

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS OF GREEN BAY SC CASH BALANCE PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 01/01/2023
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 26-1132759
2c Plan Sponsor's telephone number: 920-965-9520
2d Business code (see instructions): 621111

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	168
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	160
	<b>6a(2)</b>	156
	<b>6b</b>	0
	<b>6c</b>	8
	<b>6d</b>	164
	<b>6e</b>	0
	<b>6f</b>	164
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		8
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 1C 3D

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE 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>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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>ORTHOPEDIC &amp; SPORTS MEDICINE SPECIALISTS OF GREEN BAY SC CASH BALANCE PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ORTHOPEDIC &amp; SPORTS MEDICINE SPECIALISTS OF GREEN BAY SC</u>	<b>D</b> Employer Identification Number (EIN) <u>26-1132759</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 type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	1495610
	<b>b</b> Actuarial value .....	<b>2b</b>	1495610
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	0	0
	<b>b</b> For terminated vested participants .....	8	9473
	<b>c</b> For active participants .....	160	1346696
	<b>d</b> Total .....	168	1356169
<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>	5.34 %
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	1453926
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	0
	<b>c</b> Target normal cost .....	<b>6c</b>	1453926

**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>09/30/2025</u>
	Signature of actuary	Date
	<u>LORI MAYER</u>	<u>23-08199</u>
	Type or print name of actuary	Most recent enrollment number
	<u>THE BENEFITS CONSULTING GROUP, INC.</u>	<u>312-427-9140</u>
	Firm name	Telephone number (including area code)
	<u>53 W. JACKSON BLVD. SUITE 864 CHICAGO, IL 60604</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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(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>13.26</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) .....		171235
<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>5.47</u> % .....		9367
<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 .....		180602
<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 Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	106.27 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	106.23 %
<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>	80.00 %
<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>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(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		
09/30/2024	1100000	0					
04/24/2025	528977	0					
			<b>Totals ▶</b>	<b>18(b)</b>	1628977	<b>18(c)</b>	0

**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>	1552272

**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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<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 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 checked="" type="checkbox"/> Yes <input 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 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 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>	1453926
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....			<b>31b</b>	88286
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	0		0	
<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>	1365640
	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>	1365640
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....			<b>37</b>	1552272
<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>	186632
<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 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				

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

<b>A</b> Name of plan ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS OF GREEN BAY SC CASH BALANCE PLAN	<b>B</b> Three-digit plan number (PN) ▶	003
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS OF GREEN BAY SC	<b>D</b> Employer Identification Number (EIN) 26-1132759	

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)...  Yes  No

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

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

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

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

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

MORGAN STANLEY DOMESTIC HOLDINGS

MORGAN STANLEY SMITH BARNEY, LLC  
2000 WESTCHESTER AVE  
PURCHASE, NY 10577

20-8764829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27		8012	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>ORTHOPEDIC &amp; SPORTS MEDICINE SPECIALISTS OF GREEN BAY SC CASH BALANCE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ORTHOPEDIC &amp; SPORTS MEDICINE SPECIALISTS OF GREEN BAY SC</b>	<b>D</b> Employer Identification Number (EIN) <b>26-1132759</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	214581	528977
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	16665	99891
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	1266600	2528028
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1497846	3156896
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	1497846	3156896

**Part II Income and Expense Statement**

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

Income		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1628977	
(B) Participants.....	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		1628977
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	69314	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		69314
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	
(B) Other.....	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		0
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		0
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		0
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		2400
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		1700691

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	33629	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	0	
(3) Other .....	<b>2e(3)</b>	0	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		33629
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		0
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		0
<b>h</b> Interest expense .....	<b>2h</b>		0
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	0	
(2) Contract administrator fees .....	<b>2i(2)</b>	0	
(3) Recordkeeping fees .....	<b>2i(3)</b>	0	
(4) IQPA audit fees .....	<b>2i(4)</b>	0	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	8012	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	0	
(7) Actuarial fees .....	<b>2i(7)</b>	0	
(8) Legal fees .....	<b>2i(8)</b>	0	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>	0	
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	0	
(11) Other expenses .....	<b>2i(11)</b>	0	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		8012
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		41641

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1659050
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		0
(2) From this plan .....	<b>2l(2)</b>		0

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **BOYUM BARENSCHEER, PLLP**

(2) EIN: **41-6192096**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 548574.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>ORTHOPEDIC &amp; SPORTS MEDICINE SPECIALISTS OF GREEN BAY SC CASH BALANCE PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>ORTHOPEDIC &amp; SPORTS MEDICINE SPECIALISTS OF GREEN BAY SC</u>	<b>D</b> Employer Identification Number (EIN) <u>26-1132759</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<u>0</u>
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>27-3169253</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<u>20</u>

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>	

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

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

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

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

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

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

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

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

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

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

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

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

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

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

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

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

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

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

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705152A.

<b>Structured Attachment</b> Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	<b>Schedule SB, line 26a</b> <b>Schedule of Active Participant Data</b>	<b>2024</b>
		This Form is Open to Public Inspection

<b>Name of Plan</b>	ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS OF GREEN BAY SC CASH BALANCE PLAN						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	26-1132759	<b>PN</b>	003

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	1			1		
25 to 29	2			9		
30 to 34	6			16		
35 to 39	4			24		
40 to 44	6			25		
45 to 49	3			21		
50 to 54	2			20		
55 to 59				9		
60 to 64	1			8		
65 to 69				1		
70 & Up	1					

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

<b>Name of Plan</b>	ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS OF GREEN BAY SC CASH BALANCE PLAN						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	26-1132759	<b>PN</b>	003

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

<b>Name of Plan</b>	ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS OF GREEN BAY SC CASH BALANCE PLAN						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	26-1132759	<b>PN</b>	003

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

***ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS OF GREEN BAY SC  
CASH BALANCE PLAN***

***FINANCIAL REPORT***

***DECEMBER 31, 2024 AND 2023***

## **C O N T E N T S**

	Page
<b>INDEPENDENT AUDITOR'S REPORT</b>	1
<b>FINANCIAL STATEMENTS</b>	
Statements of net assets available for benefits	4
Statements of changes in net assets available for benefits	5
Statement of accumulated plan benefits	6
Statement of changes in accumulated plan benefits	7
Notes to financial statements	8
<b>SUPPLEMENTARY INFORMATION</b>	
Schedule H, Line 4i-Schedule of assets (held at end of year)	15
Schedule H, Line 4j-Schedule of reportable transactions	17



## **INDEPENDENT AUDITOR'S REPORT**

Plan Sponsor and Participants  
Orthopedic & Sports Medicine Specialists  
of Green Bay SC Cash Balance Plan  
Green Bay, WI

### **Report on the Financial Statements**

We have audited the accompanying financial statements of Orthopedic & Sports Medicine Specialists of Green Bay SC Cash Balance Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, the statement of accumulated plan benefits as of December 31, 2023, the related statement of changes in accumulated plan benefits for the year ended December 31, 2023, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits as of December 31, 2024 and 2023, its changes in its net assets available for benefits for the years ended December 31, 2024 and 2023, the accumulated plan benefits as of December 31, 2023, and its changes in accumulated plan benefits for the year ended December 31, 2023, of Orthopedic & Sports Medicine Specialists of Green Bay SC Cash Balance Plan, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial statements section of our report. We are required to be independent of the Orthopedic & Sports Medicine Specialists of Green Bay SC Cash Balance Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Orthopedic &

Sports Medicine Specialists of Green Bay SC Cash Balance Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Orthopedic & Sports Medicine Specialists of Green Bay SC Cash Balance Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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

### **Supplemental Schedules Required by ERISA**

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2024, and of reportable transactions for the year ended December 31, 2024, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Departments of Labor's Rules and Regulations for Reporting and

Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting on Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Boyum & Barescheer PLLP*

Boyum & Barescheer PLLP  
Minneapolis, Minnesota  
September 26, 2025

**ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS  
OF GREEN BAY SC CASH BALANCE PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

<b>DECEMBER 31,</b>	<b>2024</b>	<b>2023</b>
<b>ASSETS</b>		
<b>INVESTMENTS, at fair value</b>	<b>\$ 2,627,919</b>	<b>\$ 1,283,265</b>
<b>EMPLOYER CONTRIBUTION RECEIVABLE</b>	<b>528,977</b>	<b>214,581</b>
<i>Net assets available for benefits</i>	<b>\$ 3,156,896</b>	<b>\$ 1,497,846</b>

The Notes to Financial Statements are an integral part of these statements.

**ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS  
OF GREEN BAY SC CASH BALANCE PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

<b>YEARS ENDED DECEMBER 31,</b>	<b>2024</b>	<b>2023</b>
<b>ADDITIONS</b>		
<b>INVESTMENT INCOME</b>		
Net appreciation in investments	\$ 3,394	\$ 28,279
Interest and dividends on investments	68,320	6,103
<i>Total investment income</i>	<b>71,714</b>	<b>34,382</b>
<b>EMPLOYER CONTRIBUTIONS</b>	<b>1,628,977</b>	<b>1,464,581</b>
<i>Total additions</i>	<b>1,700,691</b>	<b>1,498,963</b>
<b>DEDUCTIONS</b>		
Benefits paid to participants	(33,629)	-
Fees	(8,012)	(1,117)
<i>Total deductions</i>	<b>(41,641)</b>	<b>(1,117)</b>
<i>Net increase</i>	<b>1,659,050</b>	<b>1,497,846</b>
Net assets available for benefits:		
Beginning of year	1,497,846	-
<i>End of year</i>	<b>\$ 3,156,896</b>	<b>\$ 1,497,846</b>

The Notes to Financial Statements are an integral part of these statements.

**ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS  
OF GREEN BAY SC CASH BALANCE PLAN**

**STATEMENT OF ACCUMULATED PLAN BENEFITS**

<b>DECEMBER 31,</b>	<b>2023</b>
<b>ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS</b>	
<b>VESTED BENEFITS</b>	
Active participants	\$ 2,403,096
Terminated participants	19,961
<b><i>Total actuarial present value of accumulated plan benefits</i></b>	<b>\$ 2,423,057</b>

The Notes to Financial Statements are an integral part of these statements.

**ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS  
OF GREEN BAY SC CASH BALANCE PLAN**

**STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS**

<b>YEAR ENDED DECEMBER 31,</b>	<b>2023</b>
<b>Actuarial present value of accumulated plan benefits, beginning of year</b>	<b>\$ -</b>
<b>Increase during the year attributable to</b>	
Benefits accumulated	2,143,633
Actuarial gains	279,424
<i>Net increase</i>	<u>2,423,057</u>
<b><i>Actuarial present value of accumulated plan benefits, end of year</i></b>	<b><u>\$ 2,423,057</u></b>

The Notes to Financial Statements are an integral part of these statements.

**ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS  
OF GREEN BAY SC CASH BALANCE PLAN**

**NOTES TO THE FINANCIAL STATEMENTS**

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**NOTE 1. DESCRIPTION OF THE PLAN**

The following description of the Orthopedic & Sports Medicine Specialists of Green Bay SC Cash Balance Plan (Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

***General:***

The Plan is a cash balance defined benefit plan. Orthopedic & Sports Medicine Specialist of Green Bay SC (the Company) is the administrator and sponsor of the Plan. The Plan was established on January 1, 2023, and uses Morgan Stanley Smith Barney LLC as the asset custodian and The Benefits Consulting Group as the Plan's recordkeeper, actuary and third-party administrator. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

***Eligibility:***

Employees of the Company who are not covered by collective bargaining agreements and who are not resident aliens, are eligible to participate upon obtaining twenty-one years of age and performing one year of service, in which 1,000 hours are served. The Plan entry dates are the first day of the Plan year or the first day of the seventh month of the plan year, coincident with or next to following the satisfaction of the eligibility requirements.

***Accumulation accounts:***

Under the Plan provisions, the Company credits amounts to the participants' hypothetical accumulation accounts. The accounts are allocated compensation credits and interest credits at the end of every year. The compensation credits are allocated based on a percentage of the participants' compensation or specific dollar limits as defined in the plan document for that year. The applicable percentage ranges from 3% to specific target amounts based on the class of the employee and is based on the participants' age, compensation, and targeted benefits (as defined in the plan document) at the end of each year. The interest credits are calculated and credited annually based on the participant's beginning balance of their accumulation account at 5%; interest credits of \$73,964 were allocated for the year ended December 31, 2024. As the Plan was established January 1, 2023, no interest credits were allocated for the year ended December 31, 2023.

***Funding policy:***

All contributions made to the Plan are made by the Company on the basis of annual funding amounts determined by the Plan's independent actuary. No employee contributions are permitted. The Company's funding policy is to make contributions to the Plan which shall not be less than the minimum amount required to meet the funding standards of ERISA and the Internal Revenue Code. The Company's contributions for the years ended December 31, 2024 and 2023 met the minimum funding standard. The contributions of the Company are also designed to fund the current service cost on a current basis.

**ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS  
OF GREEN BAY SC CASH BALANCE PLAN**

**NOTES TO THE FINANCIAL STATEMENTS**

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**NOTE 1. (CONTINUED)**

***Vesting:***

A participant is 100% vested after three years of service. Participant accounts become 100% vested if the participant dies, or if the participant reached normal retirement age as defined by the Plan, regardless of years of vested service.

***Pension benefits:***

Benefits are determined based on the participant's accumulation account balance. Upon termination of employment, participants have the option of receiving their vested benefit in the form of a one-time lump sum payment or a monthly life annuity or a joint and survivor annuity if married. Effective January 1, 2024, if terminated/retired participants do not voluntarily elect to move their funds out of the plan, vested account balances between \$1,000 and \$6,999 (previously \$4,999) are rolled into an IRA on the employee's behalf. If a participant terminates employment and the participant's account balance does not exceed \$1,000, the Plan administrator can authorize the benefit payment without the participant's consent. The Plan permits in-service distributions once a participant reaches age 62.

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

***Basis of accounting:***

The financial statements of the Plan are maintained on the accrual basis of accounting.

***Use of estimates:***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities, and the actuarial present value of the accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

***Investment valuation and income recognition:***

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for the discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Net appreciation of investments includes the Plan's gains or losses from the sale of investments as well as held during the year.

**ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS  
OF GREEN BAY SC CASH BALANCE PLAN**

**NOTES TO THE FINANCIAL STATEMENTS**

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**NOTE 2. (CONTINUED)**

***Payment of benefits:***

Benefits are recorded when paid.

***Expenses:***

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses paid by the Company are excluded from these statements. Certain investment-related expenses are included in net appreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

***Actuarial present value of accumulated plan benefits:***

The actuarial present value of accumulated plan benefits was calculated as of January 1, 2024, for December 31, 2023, and includes the accumulated benefits of the Plan. Had the valuation been calculated as of December 31, 2023, there would be no material changes. Accumulated plan benefits are future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of employees who have died; and (c) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, and termination of employment) are included, to the extent they are deemed attributable to participant service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's consulting actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Significant actuarial assumptions as of January 1, 2024:

- Actuarial Method - Unit credit.
- Discount Rate - Three and a half percent (3.5%) for valuing accumulated benefits.
- Retirement - Normal retirement age is 65.
- Mortality – Pri-2012 Employee fully generational using projection scale MP2021.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

***Subsequent events:***

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through September 26, 2025, the date the financial statements were available to be issued.

**ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS  
OF GREEN BAY SC CASH BALANCE PLAN**

**NOTES TO THE FINANCIAL STATEMENTS**

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**NOTE 3. FAIR VALUE INFORMATION**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

**Level 2:** Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets and liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means;

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

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

**U.S. treasury notes:** Valued using pricing models maximizing the use of observable inputs for similar securities.

**Corporate bonds:** Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

**Money market account:** Valued at the daily closing price as reported by the fund. Money market account held by the Plan are open-ended funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The money market accounts held by the Plan are deemed to be actively traded.

**ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS  
OF GREEN BAY SC CASH BALANCE PLAN**

**NOTES TO THE FINANCIAL STATEMENTS**

**NOTE 3. (CONTINUED)**

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

The Plan administrator determines the fair value measurement policies and procedures, utilizing information provided by its investment advisors, custodian, and Committee. Those policies and procedures are reassessed periodically to determine if the current valuation techniques are still appropriate. At that time, the unobservable inputs used in the fair value measurements are evaluated and adjusted, as necessary, based on current market conditions and other third-party information.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of:

**Investments at Fair Value as of December 31, 2024**

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Government treasury notes	\$ 606,593	\$ -	\$ -	\$ 606,593
Money market account	99,891	-	-	99,891
Corporate bonds	-	1,921,435	-	1,921,435
<b><i>Investments, at fair value</i></b>	<b>\$ 706,484</b>	<b>\$ 1,921,435</b>	<b>\$ -</b>	<b>\$ 2,627,919</b>

**Investments at Fair Value as of December 31, 2023**

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Government treasury notes	\$ 638,200	\$ -	\$ -	\$ 638,200
Money market account	16,665	-	-	16,665
Corporate bonds	-	628,400	-	628,400
<b><i>Investments, at fair value</i></b>	<b>\$ 654,865</b>	<b>\$ 628,400</b>	<b>\$ -</b>	<b>\$ 1,283,265</b>

**NOTE 4. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments are managed by Morgan Stanley Smith Barney LLC. Morgan Stanley Smith Barney LLC is the asset custodian, and The Benefits Consulting Group is the Plan's recordkeeper, actuary and third-party administrator; transactions with these parties qualify as party-in-interest transactions. All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

**ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS  
OF GREEN BAY SC CASH BALANCE PLAN**

**NOTES TO THE FINANCIAL STATEMENTS**

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**NOTE 5. PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to cease benefit accruals or terminate or partially terminate the Plan in accordance with its provisions, subject to the provisions of the IRC and ERISA. If the Plan were to terminate, the rights of participating employees are non-forfeitable with respect to the Plan benefits accrued through the date of such termination. The net assets available for benefits of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates, although Plan management expects the net assets of the Plan to meet the cash flow requirements to settle all accrued benefits related to hypothetical account balances under the Plan.

Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during December 31, 2024, the guaranteed monthly benefit is limited to \$6,750. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later).

For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward. The PBGC generally does not pay lump sums exceeding \$5,000.

Whether all participants receive their benefits should the Plan terminate at some future time depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the financial condition of the plan sponsor and may also depend on the level of benefits guaranteed by the PBGC.

**NOTE 6. TAX STATUS**

The Plan is placing reliance on an Advisory Opinion letter dated February 28, 2023, received from the Internal Revenue Service (IRS) on the DATAIR Employee Benefit Systems, Inc. Cash Balance Pension Plan indicating that the Plan is qualified under Section 401 of the Internal Revenue Code (IRC) and is therefore not subject to tax under the current income tax law. The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

***ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS  
OF GREEN BAY SC CASH BALANCE PLAN***

***NOTES TO THE FINANCIAL STATEMENTS***

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**NOTE 6. (CONTINUED)**

Accounting principles generally accepted in the United States of America requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**NOTE 7. RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would-be material to the financial statements.

**NOTE 8. SECURE ACT 2.0**

In December 2022, Securing a Strong Retirement Act (SECURE 2.0) was passed into law. The effective date of the provisions of SECURE 2.0 vary from becoming effective immediately through 2028. Those provisions include both required and optional elements. Management has evaluated those provisions and administratively adopted an increase to the force out limit for terminated participants (see Note 1, Payment of Pension Benefits subnote). Plan management will determine other optional provisions to elect in the future.

**ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS  
OF GREEN BAY SC CASH BALANCE PLAN  
EIN# 26-1132759 NO. 003**

**SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

DECEMBER 31, 2024				
(a)	(b)	(c)	(d)	(e)
Party-in- interest	Identity of Issue, Borrower, Lessor or Similar Party	Description	Cost	Current Value
*	Morgan Stanley Bank N.A	Money market	\$ 99,893	\$ 99,891
	Bank Of America Corp Fxd To 042027 Var Thrafrtr 6.125%	Corporate bond	24,921	24,464
	Charles Schwab Corp/The Fxd To 062025 Var Thrafrtr 5.3750%	Corporate bond	24,126	23,958
	Charles Schwab Corp/The Fxd To 062026 Var Thrafrtr 4%	Corporate bond	13,310	13,602
	Jpmorgan Chase & Co Fxd To 112022 Var Thrafrtr 7.4126%	Corporate bond	12,254	12,224
	Georgia Power Co - Coupon Rate 5.329%; Matures 05/08/2025	Corporate bond	12,040	12,129
	Home Depot Inc/The - Coupon Rate 4.700%; Matures 12/24/2025	Corporate bond	25,055	25,073
	American Honda Finance Corp - Coupon Rate 5.290%; Matures 01/12/2026	Corporate bond	16,094	16,262
	Citigroup Inc - Coupon Rate 5.064%; Matures 01/25/2026	Corporate bond	24,023	24,246
	Nextera Energy Capital Holdings Inc - Coupon Rate 5.395%; Matures 01/29/2026	Corporate bond	25,084	25,390
	Boeing Co/The - Coupon Rate 2.196%; Matures 02/04/2026	Corporate bond	25,428	26,426
	Bristol-Myers Squibb Co - Coupon Rate 4.860%; Matures 02/20/2026	Corporate bond	25,093	25,205
	Wells Fargo & Co - Coupon Rate 5.690%; Matures 04/25/2026	Corporate bond	24,160	24,341
	Toyota Motor Credit Corp - Coupon Rate 4.820%; Matures 05/15/2026	Corporate bond	30,051	30,245
	Pinnacle West Capital Corp - Coupon Rate 5.190%; Matures 06/10/2026	Corporate bond	24,089	24,172
	Crown Castle Inc - Coupon Rate 1.050%; Matures 07/15/2026	Corporate bond	25,487	26,591
	Caterpillar Financial Services Corp - Coupon Rate 5.060%; Matures 10/16/2026	Corporate bond	12,066	12,197
	Plains All American Pipeline Lp / Paa Finance Corp - Coupon Rate 4.500%	Corporate bond	25,510	25,926
	Royal Bank Of Canada - Coupon Rate 5.372%; Matures 01/21/2027	Corporate bond	12,049	12,188
	Jpmorgan Chase & Co Fxd To 022026 Var Thrafrtr 1.0400% - Matures 02/04/2027	Corporate bond	25,974	27,021
	National Rural Utilities Cooperative Finance Corp - Matures 02/05/2027	Corporate bond	30,264	30,538
	General Motors Financial Co Inc - Coupon Rate 5.410%; Matures 02/26/2027	Corporate bond	25,042	25,250
	Goldman Sachs Group Inc/The Fx D To 032026 Var Thrafrtr 1.431% - Mat. 03/09/2027	Corporate bond	37,908	39,542
	Keurig Dr Pepper Inc - Coupon Rate 5.356%; Matures 03/15/2027	Corporate bond	25,269	25,310
	Toronto-Dominion Bank/The - Coupon Rate 5.100%; Matures 04/05/2027	Corporate bond	12,017	12,173
	John Deere Capital Corp - Coupon Rate 4.970%; Matures 04/19/2027	Corporate bond	30,116	30,463
	Caterpillar Financial Services Corp - Coupon Rate 4.890%; Matures 05/14/2027	Corporate bond	18,090	18,131
	Lpl Holdings Inc - Coupon Rate 5.700%; Matures 05/20/2027	Corporate bond	26,383	26,487
	Energy Transfer Lp - Coupon Rate 5.500%; Matures 06/01/2027	Corporate bond	26,198	26,451
	Bank Of Montreal - Coupon Rate 5.296%; Matures 06/04/2027	Corporate bond	22,058	22,216
	Bank Of Nova Scotia/The - Coupon Rate 5.316%; Matures 06/04/2027	Corporate bond	12,999	13,083
	Southwest Airlines Co - Coupon Rate 5.125%; Matures 06/15/2027	Corporate bond	26,268	26,203
	American Honda Finance Corp - Coupon Rate 5.080%; Matures 07/09/2027	Corporate bond	13,079	13,221
	Vmware Inc - Coupon Rate 3.900%; Matures 08/21/2027	Corporate bond	26,012	26,772
	Goldman Sachs Group Inc/The - Coupon Rate 6.628%; Matures 10/28/2027	Corporate bond	12,270	12,429
	Marsh & McLennan Cos Inc - Coupon Rate 5.279%; Matures 11/08/2027	Corporate bond	19,078	19,295
	Consolidated Edison Co Of New York Inc - Coupon Rate 5.080%; Matures 11/18/2027	Corporate bond	25,034	25,296
	Jpmorgan Chase & Co - Coupon Rate 5.570%; Matures 01/23/2028	Corporate bond	25,255	25,587
	Sempra - Coupon Rate 3.400%; Matures 02/01/2028	Corporate bond	38,700	39,775
	Bank Of America Corp - Coupon Rate 5.420%; Matures 02/04/2028	Corporate bond	25,157	25,506
	American Express Co - Coupon Rate 5.560%; Matures 02/16/2028	Corporate bond	25,191	25,321
	Goldman Sachs Group Inc/The - Coupon Rate 5.490%; Matures 02/24/2028	Corporate bond	24,238	24,384
	First-Citizens Bank & Trust Co - Coupon Rate 6.125%; Matures 03/09/2028	Corporate bond	25,643	26,160
	Wells Fargo & Co Fxd To 062027 Var Thrafrtr 2.3930% - Matures 06/02/2028	Corporate bond	37,655	38,694
	Royal Bank Of Canada - Coupon Rate 5.525%; Matures 10/18/2028	Corporate bond	13,005	13,203
	Bank Of America Corp Fxd To 122027 Var Thrafrtr 3.419% - Matures 12/20/2028	Corporate bond	39,810	39,338
	At&T Inc - Coupon Rate 4.350%; Matures 03/01/2029	Corporate bond	25,740	25,823
	Energy Transfer Lp - Coupon Rate 5.250%; Matures 04/15/2029	Corporate bond	25,976	26,407
	T-Mobile Usa Inc - Coupon Rate 3.375%; Matures 04/15/2029	Corporate bond	24,937	25,393
	Cno Financial Group Inc - Coupon Rate 5.250%; Matures 05/30/2029	Corporate bond	25,445	25,943
	Hea Inc - Coupon Rate 4.125%; Matures 06/15/2029	Corporate bond	38,532	38,278
	Realty Income Corp - Coupon Rate 4.000%; Matures 07/15/2029	Corporate bond	26,095	26,454
	Epr Properties - Coupon Rate 3.750%; Matures 08/15/2029	Corporate bond	24,352	26,336
	Air Lease Corp - Coupon Rate 3.250%; Matures 10/01/2029	Corporate bond	25,176	26,053
	Hewlett Packard Enterprise Co - Coupon Rate 4.550%; Matures 10/15/2029	Corporate bond	25,947	25,685
	Micron Technology Inc - Coupon Rate 6.750%; Matures 11/01/2029	Corporate bond	26,020	25,830
	Edison International - Coupon Rate 6.950%; Matures 11/15/2029	Corporate bond	25,793	25,872
	Truist Financial Corp Fxd To 012029 Var Thrafrtr 5.435% - Matures 01/24/2030	Corporate bond	25,341	25,810

**ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS  
OF GREEN BAY SC CASH BALANCE PLAN  
EIN# 26-1132759 NO. 003**

**SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

<b>DECEMBER 31, 2024</b>				
(a)	(b)	(c)	(d)	(e)
Party-in- interest	Identity of Issue, Borrower, Lessor or Similar Party	Description	Cost	Current Value
<i>(continued)</i>				
	Citigroup Inc Fxd To 022029 Var Thrafr 5.174% - Matures 02/13/2030	Corporate bond	26,184	26,491
	Broadcom Inc - Coupon Rate 4.350%; Matures 02/15/2030	Corporate bond	25,716	25,578
	Sabine Pass Liquefaction Llc - Coupon Rate 4.500%; Matures 05/15/2030	Corporate bond	25,076	25,335
	Duke Energy Corp - Coupon Rate 2.450%; Matures 06/01/2030	Corporate bond	24,992	25,467
	Viatrix Inc - Coupon Rate 2.700%; Matures 06/22/2030	Corporate bond	25,169	26,054
	Rtx Corp - Coupon Rate 6.000%; Matures 03/15/2031	Corporate bond	25,605	25,616
	Capital One Financial Corp Fxd To 102030 Var Thrafr 7.624% - Matures 10/30/2031	Corporate bond	25,076	25,692
	Florida Power & Light Co - Coupon Rate 2.450%; Matures 02/03/2032	Corporate bond	25,339	25,652
	Jpmorgan Chase & Co Fxd To 022031 Var Thrafr 1.9530% - Matures 02/04/2032	Corporate bond	25,089	25,947
	Verizon Communications Inc - Coupon Rate 2.355%; Matures 03/15/2032	Corporate bond	25,006	25,093
	Goldman Sachs Group Inc/The Fx D To 072031 Var Thrafr 2.383% - Mat. 07/21/2032	Corporate bond	24,599	25,352
	Southern Co/The - Coupon Rate 5.700%; Matures 10/15/2032	Corporate bond	24,849	24,989
	Oracle Corp - Coupon Rate 6.250%; Matures 11/09/2032	Corporate bond	25,674	25,668
	Kimco Realty Op Llc - Coupon Rate 4.600%; Matures 02/01/2033	Corporate bond	24,477	25,272
	State Street Corp Fxd To 052032 Var Thrafr 4.4210% - Matures 05/13/2033	Corporate bond	24,767	24,920
	Bank Of New York Mellon Co Fxd To 102033 Var Thrafr 6.474% - Matures 10/25/2034	Corporate bond	25,871	25,121
	Dell International Llc / Emc Corp - Coupon Rate 4.850%; Matures 02/01/2035	Corporate bond	25,902	24,995
	Us Bancorp Fxd To 112031 Var Thrafr 2.4910% - Matures 11/03/2036	Corporate bond	24,154	25,236
	Bank Of America Corp Fxd To 032032 Var Thrafr 3.846% - Matures 03/08/2037	Corporate bond	24,518	25,145
	Citigroup Inc Fxd To 092034 Var Thrafr 5.411% - Matures 09/19/2039	Corporate bond	25,309	25,193
	Prudential Financial Inc Fxd To 092028 Var Thrafr 5.7% - Matures 09/15/2048	Corporate bond	25,296	26,247
	United States Treasury Note - Coupon Rate 4.125%; Matures 01/31/2025	U.S. treasury note	53,677	54,917
	United States Treasury Note - Coupon Rate 4.625%; Matures 02/28/2025	U.S. treasury note	52,802	53,847
	United States Treasury Note - Coupon Rate 3.875%; Matures 03/31/2025	U.S. treasury note	54,397	55,483
	United States Treasury Note - Coupon Rate 3.875%; Matures 04/30/2025	U.S. treasury note	54,323	55,281
	United States Treasury Note - Coupon Rate 4.250%; Matures 05/31/2025	U.S. treasury note	54,518	55,195
	United States Treasury Note - Coupon Rate 4.625%; Matures 06/30/2025	U.S. treasury note	54,755	55,145
	United States Treasury Note - Coupon Rate 4.750%; Matures 07/31/2025	U.S. treasury note	55,232	56,244
	United States Treasury Note - Coupon Rate 5.000%; Matures 08/31/2025	U.S. treasury note	55,393	56,203
	United States Treasury Note - Coupon Rate 5.000%; Matures 09/30/2025	U.S. treasury note	53,279	53,954
	United States Treasury Note - Coupon Rate 5.000%; Matures 10/31/2025	U.S. treasury note	54,323	54,789
	United States Treasury Note - Coupon Rate 4.875%; Matures 11/30/2025	U.S. treasury note	55,305	55,535
<b>Total investments</b>			<b>\$ 2,595,472</b>	<b>\$ 2,627,919</b>

\* Indicates party-in-interest

**ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS  
OF GREEN BAY SC CASH BALANCE PLAN  
EIN# 26-1132759 NO. 003**

**SCHEDULE H, LINE 4J – SCHEDULE OF REPORTABLE TRANSACTIONS**

**YEAR ENDED DECEMBER 31, 2024**

(a) Identity of Party Involved	(b) Description of Asset/Transaction	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset	(l) Net Gain or (Loss)
Morgan Stanley	MORGAN STANLEY BANK N.A.	\$ 2,658,489	\$ -	\$ 2,658,489	\$ 2,658,489	\$ -
Morgan Stanley	MORGAN STANLEY BANK N.A.	-	2,575,263	2,575,263	2,575,263	-
Morgan Stanley	UNITED STATES TREASURY NOTE 3.875% DUE 2025-04-30	63,263	-	63,263	63,263	-
Morgan Stanley	UNITED STATES TREASURY NOTE 3.875% DUE 2025-04-30	-	9,016	8,987	9,016	29
Morgan Stanley	UNITED STATES TREASURY NOTE 4.75% DUE 2025-07-31	64,311	-	64,311	64,311	-
Morgan Stanley	UNITED STATES TREASURY NOTE 4.75% DUE 2025-07-31	-	9,170	9,026	9,170	144
Morgan Stanley	UNITED STATES TREASURY NOTE 4.625% DUE 2025-02-28	61,818	-	61,818	61,818	-
Morgan Stanley	UNITED STATES TREASURY NOTE 4.625% DUE 2025-02-28	-	9,113	9,004	9,113	109
Morgan Stanley	UNITED STATES TREASURY NOTE 4.250% DUE 2024-12-31	61,751	-	61,751	61,751	-
Morgan Stanley	UNITED STATES TREASURY NOTE 4.250% DUE 2024-12-31	-	8,144	7,999	8,144	145
Morgan Stanley	UNITED STATES TREASURY NOTE 3.875% DUE 2025-03-31	63,334	-	63,334	63,334	-
Morgan Stanley	UNITED STATES TREASURY NOTE 3.875% DUE 2025-03-31	-	9,048	8,991	9,048	57
Morgan Stanley	UNITED STATES TREASURY NOTE 5.000% DUE 2025-08-31	64,502	-	64,502	64,502	-
Morgan Stanley	UNITED STATES TREASURY NOTE 5.000% DUE 2025-08-31	-	9,161	9,055	9,161	106
Morgan Stanley	JOHN DEERE CAPITAL CORP 5.430% DUE 2027-04-19	85,417	-	85,417	85,417	-
Morgan Stanley	WELLS FARGO & CO 6.150% DUE 2026-04-25	69,781	-	69,781	69,781	-
Morgan Stanley	UNITED STATES TREASURY NOTE 4.250% DUE 2025-05-31	63,478	-	63,478	63,478	-
Morgan Stanley	UNITED STATES TREASURY NOTE 4.250% DUE 2025-05-31	-	8,999	8,999	8,999	-
Morgan Stanley	UNITED STATES TREASURY NOTE 4.125% DUE 2025-01-31	62,691	-	62,691	62,691	-
Morgan Stanley	UNITED STATES TREASURY NOTE 4.125% DUE 2025-01-31	-	9,124	8,999	9,124	125
Morgan Stanley	UNITED STATES TREASURY NOTE 4.625% DUE 2025-06-30	62,746	-	62,746	62,746	-
Morgan Stanley	UNITED STATES TREASURY NOTE 4.625% DUE 2025-06-30	-	8,171	8,021	8,171	150

Columns (e) and (f) are omitted as they are not applicable.

<p><b>Form 5500</b> Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b), and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**

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

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here . . . . . ▶

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here . . . . . ▶

**Part II Basic Plan Information --- enter all requested information**

<p><b>1a</b> Name of plan <b>Orthopedic &amp; Sports Medicine Specialists of Green Bay SC Cash Balance Plan</b></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <b>003</b></p>
<p><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)</p> <p><b>Orthopedic &amp; Sports Medicine Specialists of Green Bay SC</b></p> <p>2223 Lime Kiln Road</p> <p>US Green Bay WI 54311</p>	<p><b>1c</b> Effective date of plan <b>01/01/2023</b></p> <p><b>2b</b> Employer Identification Number (EIN) <b>26-1132759</b></p> <p><b>2c</b> Plan Sponsor's telephone number (920) 965-9520</p> <p><b>2d</b> Business code (see instructions) <b>621111</b></p>

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

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

SIGN HERE		10/6/25	Sandy Fragale
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/6/25	Steve Schechinger
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

<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  <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>
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<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 and 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
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	168
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year . . . . .	<b>6a(1)</b>	160
<b>a(2)</b> Total number of active participants at the end of the plan year . . . . .	<b>6a(2)</b>	156
<b>b</b> Retired or separated participants receiving benefits . . . . .	<b>6b</b>	0
<b>c</b> Other retired or separated participants entitled to future benefits . . . . .	<b>6c</b>	8
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c . . . . .	<b>6d</b>	164
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits . . . . .	<b>6e</b>	0
<b>f</b> Total. Add lines 6d and 6e . . . . .	<b>6f</b>	164
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) . . . . .	<b>6g(1)</b>	
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) . . . . .	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested . . . . .	<b>6h</b>	8

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .	<b>7</b>	
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics 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 Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

(1)  **R** (Retirement Plan Information)

(2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4)  **DCG** (Individual Plan Information) - Number Attached \_\_\_\_\_

(5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

(1)  **H** (Financial Information)

(2)  **I** (Financial Information - Small Plan)

(3)  **A** (Insurance Information) - Number Attached \_\_\_\_\_

(4)  **C** (Service Provider Information)

(5)  **D** (DFE/Participating Plan Information)

(6)  **G** (Financial Transaction Schedules)

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<b>Part III</b>	<b>Form M-1 Compliance Information (to be completed by welfare benefit plans)</b>
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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) . . . . .  Yes  No

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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# Schedule SB, Part V Summary of Plan Provisions

## Orthopedic & Sports Medicine Specialists of Green Bay SC Cash Balance Plan 26-1132759 / 003

For the plan year 01/01/2024 through 12/31/2024

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<u>Employer:</u>	Orthopedic & Sports Medicine Specialists of Gree		
	Type of Entity -	C Corporation	
	EIN: 26-1132759	TIN:	Plan #: 003 Plan Type: Cash Balance
<u>Dates:</u>	Effective -	01/01/2023 Valuation - 01/01/2024	
	Top Heavy Years -	2024	
<u>Eligibility:</u>	All employees excluding non-resident aliens and union		
	Minimum age -	21 Months of service - 12	
	Hours Required for -	Eligibility - 1000	Benefit accrual - 1000 Vesting - 1000
	Plan Entry -	First day of 1st or 7th month of plan year on or next following eligibility satisfaction	
<u>Retirement:</u>	Normal -	First of month coincident with or next following attainment of age 65 and completion of 5 years of participation	
	Early -	Not provided	
<u>Average Compensation:</u>	Current compensation		
	Top Heavy Minimum Benefit -	Highest 5 consecutive top heavy years of participation	
<u>Plan Benefits:</u>	Retirement -	Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits	
	Pay Credits -	Classification	Pay Credit Formula
			3% of compensation - All other eligible participants
		AFROZ	\$20,000 - Afroz, Suraiya
		ALBIER	\$55,000 - Albiero, William
		AVERY	\$124,000 - Avery, Michael
		BRUHN	3% of compensation - Bruhnding, Paul
		ENRIG	\$33,000 - Enright, William
		FLANN	\$46,000 - Flannery, Walker
		FRAUN	\$40,000 - Fraundorf, Luke
		HEIN	\$36,000 - Hein, Joel
		HENRIK	\$41,000 - Henrikson, Karl
		KLEIN	\$83,000 - Klien, Jason
		LIM	\$57,000 - Lim, Debbie
		LINEH	\$70,000 - Linehan, Daniel
		MCCORM	\$225,000 - McCormick, Joseph
		MILLER	\$59,000 - Miller, Douglas
		NABOR	\$67,000 - Nabor, Darren
		ROYCE	3% of compensation - Royce, Bryan
		SCHEC	\$33,000 - Schechinger, Steven
		SEILER	\$30,000 - Seiler, Jacob
		SETHI	\$120,000 - Sethi, Manpreet
		SULLI	\$56,000 - Sullivan, Thomas
		TRESS	\$63,000 - Tressler, Michael
		TUTTLE	3% of compensation - Tuttle IV, Paul
		URTIE	\$50,000 - Utrie, Paul
		ZELLNER	\$53,000 - Zellner, Benjamin

# Schedule SB, Part V

## Summary of Plan Provisions

### Orthopedic & Sports Medicine Specialists of Green Bay SC Cash Balance Plan

26-1132759 / 003

For the plan year 01/01/2024 through 12/31/2024

Interest Credit Rate - Current Yr - 5%    Projected Yrs - 5%

Accrued Benefit - Hypothetical Account Balance

Minimum Benefit - None

Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Early Retirement - None

Death Benefit - Present Value of Accrued Benefit

Disability Benefit - None

Top Heavy Minimum:                    Provided in another plan

IRS Limitations:                    415 Limits -            Percent: 100            Dollar: \$275,000  
Maximum 401(a)(17) compensation - \$345,000

PBGC:                                    Plan is covered by Pension Benefit Guaranty Corporation

Normal Form:                        Life Annuity

Optional Forms:                    Lump Sum  
Joint with 50% or 75% Survivor Benefit

Vesting Schedule:                    100% vested in 3 years.  
Service is calculated using all years of service, except years prior to age 18

Present Value of Accrued Benefit:    Based on the Hypothetical Account Balance.

Actuarial Equivalence:

Pre-Retirement - Interest -            5%

Mortality Table -            None

Post-Retirement - Interest -            5%

Mortality Table -            24E - 2024 Applicable Mortality Table for 417(e) (unisex)



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

**Orthopedic & Sports Medicine Specialists of Green Bay SC Cash Balance Plan**  
**26-1132759 / 003**

**For the plan year 01/01/2024 through 12/31/2024**

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401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

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

**Orthopedic & Sports Medicine Specialists of Green Bay SC Cash Balance Plan**

**26-1132759 / 003**

**For the plan year 01/01/2024 through 12/31/2024**

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The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

## Schedule SB, line 19 - Discounted Employer Contributions

**Orthopedic & Sports Medicine Specialists of Green Bay SC Cash Balance Plan**  
**26-1132759 / 003**

**For the plan year 01/01/2024 through 12/31/2024**

**Valuation Date: 01/01/2024**

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
<b>Deposited Contribution</b>	<b>09/30/2024</b>	<b>\$1,100,000</b>					
Applied to MRC	01/01/2024	1,100,000	1,058,133	0	0	5.34	0.00
<b>Deposited Contribution</b>	<b>04/24/2025</b>	<b>\$528,977</b>					
Applied to Additional Contribution	01/01/2024	199,790	186,632	0	0	5.34	0.00
Applied to MRC	01/01/2024	329,187	307,507	0	0	5.34	0.00
Totals for Deposited Contribution		\$1,628,977	\$1,552,272	\$0	\$0		

**Structured Attachment**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Schedule SB, line 26a  
Schedule of Active Participant Data**

**2024**

**This Form is Open to  
Public Inspection**

<b>Name of Plan</b>	Orthopedic & Sports Medicine Specialists of Green Bay SC Cash Balance Plan						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	26-1132759	<b>PN</b>	003

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	1			1		
25 to 29	2			9		
30 to 34	6			16		
35 to 39	4			24		
40 to 44	6			25		
45 to 49	3			21		
50 to 54	2			20		
55 to 59				9		
60 to 64	1			8		
65 to 69				1		
70 and up	1					

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 and up						

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
Compensation		Cash Balance	Compensation		Cash Balance	
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 and up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
Compensation		Cash Balance	Compensation		Cash Balance	
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 and up						

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 and up		
	No.	Average		No.	Average	
Compensation		Cash Balance	Compensation		Cash Balance	
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 and up						

<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 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).  ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- ▶ 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 Orthopedic & Sports Medicine Specialists of Green Bay SC Cash Balance Plan	<b>B</b> Three-digit plan number (PN) ▶	003
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Orthopedic & Sports Medicine Specialists of Green Bay SC	<b>D</b> Employer Identification Number (EIN) 26-1132759	

**E** Type of plan:  Single  Multiple-A  Multiple-B  Multiple-C  Multiple-D  Multiple-E  Multiple-F  Multiple-G  Multiple-H  Multiple-I  Multiple-J  Multiple-K  Multiple-L  Multiple-M  Multiple-N  Multiple-O  Multiple-P  Multiple-Q  Multiple-R  Multiple-S  Multiple-T  Multiple-U  Multiple-V  Multiple-W  Multiple-X  Multiple-Y  Multiple-Z  Other

**F** Prior year plan size:  100 or fewer  101-500  More than 500

**Basic Information**

**1** Enter the valuation date: Month 01 Day 01 Year 2024

**2** Assets:

<b>a</b> Market value .....	<b>2a</b>	1,495,610
<b>b</b> Actuarial value .....	<b>2b</b>	1,495,610

**3** 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	0	0	0
<b>b</b> For terminated vested participants	8	9,473	9,473
<b>c</b> For active participants	160	1,346,696	1,397,851
<b>d</b> Total	168	1,356,169	1,407,324

**4** If the plan is in at-risk status, check the box and complete lines (a) and (b)

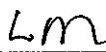
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	

**5** Effective interest rate ..... **5** 5.34 %

**6** Target normal cost

<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	1,453,926
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	0
<b>c</b> Target normal cost .....	<b>6c</b>	1,453,926

**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.

 Signature of actuary	09/30/2025 Date
Lori Mayer Type or print name of actuary	23-08199 Most recent enrollment number
The Benefits Consulting Group, Inc. Firm name	(312) 427-9140 Telephone number (including area code)
53 W. Jackson Blvd. Suite 864 US Chicago IL 60604 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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(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>13.26</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) .....		171,235
<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>5.47</u> % ...		9,367
<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		180,602
<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 Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	106.27 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	106.23 %
<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>	80.00 %
<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>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>							
<b>18</b> 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		
09/30/2024	1,100,000		04/24/2025	528,977			
<b>Totals ▶</b>			<b>18(b)</b>	1,628,977	<b>18(c)</b>	0	

<b>19</b> 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>	1,552,272
<b>20</b> Quarterly contributions and liquidity shortfalls:			
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</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	
<b>c</b>	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: 4.96 %	3rd segment: 5.59 %	<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 checked="" type="checkbox"/> Yes <input 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>	1,453,926	
<b>b</b> Excess assets, if applicable, but not greater than line 31a	<b>31b</b>	88,286	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment	0	0	
<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>	1,365,640	
	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>	1,365,640	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	<b>37</b>	1,552,272	
<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>	186,632	
<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 H, line 4i**  
**Schedule of Assets (Held At End of Year)**

For the plan year beginning 01/01/2024 and ending 12/31/2024

Name of plan

Orthopedic & Sports Medicine Specialists of Green Bay SC Cash Balance Plan

Employer Identification Number

26-1132759

Three-digit  
plan number

▶ 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Morgan Stanley Bank NA	MONEY MARKET	99,893	99,891
	Bank Of America Corp Fxd	CORPORATE BOND	24,921	24,464
	Charles Schwab Corp/The Fxd	CORPORATE BOND	24,126	23,958
	Charles Schwab Corp/The Fxd	CORPORATE BOND	13,310	13,602
	Jpmorgan Chase & Co Fxd	CORPORATE BOND	12,254	12,224
	Georgia Power Co	CORPORATE BOND	12,040	12,129
	Home Depot Inc	CORPORATE BOND	25,055	25,073
	American Honda Finance Corp	CORPORATE BOND	16,094	16,262
	Citigroup Inc	CORPORATE BOND	24,023	24,246
	Nextera Energy Capital Hold	CORPORATE BOND	25,084	25,390
	Boeing Co	CORPORATE BOND	25,428	26,426
	Bristol-Myers Squibb Co	CORPORATE BOND	25,093	25,205
	Wells Fargo & Co	CORPORATE BOND	24,160	24,341
	Toyota Motor Credit Corp	CORPORATE BOND	30,051	30,245
	Pinnacle West Capital Corp	CORPORATE BOND	24,089	24,172
	Crown Castle Inc	CORPORATE BOND	25,487	26,591
	Caterpillar Financial Services	CORPORATE BOND	12,066	12,197
	Plains All American Pipeline	CORPORATE BOND	25,510	25,926
	Royal Bank Of Canada	CORPORATE BOND	12,049	12,188
	Jpmorgan Chase & Co Fxd	CORPORATE BOND	25,974	27,021
	National Rural Utilities Coop	CORPORATE BOND	30,264	30,538
	General Motors Financial Co	CORPORATE BOND	25,042	25,250
	Goldman Sachs Group Inc	CORPORATE BOND	37,908	39,542
	Keurig Dr Pepper Inc	CORPORATE BOND	25,269	25,310
	Toronto-Dominion Bank	CORPORATE BOND	12,017	12,173
	John Deere Capital Corp	CORPORATE BOND	30,116	30,463
	Caterpillar Financial Services	CORPORATE BOND	18,090	18,131
	Lpl Holdings Inc	CORPORATE BOND	26,383	26,487
	Engergy Transfer Lp	CORPORATE BOND	26,198	26,451
	Bank Of Montreal	CORPORATE BOND	22,058	22,216
	Bank of Nova Scotia	CORPORATE BOND	12,999	13,083
	Southwest Airlines Co	CORPORATE BOND	26,268	26,203
	American Honda Finance Corp	CORPORATE BOND	13,079	13,221
	Vmware Inc	CORPORATE BOND	26,012	26,772
	Goldman Sachs Group Inc	CORPORATE BOND	12,270	12,429
	Marsh & McLennan Cos Inc	CORPORATE BOND	19,078	19,295
	Consolidated Edison Co Of NY	CORPORATE BOND	25,034	25,296
	Jpmorgan Chase & Co	CORPORATE BOND	25,255	25,587
	Sempra	CORPORATE BOND	38,700	39,775

**Schedule H, line 4i**  
**Schedule of Assets (Held At End of Year)**

For the plan year beginning 01/01/2024 and ending 12/31/2024

Name of plan

Orthopedic & Sports Medicine Specialists of Green Bay SC Cash Balance Plan

Employer Identification Number

26-1132759

Three-digit  
plan number

▶ 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Bank Of America Corp	CORPORATE BOND	25,157	25,506
	American Express Co	CORPORATE BOND	25,191	25,321
	Goldman Sachs Group Inc	CORPORATE BOND	24,238	24,384
	First-Citizens Bank & Trust	CORPORATE BOND	25,643	26,160
	Wells Fargo & Co	CORPORATE BOND	37,655	38,694
	Royal Bank Of Canada	CORPORATE BOND	13,005	13,203
	Bank Of America Corp	CORPORATE BOND	39,810	39,338
	AT&T Inc	CORPORATE BOND	25,740	25,823
	Energy Transfer Lp	CORPORATE BOND	25,976	26,407
	T-Mobile Usa Inc	CORPORATE BOND	24,937	25,393
	Cno Financial Group Inc	CORPORATE BOND	25,445	25,943
	Hca Inc	CORPORATE BOND	38,532	38,278
	Realty Income Corp	CORPORATE BOND	26,095	26,454
	Epr Properties	CORPORATE BOND	24,352	26,336
	Air Lease Corp	CORPORATE BOND	25,176	26,053
	Hewlett Packard Enterprise Co	CORPORATE BOND	25,947	25,685
	Micron Technology Inc	CORPORATE BOND	26,020	25,830
	Edison International	CORPORATE BOND	25,793	25,872
	Trust Financial Corp	CORPORATE BOND	25,341	25,810
	Citigroup Inc	CORPORATE BOND	26,184	26,491
	Broadcom Inc	CORPORATE BOND	25,716	25,578
	Sabine Pass Liquefaction LLC	CORPORATE BOND	25,076	25,335
	Duke Energy Corp	CORPORATE BOND	24,992	25,467
	Viatrix Inc	CORPORATE BOND	25,169	26,054
	Rtx Corp	CORPORATE BOND	25,605	25,616
	Capital One Financial Corp	CORPORATE BOND	25,076	25,692
	Florida Power & Light Co	CORPORATE BOND	25,339	25,652
	Jpmorgan Chase & Co	CORPORATE BOND	25,089	25,947
	Verizon Communications Inc	CORPORATE BOND	25,006	25,093
	Goldman Sachs Group Inc	CORPORATE BOND	24,599	25,352
	Southern Co	CORPORATE BOND	24,849	24,989
	Oracle Corp	CORPORATE BOND	25,674	25,668
	Kimco Realty Op LLC	CORPORATE BOND	24,477	25,272
	State Street Corp	CORPORATE BOND	24,767	24,920
	Bank Of New York Mellon Co	CORPORATE BOND	25,871	25,121
	Dell International LLC/Emc Cor	CORPORATE BOND	25,902	24,995
	Us Bancorp	CORPORATE BOND	24,154	25,236
	Bank Of America Corp	CORPORATE BOND	24,518	25,145
	Citigroup Inc	CORPORATE BOND	25,309	25,193



