality: 2020 Applicable Mortality Table.

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

Schedule SB, Part V - Summary of Plan Provisions

Plan Sponsor's Name: Peak Performance Sports & Spine

Plan Sponsor's EIN: 20-3271703

Plan Number: 002

Peak Performance Sports & Spine

Cash Balance Plan and Trust

Plan Specifications and Actuarial Assumptions Valuation as of 12/31/2020 for the Plan Year Ending 12/31/2020

Male Nonannuitant:	2020 Nonannuitant Male		
Female Nonannuitant:	2020 Nonannuitant Female		
Male Annuitant:	2020 Annuitant Male		
Female Annuitant:	2020 Annuitant Female		
Male Projection:	N/A		
Female Projection:	N/A		
Applicable months from valuation month:	0		
Probability of lump sum:	100.00%		
	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Segment rates (Maximum Deductible Contribution):	1.87	3.12	3.72
High Quality Bond rates:	N/A	N/A	N/A
Segment rates (Minimum Required Contribution):	3.64	5.21	5.94
Overrides:	4.75	5.50	6.27
Use optional combined mortality table for small plans:	Yes		
Male:	2020 Optional table small plans Male		
Female:	2020 Optional table small plans Female		
Male weighting:	2020 Optional table small plans Male		
Female weighting:	2020 Optional table small plans Female		
Use discount rate transition:	No		
Actuarial Equivalent Floor			
Stability period:	plan year		
Lookback months:	5		
Nonannuitant:	N/A		
Annuitant:	2020 Applicable		
	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Current:	2.09	3.00	3.61
Override:	0.00	0.00	0.00

**Peak Performance Sports & Spine
Cash Balance Plan and Trust**

**Plan Specifications and Actuarial Assumptions
Valuation as of 12/31/2020 for the Plan Year Ending 12/31/2020**

Effective Date	January 1, 2020.
Valuation Date	December 31, 2020
Cash Balance Accrual	a) Category 1 (Shareholders): \$89,000.00. b) Category 2 (Spouses of Shareholders): 3.000% of compensation. c) Category 3 (All other participants except non-shareholder doctors): 2.500% of compensation.
Cash Balance Account	The accumulation of the cash accruals credited with 5.000% interest.
Monthly Pension	The monthly annuity actuarially equivalent to the cash balance account.
Eligibility Requirements	a) Minimum years of service: 1. b) Minimum age: 21. c) Participant enters plan on entry date following completion of eligibility requirements. d) Entry date: January 1, July 1.
Normal Retirement Age	1st of month following attainment of age 65 and 5 years of participation.
Funding Provisions	Pension Protection Act of 2006, end of year funding.
Type of Annuity	Life annuity.

**Peak Performance Sports & Spine
Cash Balance Plan and Trust**

**Plan Specifications and Actuarial Assumptions
Valuation as of 12/31/2020 for the Plan Year Ending 12/31/2020**

Top Heavy Status

This plan has been determined to be top heavy for the current plan year. Top heavy benefits are provided in the plan sponsor's defined contribution plan.

Vesting Schedule

100% vesting after completion of three years of service.

Asset Valuation

Fair market value.

Actuarial Equivalence

Pre-Retirement:

- a) Interest: 5.000%.
- b) Mortality: None.

Post Retirement:

- a) Interest: 5.000%.
- b) Mortality: 2020 Applicable Mortality Table.

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

Schedule SB, Part V - Summary of Plan Provisions

Plan Sponsor's Name: Peak Performance Sports & Spine

Plan Sponsor's EIN: 20-3271703

Plan Number: 002

Peak Performance Sports & Spine

Cash Balance Plan and Trust

Plan Specifications and Actuarial Assumptions Valuation as of 12/31/2020 for the Plan Year Ending 12/31/2020

Male Nonannuitant:	2020 Nonannuitant Male			
Female Nonannuitant:	2020 Nonannuitant Female			
Male Annuitant:	2020 Annuitant Male			
Female Annuitant:	2020 Annuitant Female			
Male Projection:	N/A			
Female Projection:	N/A			
Applicable months from valuation month:	0			
Probability of lump sum:	100.00%			
		<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Segment rates (Maximum Deductible Contribution):	1.87	3.12	3.72	
High Quality Bond rates:	N/A	N/A	N/A	
Segment rates (Minimum Required Contribution):	3.64	5.21	5.94	
Overrides:	4.75	5.50	6.27	
Use optional combined mortality table for small plans:	Yes			
Male:	2020 Optional table small plans Male			
Female:	2020 Optional table small plans Female			
Male weighting:	2020 Optional table small plans Male			
Female weighting:	2020 Optional table small plans Female			
Use discount rate transition:	No			
Actuarial Equivalent Floor				
Stability period:	plan year			
Lookback months:	5			
Nonannuitant:	N/A			
Annuitant:	2020 Applicable			
		<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Current:	2.09	3.00	3.61	
Override:	0.00	0.00	0.00	

**Peak Performance Sports & Spine
Cash Balance Plan and Trust**

**Plan Specifications and Actuarial Assumptions
Valuation as of 12/31/2021 for the Plan Year Ending 12/31/2021**

Effective Date	January 1, 2020.
Valuation Date	December 31, 2021
Cash Balance Accrual	a) Category 1 (Shareholders): \$200,000. b) Category 2 (Spouses of Shareholders): \$125,000. c) Category 3 (All other participants except non-shareholder doctors): 2.500% of compensation.
Cash Balance Account	The accumulation of the cash accruals credited with 5.000% interest.
Monthly Pension	The monthly annuity actuarially equivalent to the cash balance account.
Eligibility Requirements	a) Minimum years of service: 1. b) Minimum age: 21. c) Participant enters plan on entry date following completion of eligibility requirements. d) Entry date: January 1, July 1.
Normal Retirement Age	1st of month following attainment of age 65 and 5 years of participation.
Funding Provisions	Pension Protection Act of 2006, end of year funding.
Type of Annuity	Life annuity.

**Peak Performance Sports & Spine
Cash Balance Plan and Trust**

**Plan Specifications and Actuarial Assumptions
Valuation as of 12/31/2021 for the Plan Year Ending 12/31/2021**

Top Heavy Status

This plan has been determined to be top heavy for the current plan year. Top heavy benefits are provided in the plan sponsor's defined contribution plan.

Vesting Schedule

100% vesting after completion of three years of service.

Asset Valuation

Fair market value.

Actuarial Equivalence

Pre-Retirement:

- a) Interest: 5.000%.
- b) Mortality: None.

Post Retirement:

- a) Interest: 5.000%.
- b) Mortality: 2021 Applicable Mortality Table.

Peak Performance Sports & Spine**Cash Balance Plan and Trust****Plan Specifications and Actuarial Assumptions****Valuation as of 12/31/2021 for the Plan Year Ending 12/31/2021**

Male Nonannuitant:	2021 Nonannuitant Male			
Female Nonannuitant:	2021 Nonannuitant Female			
Male Annuitant:	2021 Annuitant Male			
Female Annuitant:	2021 Annuitant Female			
Male Projection:	N/A			
Female Projection:	N/A			
Applicable months from valuation month:	0			
Probability of lump sum:	100.00%			
		<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Segment rates (Maximum Deductible Contribution):	0.92	2.62	3.29	
High Quality Bond rates:	N/A	N/A	N/A	
Segment rates (Minimum Required Contribution):	5.00	5.36	6.11	
Overrides:	4.75	5.36	6.11	
Use optional combined mortality table for small plans:	Yes			
Male:	2021 Optional table small plans Male			
Female:	2021 Optional table small plans Female			
Male weighting:	2021 Optional table small plans Male			
Female weighting:	2021 Optional table small plans Female			
Use discount rate transition:	No			
Actuarial Equivalent Floor				
Stability period:	plan year			
Lookback months:	5			
Nonannuitant:	N/A			
Annuitant:	2021 Applicable			
		<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Current:	0.52	2.22	3.03	
Override:	0.00	0.00	0.00	