

<b>Form 5500-SF</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Short Form Annual Return/Report of Small Employee Benefit Plan</b>  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).  <b>► Complete all entries in accordance with the instructions to the Form 5500-SF.</b>	OMB Nos. 1210-0110 1210-0089  <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2022</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
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"/>

<b>Part II Basic Plan Information</b> —enter all requested information													
<b>1a</b> Name of plan  <u>PEAK PERFORMANCE SPORTS &amp; SPINE CASH BALANCE PLAN AND TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>1b</b> Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan <u>01/01/2020</u></td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ►	<u>002</u>	<b>1c</b> Effective date of plan <u>01/01/2020</u>									
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<b>1c</b> Effective date of plan <u>01/01/2020</u>													
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  <u>PEAK PERFORMANCE SPORTS &amp; SPINE</u>  <u>2505 RACQUET LN.</u> <u>YAKIMA, WA 98902</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN) <u>20-3271703</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number <u>509-453-7325</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions) <u>621340</u></td> </tr> </table>	<b>2b</b> Employer Identification Number (EIN) <u>20-3271703</u>	<b>2c</b> Sponsor's telephone number <u>509-453-7325</u>	<b>2d</b> Business code (see instructions) <u>621340</u>									
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<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>3b</b> Administrator's EIN</td> </tr> <tr> <td><b>3c</b> Administrator's telephone number</td> </tr> </table>	<b>3b</b> Administrator's EIN	<b>3c</b> Administrator's telephone number										
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<b>3c</b> Administrator's telephone number													
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. <b>a</b> Sponsor's name <b>c</b> Plan Name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>4b</b> EIN</td> </tr> <tr> <td><b>4d</b> PN</td> </tr> </table>	<b>4b</b> EIN	<b>4d</b> PN										
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<b>4d</b> PN													
<b>5a</b> Total number of participants at the beginning of the plan year..... <b>b</b> Total number of participants at the end of the plan year ..... <b>c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>d(1)</b> Total number of active participants at the beginning of the plan year ..... <b>d(2)</b> Total number of active participants at the end of the plan year..... <b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>5a</b></td> <td style="width: 90%; text-align: right;"><u>10</u></td> </tr> <tr> <td><b>5b</b></td> <td style="text-align: right;"><u>6</u></td> </tr> <tr> <td><b>5c</b></td> <td></td> </tr> <tr> <td><b>5d(1)</b></td> <td style="text-align: right;"><u>7</u></td> </tr> <tr> <td><b>5d(2)</b></td> <td style="text-align: right;"><u>5</u></td> </tr> <tr> <td><b>5e</b></td> <td style="text-align: right;"><u>0</u></td> </tr> </table>	<b>5a</b>	<u>10</u>	<b>5b</b>	<u>6</u>	<b>5c</b>		<b>5d(1)</b>	<u>7</u>	<b>5d(2)</b>	<u>5</u>	<b>5e</b>	<u>0</u>
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<b>5e</b>	<u>0</u>												
<b>Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.</b> 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Filed with authorized/valid electronic signature.</td> <td style="width: 15%;">06/08/2023</td> <td style="width: 45%;">GREGORY HUEFNER, DIRECTOR</td> </tr> <tr> <td>Signature of plan administrator</td> <td>Date</td> <td>Enter name of individual signing as plan administrator</td> </tr> </table>	Filed with authorized/valid electronic signature.	06/08/2023	GREGORY HUEFNER, DIRECTOR	Signature of plan administrator	Date	Enter name of individual signing as plan administrator						
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- 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**

<b>7 Plan Assets and Liabilities</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets.....	<b>7a</b>	422296	566841
<b>b</b> Total plan liabilities.....	<b>7b</b>	0	0
<b>c</b> Net plan assets (subtract line 7b from line 7a).....	<b>7c</b>	422296	566841
<b>8 Income, Expenses, and Transfers for this Plan Year</b>		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers.....	<b>8a(1)</b>	245000	
<b>(2)</b> Participants.....	<b>8a(2)</b>	0	
<b>(3)</b> Others (including rollovers).....	<b>8a(3)</b>	0	
<b>b</b> Other income (loss).....	<b>8b</b>	-87136	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	<b>8c</b>		157864
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	<b>8d</b>	12344	
<b>e</b> Certain deemed and/or corrective distributions (see instructions).....	<b>8e</b>	0	
<b>f</b> Administrative service providers (salaries, fees, commissions).....	<b>8f</b>	975	
<b>g</b> Other expenses.....	<b>8g</b>	0	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g).....	<b>8h</b>		13319
<b>i</b> Net income (loss) (subtract line 8h from line 8c).....	<b>8i</b>		144545
<b>j</b> Transfers to (from) the plan (see instructions).....	<b>8j</b>		

**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**

<b>10 During the plan year:</b>		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program).....	<b>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond?.....	<b>10c</b>	X		3000000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.....	<b>10d</b>		X	
<b>e</b> 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.).....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan?.....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	<b>10h</b>		X	
<b>i</b> 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.....	<b>10i</b>			

**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.)

<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  ▶ <b>File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2022</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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.

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

<b>Part I</b>	<b>Basic Information</b>
<b>1</b>	Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2022</u>
<b>2</b>	Assets:
<b>a</b>	Market value..... <b>2a</b> <u>319705</u>
<b>b</b>	Actuarial value ..... <b>2b</b> <u>319705</u>
<b>3</b>	Funding target/participant count breakdown
	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
<b>a</b>	For retired participants and beneficiaries receiving payment ..... <u>0</u> <u>0</u> <u>0</u>
<b>b</b>	For terminated vested participants..... <u>1</u> <u>1647</u> <u>1647</u>
<b>c</b>	For active participants..... <u>5</u> <u>443463</u> <u>443463</u>
<b>d</b>	Total ..... <u>6</u> <u>445110</u> <u>445110</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>
<b>a</b>	Funding target disregarding prescribed at-risk assumptions..... <b>4a</b>
<b>b</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 ..... <b>4b</b>
<b>5</b>	Effective interest rate..... <b>5</b> <u>5.23</u> %
<b>6</b>	Target normal cost .....
<b>a</b>	Present value of current plan year accruals..... <b>6a</b> <u>87220</u>
<b>b</b>	Expected plan-related expenses ..... <b>6b</b> <u>0</u>
<b>c</b>	Total (line 6a + line 6b) ..... <b>6c</b> <u>87220</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.

<b>SIGN HERE</b>		<u>06/01/2023</u> Date
	Signature of actuary	<u>23-06071</u> Most recent enrollment number
<u>DENNIS M. REDDINGTON</u> Type or print name of actuary		<u>847-680-3867</u> Telephone number (including area code)
<u>PENSION ADVISORY GROUP, LTD.</u> Firm name		
<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 ☐

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>11.90</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).....		60
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>5.53</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.....		60
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	71.82 %
15 Adjusted funding target attainment percentage .....	15	106.41 %
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	105.51 %
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
04/22/2022	20000	0	03/08/2023	25000	0
07/15/2022	25000	0			
08/22/2022	25000	0			
10/05/2022	25000	0			
12/16/2022	25000	0			
01/11/2023	100000	0			
			Totals ►	18(b) 245000	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	246749
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

<b>Part V</b>	<b>Assumptions Used to Determine Funding Target and Target Normal Cost</b>		
<b>21</b>	Discount rate:		
<b>a</b>	Segment rates:	<div style="display: flex; justify-content: space-around;"> <div>1st segment: 4.75 %</div> <div>2nd segment: 5.18 %</div> <div>3rd segment: 5.92 %</div> </div>	<input type="checkbox"/> N/A, full yield curve used
<b>b</b>	Applicable month (enter code).....	<b>21b</b>	0
<b>22</b>	Weighted average retirement age .....	<b>22</b>	65
<b>23</b>	Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute		
<b>Part VI</b>	<b>Miscellaneous Items</b>		
<b>24</b>	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		
<b>25</b>	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		
<b>26</b>	Demographic and benefit information		
<b>a</b>	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		
<b>b</b>	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>27</b>	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....	<b>27</b>	
<b>Part VII</b>	<b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>		
<b>28</b>	Unpaid minimum required contributions for all prior years.....	<b>28</b>	0
<b>29</b>	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....	<b>29</b>	0
<b>30</b>	Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0
<b>Part VIII</b>	<b>Minimum Required Contribution For Current Year</b>		
<b>31</b>	Target normal cost and excess assets (see instructions):		
<b>a</b>	Target normal cost (line 6c).....	<b>31a</b>	87220
<b>b</b>	Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0
<b>32</b>	Amortization installments:	Outstanding Balance	Installment
<b>a</b>	Net shortfall amortization installment .....	125405	11589
<b>b</b>	Waiver amortization installment .....	0	0
<b>33</b>	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 .....	<b>33</b>	
<b>34</b>	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	98809
	Carryover balance	Prefunding balance	Total balance
<b>35</b>	Balances elected for use to offset funding requirement.....	0	0
<b>36</b>	Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	98809
<b>37</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	246749
<b>38</b>	Present value of excess contributions for current year (see instructions)		
<b>a</b>	Total (excess, if any, of line 37 over line 36)	<b>38a</b>	147940
<b>b</b>	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0
<b>39</b>	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0
<b>40</b>	Unpaid minimum required contributions for all years.....	<b>40</b>	0
<b>Part IX</b>	<b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>		
<b>41</b>	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021		

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

**Plan Specifications and Actuarial Assumptions  
Valuation as of 12/31/2022 for the Plan Year Ending 12/31/2022**

<b>Effective Date</b>	January 1, 2020.
<b>Valuation Date</b>	December 31, 2022
<b>Cash Balance Accrual</b>	a) Category 1 (Shareholders): \$75,000. b) Category 2 (Spouses of Shareholders): \$8,000. c) Category 3 (All other participants except non-shareholder doctors): 2.500% of compensation.
<b>Cash Balance Account</b>	The accumulation of the cash accruals credited with 5.000% interest.
<b>Monthly Pension</b>	The monthly annuity actuarially equivalent to the cash balance account.
<b>Eligibility Requirements</b>	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.
<b>Normal Retirement Age</b>	1st of month following attainment of age 65 and 5 years of participation.
<b>Funding Provisions</b>	Pension Protection Act of 2006, end of year funding.
<b>Type of Annuity</b>	Life annuity.

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

**Plan Specifications and Actuarial Assumptions  
Valuation as of 12/31/2022 for the Plan Year Ending 12/31/2022**

**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: 2022 Applicable Mortality Table.



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

**Plan Specifications and Actuarial Assumptions  
Valuation as of 12/31/2022 for the Plan Year Ending 12/31/2022**

<b>Male Nonannuitant:</b>	2022 Nonannuitant Male			
<b>Female Nonannuitant:</b>	2022 Nonannuitant Female			
<b>Male Annuitant:</b>	2022 Annuitant Male			
<b>Female Annuitant:</b>	2022 Annuitant Female			
<b>Male Projection:</b>	N/A			
<b>Female Projection:</b>	N/A			
<b>Applicable months from valuation month:</b>	0			
<b>Probability of lump sum:</b>	100.00%			
		<u>1st</u>	<u>2nd</u>	<u>3rd</u>
<b>Segment rates (Maximum Deductible Contribution):</b>	1.95	3.50	3.85	
<b>High Quality Bond rates:</b>	N/A	N/A	N/A	
<b>Segment rates (Minimum Required Contribution):</b>	4.75	5.18	5.92	
<b>Overrides:</b>	0.00	0.00	0.00	
<b>Use optional combined mortality table for small plans:</b>	Yes			
<b>Male:</b>	2022 Optional table small plans Male			
<b>Female:</b>	2022 Optional table small plans Female			
<b>Male weighting:</b>	2022 Optional table small plans Male			
<b>Female weighting:</b>	2022 Optional table small plans Female			
<b>Use discount rate transition:</b>	No			
<b>Actuarial Equivalent Floor</b>				
<b>Stability period:</b>	plan year			
<b>Lookback months:</b>	5			
<b>Nonannuitant:</b>	N/A			
<b>Annuitant:</b>	2022 Applicable			
		<u>1st</u>	<u>2nd</u>	<u>3rd</u>
<b>Current:</b>	0.66	2.50	3.12	
<b>Override:</b>	0.00	0.00	0.00	

**Form 5500-SF**Department 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**2022****This Form Is Open to  
Public Inspection****Part I Annual Report Identification Information**

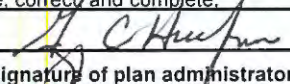
For calendar plan year 2022 or fiscal plan year beginning	01/01/2022	and ending	12/31/2022
<b>A</b> This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)		
<b>B</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)		
<b>C</b> 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)		
<b>D</b> 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**

<b>1a</b> Name of plan PEAK PERFORMANCE SPORTS & SPINE CASH BALANCE PLAN AND TRUST	<b>1b</b> Three-digit plan number (PN) ▶	002
<b>2a</b> 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	<b>1c</b> Effective date of plan	01/01/2020
	<b>2b</b> Employer Identification Number (EIN)	20-3271703
	<b>2c</b> Sponsor's telephone number	509-453-7325
	<b>2d</b> Business code (see instructions)	621340
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5a</b> Total number of participants at the beginning of the plan year .....	<b>5a</b>	10
<b>b</b> Total number of participants at the end of the plan year .....	<b>5b</b>	6
<b>c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>5c</b>	
<b>d(1)</b> Total number of active participants at the beginning of the plan year .....	<b>5d(1)</b>	7
<b>d(2)</b> Total number of active participants at the end of the plan year .....	<b>5d(2)</b>	5
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>5e</b>	0

**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.

<b>SIGN HERE</b>			Gregory Huefner, Director
	Signature of plan administrator	Date 6/8/23	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	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 (2022)  
v.220413

- 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**

<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	422,296	566,841
<b>b</b> Total plan liabilities .....	<b>7b</b>	0	0
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	422,296	566,841
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	245,000	
<b>(2)</b> Participants .....	<b>8a(2)</b>	0	
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>	0	
<b>b</b> Other income (loss) .....	<b>8b</b>	-87,136	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		157,864
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	12,344	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) ..	<b>8e</b>	0	
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	975	
<b>g</b> Other expenses .....	<b>8g</b>	0	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		13,319
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		144,545
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>		

**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**

<b>10</b> During the plan year:		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) .....	<b>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>	X		3,000,000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X	
<b>e</b> 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.) .....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>		X	
<b>i</b> 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 .....	<b>10i</b>			

**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.)

<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)



<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>► File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2022</b>  <b>This Form Is Open to Public Inspection</b>
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For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>			
► <b>Round off amounts to nearest dollar.</b>			
► <b>Caution:</b> A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.			
<b>A</b> Name of plan PEAK PERFORMANCE SPORTS & SPINE CASH BALANCE PLAN AND TRUST	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"><b>B</b> Three-digit plan number (PN) ►</td> <td style="width:30%; text-align: center;">002</td> </tr> </table>	<b>B</b> Three-digit plan number (PN) ►	002
<b>B</b> Three-digit plan number (PN) ►	002		
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF  PEAK PERFORMANCE SPORTS & SPINE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>D</b> Employer Identification Number (EIN)  20-3271703</td> </tr> </table>	<b>D</b> Employer Identification Number (EIN)  20-3271703	
<b>D</b> Employer Identification Number (EIN)  20-3271703			
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500			

<b>Part I Basic Information</b>				
<b>1</b> Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2022</u>				
<b>2</b> Assets:				
a Market value .....	<b>2a</b>	319,705		
b Actuarial value .....	<b>2b</b>	319,705		
<b>3</b> 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 .....	1	1,647	1,647	
c For active participants .....	5	443,463	443,463	
d Total .....	6	445,110	445,110	
<b>4</b> 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 .....	<b>4a</b>			
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 .....	<b>4b</b>			
<b>5</b> Effective interest rate .....	<b>5</b>	5.23%		
<b>6</b> Target normal cost .....				
a Present value of current plan year accruals .....	<b>6a</b>	87,220		
b Expected plan-related expenses .....	<b>6b</b>	0		
c Total (line 6a + line 6b) .....	<b>6c</b>	87,220		

<b>Statement by Enrolled Actuary</b>	
<small>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.</small>	
<b>SIGN HERE</b>	<div style="text-align: center;">             Signature of actuary         </div> <div style="text-align: center;"> <u>06/01/2023</u>            Date         </div> <div style="text-align: center;">           DENNIS M. REDDINGTON            Type or print name of actuary         </div> <div style="text-align: center;">           PENSION ADVISORY GROUP, LTD.            Firm name         </div> <div style="text-align: center;">           175 E. HAWTHORN PKWY., STE. 405            VERNON HILLS IL 60061-1468            Address of the firm         </div>
<div style="display: flex; justify-content: space-between;"> <div>           Most recent enrollment number            2306071         </div> <div>           Telephone number (including area code)            847-680-3867         </div> </div>	

<b>Part II</b>	<b>Beginning of Year Carryover and Prefunding Balances</b>
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		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>11.90</u> %.....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		60
	<b>b(1)</b> 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>5.53</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		60
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III</b>	<b>Funding Percentages</b>
-----------------	----------------------------

<b>14</b>	Funding target attainment percentage.....	<b>14</b>	71.82 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	106.41 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	105.51 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	<b>17</b>	%

## Part IV Contributions and Liquidity Shortfalls

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

[illegible]

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

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b>	246,749

## 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**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....	<b>21b</b>			0
<b>22</b> Weighted average retirement age .....	<b>22</b>			65
<b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

**Part VI Miscellaneous Items**

<b>24</b> 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
<b>25</b> 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
<b>26</b> Demographic and benefit information	
<b>a</b> 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
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....	<b>27</b>

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	87,220	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:			
<b>a</b> Net shortfall amortization installment .....	Outstanding Balance	Installment	
<b>b</b> Waiver amortization installment .....	125,405	11,589	
	0	0	
<b>33</b> 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 .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....	<b>34</b>	98,809	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	98,809	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	246,749	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	147,940	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021
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**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 12/31/2022 for the Plan Year Ending 12/31/2022**

<b><u>Retirement</u></b>	<b><u>Normal</u></b>	<b><u>Early</u></b>	<b><u>Subsidized Early</u></b>
<b>Age:</b>	65		
<b>Service:</b>	0		
<b>Participation:</b>	5		
<b>Defined:</b>	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 12/31/2022 for the Plan Year Ending 12/31/2022**

<b>Effective Date</b>	January 1, 2020.
<b>Valuation Date</b>	December 31, 2022
<b>Cash Balance Accrual</b>	a) Category 1 (Shareholders): \$75,000. b) Category 2 (Spouses of Shareholders): \$8,000. c) Category 3 (All other participants except non-shareholder doctors): 2.500% of compensation.
<b>Cash Balance Account</b>	The accumulation of the cash accruals credited with 5.000% interest.
<b>Monthly Pension</b>	The monthly annuity actuarially equivalent to the cash balance account.
<b>Eligibility Requirements</b>	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.
<b>Normal Retirement Age</b>	1st of month following attainment of age 65 and 5 years of participation.
<b>Funding Provisions</b>	Pension Protection Act of 2006, end of year funding.
<b>Type of Annuity</b>	Life annuity.

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

**Plan Specifications and Actuarial Assumptions  
Valuation as of 12/31/2022 for the Plan Year Ending 12/31/2022**

**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: 2022 Applicable Mortality Table.

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

**Plan Specifications and Actuarial Assumptions  
Valuation as of 12/31/2022 for the Plan Year Ending 12/31/2022**

<b>Male Nonannuitant:</b>	2022 Nonannuitant Male			
<b>Female Nonannuitant:</b>	2022 Nonannuitant Female			
<b>Male Annuitant:</b>	2022 Annuitant Male			
<b>Female Annuitant:</b>	2022 Annuitant Female			
<b>Male Projection:</b>	N/A			
<b>Female Projection:</b>	N/A			
<b>Applicable months from valuation month:</b>	0			
<b>Probability of lump sum:</b>	100.00%			
		<u>1st</u>	<u>2nd</u>	<u>3rd</u>
<b>Segment rates (Maximum Deductible Contribution):</b>	1.95	3.50	3.85	
<b>High Quality Bond rates:</b>	N/A	N/A	N/A	
<b>Segment rates (Minimum Required Contribution):</b>	4.75	5.18	5.92	
<b>Overrides:</b>	0.00	0.00	0.00	
<b>Use optional combined mortality table for small plans:</b>	Yes			
<b>Male:</b>	2022 Optional table small plans Male			
<b>Female:</b>	2022 Optional table small plans Female			
<b>Male weighting:</b>	2022 Optional table small plans Male			
<b>Female weighting:</b>	2022 Optional table small plans Female			
<b>Use discount rate transition:</b>	No			
<b>Actuarial Equivalent Floor</b>				
<b>Stability period:</b>	plan year			
<b>Lookback months:</b>	5			
<b>Nonannuitant:</b>	N/A			
<b>Annuitant:</b>	2022 Applicable			
		<u>1st</u>	<u>2nd</u>	<u>3rd</u>
<b>Current:</b>	0.66	2.50	3.12	
<b>Override:</b>	0.00	0.00	0.00	

Schedule SB, line 32 - Schedule of Amortization Bases  
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 32 - Schedule of Amortization Bases  
Valuation as of 12/31/2022 for the Plan Year Ending 12/31/2022

Charges/Credits

<u>Type of Base</u>	<u>Effective Date</u>	<u>Interest Rate</u>	<u>Initial Amount</u>	<u>Initial Amort</u>	<u>Current Balance</u>	<u>Rem Amort</u>	<u>Payment</u>
Shortfall	12/31/2022	4.75 / 5.18	125,405	15.00	125,405	15.00	11,589
Totals							11,589