

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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 style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</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  <u>ORTHOPAEDIC INSTITUTE OF OHIO, INC. / INSTITUTE FOR ORTHOPAEDIC SURGERY CASH BALANCE PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>003</u></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)  <u>ORTHOPAEDIC INSTITUTE OF OHIO, INC.</u></p> <p><u>801 MEDICAL DR.</u>  <u>LIMA, OH 45804</u></p>	<p><b>1c</b> Effective date of plan  <u>01/01/2017</u></p> <p><b>2b</b> Employer Identification Number (EIN)  <u>31-1562435</u></p> <p><b>2c</b> Plan Sponsor's telephone number  <u>419-222-6622</u></p> <p><b>2d</b> Business code (see instructions)  <u>621111</u></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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/14/2025	HEATHER THOMAS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/14/2025	HEATHER THOMAS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	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	
<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>	131
<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>	122
	<b>6a(2)</b>	129
	<b>6b</b>	0
	<b>6c</b>	6
	<b>6d</b>	135
	<b>6e</b>	0
	<b>6f</b>	135
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<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>ORTHOPAEDIC INSTITUTE OF OHIO, INC. / INSTITUTE FOR ORTHOPAEDIC SURGERY 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>ORTHOPAEDIC INSTITUTE OF OHIO, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>31-1562435</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>	<u>12022346</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>12022346</u>
<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 .....	<u>0</u>	<u>0</u>
	<b>b</b> For terminated vested participants .....	<u>9</u>	<u>15465</u>
	<b>c</b> For active participants .....	<u>122</u>	<u>11919777</u>
	<b>d</b> Total .....	<u>131</u>	<u>11935242</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.06 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>2040314</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>59127</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>2099441</u>

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

<b>SIGN HERE</b>  <u>LORRAINE DORSA</u> Signature of actuary  <u>AEGIS PENSION SERVICES, INC.</u> Firm name  <u>150 PROFESSIONAL DRIVE SUITE 200 PONTE VEDRA BEACH, FL 32082</u> Address of the firm	<u>07/18/2025</u> Date  <u>23-04253</u> Most recent enrollment number  <u>904-686-1835</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<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>7.92</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) .....		153035
<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>5.08</u> % .....		7774
<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 .....		160809
<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>	100.67 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	100.67 %
<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>	96.68 %
<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		
06/11/2024	614989	0					
12/11/2024	628471	0					
09/16/2024	727675	0					
05/19/2025	574664	0					
			<b>Totals ▶</b>	<b>18(b)</b>	2545799	<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> 2435585
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input 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 checked="" 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
0	0	0	0

<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> 2099441
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 80572
<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> 2018869
	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> 2018869
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 2435585
<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> 416716
<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 ORTHOPAEDIC INSTITUTE OF OHIO, INC. / INSTITUTE FOR ORTHOPAEDIC SURGERY 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 ORTHOPAEDIC INSTITUTE OF OHIO, INC.	<b>D</b> Employer Identification Number (EIN) 31-1562435	

**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 SMITH BARNEY LLC

11-3658445

(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?
19 27 33 49 50 71 72 99	INVESTMENT ADVISORS	78203	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" 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 ORTHOPAEDIC INSTITUTE OF OHIO, INC. / INSTITUTE FOR ORTHOPAEDIC SURGERY CASH BALANCE PLAN	<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 ORTHOPAEDIC INSTITUTE OF OHIO, INC.	<b>D</b> Employer Identification Number (EIN) 31-1562435

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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>	2437	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1541558	574664
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0	0
<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>	91752	138815
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	1856515	2409889
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	1161088	1635728
<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>	570331	638932
<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>	0	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	
<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>	6805284	9804940
<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>	0	

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	12028965	15202968
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	12028965	15202968

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	2545799	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	0	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	0	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		2545799
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	277	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	78935	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	50907	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		130119
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	9251	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	361935	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		371186
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	368	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		261131
<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>		3308603

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	55598	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		55598
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<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>	78192	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	810	
(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>		79002
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		134600

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		3174003
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **BARNES, DENNIG & CO., LTD**

(2) EIN: **31-1119890**

**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 542727.

<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>ORTHOPAEDIC INSTITUTE OF OHIO, INC. / INSTITUTE FOR ORTHOPAEDIC SURGERY 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>ORTHOPAEDIC INSTITUTE OF OHIO, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>31-1562435</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.**

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

1	
---	--

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 31-1562435

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

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

3	17
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<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.)
----------------	---

**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.
----------------	---

**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 Q705311A.

<p><b>Structured Attachment</b></p> <p>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>Schedule SB, line 26a</b></p> <p><b>Schedule of Active Participant Data</b></p>	<p><b>2024</b></p> <hr/> <p>This Form is Open to Public Inspection</p>
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<b>Name of Plan</b>	ORTHOPAEDIC INSTITUTE OF OHIO, INC. / INSTITUTE FOR ORTHOPAEDIC SURGERY CASH BALANCE PLAN						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	31-1562435	<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			4		
30 to 34	2			4		
35 to 39	1			8		
40 to 44	1			4		
45 to 49	1			5		
50 to 54	3			3		
55 to 59	1			4		
60 to 64				6		
65 to 69	2					
70 & Up						

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	1					
30 to 34	4					
35 to 39	4					
40 to 44	4					
45 to 49	10					
50 to 54	14					
55 to 59	14					
60 to 64	21	0	0			
65 to 69	6					
70 & Up	2					

<b>Name of Plan</b>	ORTHOPAEDIC INSTITUTE OF OHIO, INC. / INSTITUTE FOR ORTHOPAEDIC SURGERY CASH BALANCE PLAN						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	31-1562435	<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>	ORTHOPAEDIC INSTITUTE OF OHIO, INC. / INSTITUTE FOR ORTHOPAEDIC SURGERY CASH BALANCE PLAN						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	31-1562435	<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						

**Orthopaedic Institute of Ohio, Inc./  
Institute for Orthopaedic Surgery Cash Balance Plan**

**Financial Statements  
With Supplemental Schedule  
Years Ended December 31, 2024 and 2023  
With Independent Auditors' Report**



## Independent Auditors' Report

To the Plan Administrator of  
Orthopaedic Institute of Ohio, Inc./Institute for Orthopaedic Surgery Cash Balance Plan  
Lima, Ohio

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

### Opinion

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

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

**Independent Auditors' Report  
(Continued)**

**Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Orthopaedic Institute of Ohio, Inc./Institute for Orthopaedic Surgery 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 ERISA Section 103(a)(3)(C) audit opinion.

**Emphasis of Matter – Basis of Accounting**

As discussed in Note 7 to the financial statements, the governing body of Orthopaedic Institute of Ohio, Inc./Institute for Orthopaedic Surgery Cash Balance Plan approved a plan of liquidation on December 12, 2024, and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the going concern basis used in presenting the 2023 financial statements to the liquidation basis used in presenting the 2024 financial statements. Our opinion is not modified with respect to that matter.

**Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of these 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

**Auditors' Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

**Independent Auditors' Report  
(Continued)**

**Auditors' Responsibilities for the Audit of the Financial Statements (Continued)**

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Orthopaedic Institute of Ohio, Inc./Institute for Orthopaedic Surgery 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.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

**Other Matter - Supplemental Schedules Required by ERISA**

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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**Independent Auditors' Report  
(Continued)**

**Other Matter - Supplemental Schedules Required by ERISA (Continued)**

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Barnes Dennis & Co., LLP*

October 13, 2025  
Cincinnati, OH

**Orthopaedic Institute of Ohio, Inc./  
Institute for Orthopaedic Surgery Cash Balance Plan**

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

	2024 (in liquidation)	2023 (ongoing)
<b>Assets:</b>		
<b>Investments, at fair value:</b>		
Cash and cash equivalents	\$ 138,815	\$ 94,189
Mutual and exchange traded funds	8,332,585	5,804,851
Hedge funds	1,472,355	1,000,433
Corporate and government bonds	4,045,617	3,017,603
Corporate stocks	638,932	570,331
Total investments, at fair value	14,628,304	10,487,407
<b>Receivables:</b>		
Employer contributions receivable	574,664	1,541,558
Total receivables	574,664	1,541,558
Net assets available for plan benefits	\$ 15,202,968	\$ 12,028,965

The accompanying notes are an integral part of these financial statements

**Orthopaedic Institute of Ohio, Inc./  
Institute for Orthopaedic Surgery Cash Balance Plan**

**Statements of Changes in Net Assets Available for Plan Benefits  
Years Ended December 31 2024 and 2023**

	2024 (in liquidation)	2023 (ongoing)
<b>Additions:</b>		
Investment income:		
Net appreciation in fair value of investments	\$ 261,499	\$ 416,803
Interest income	130,119	72,419
Dividend income	371,186	230,489
Net investment income	762,804	719,711
Contributions:		
Employer	2,545,799	2,647,404
Total contributions	2,545,799	2,647,404
Total additions	3,308,603	3,367,115
<b>Deductions:</b>		
Benefits paid to participants	55,598	31,204
Administrative expenses	79,002	59,127
Total deductions	134,600	90,331
Net increase	3,174,003	3,276,784
<b>Net assets available for plan benefits:</b>		
Beginning of year	12,028,965	8,752,181
End of year	\$ 15,202,968	\$ 12,028,965

The accompanying notes are an integral part of these financial statements

**Orthopaedic Institute of Ohio, Inc./  
Institute for Orthopaedic Surgery Cash Balance Plan**

**Notes to Financial Statements**

**NOTE 1 SUMMARY OF ACCOUNTING POLICIES**

***Basis of Accounting***

The 2024 financial statements of the Orthopaedic Institute of Ohio, Inc./Institute for Orthopaedic Surgery Cash Balance Plan (the "Plan") are prepared on the liquidation basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP"). The 2023 financial statements are prepared on the ongoing basis of accounting in accordance with GAAP.

***Investment Valuation and Income Recognition***

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 discussion of fair value measurements. Management estimates that fair value approximates liquidation value.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the statement of net assets available for benefits.

***Benefit Payments to Participants***

Benefits are recorded when paid.

***Estimates***

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions to net assets during the reporting period. Actual results may differ from those estimates.

***Related Party Transactions / Expenses***

Certain administrative functions are performed by the officers or employees of Orthopaedic Institute of Ohio, Inc./Institute for Orthopaedic Surgery Cash Balance Plan (the "Plan Sponsor" and "Company"). These services include Plan oversight and day-to-day Plan administration. The Plan is not charged by the Plan Sponsor for the services of the employees to the Plan. All fees and expenses of the Plan, to the extent not paid by the Company, are paid by the Plan. Certain investment related expenses are included in the net appreciation of fair value of investments.

***Subsequent Events***

The Plan has evaluated events subsequent to the balance sheet date through October 13, 2025, which is the date the financial statements were available to be issued.

**Orthopaedic Institute of Ohio, Inc./  
Institute for Orthopaedic Surgery Cash Balance Plan**

**Notes to Financial Statements  
(Continued)**

**NOTE 2 DESCRIPTION OF PLAN**

The following description of the 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 pension plan covering all full-time employees of the Company who have one year of service and are 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees is responsible for the oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of Trustees.

The Plan has a cash balance aspect that reports accrued benefits to participants in the form of hypothetical individual account balances. Account balances are increased annually by a percentage, based on years of service, of the employee's compensation, plus an interest crediting rate of 5% each year.

***Contributions***

Contributions to the Plan are made by the Company in actuarially determined amounts. The Company's policy is to make contributions necessary to satisfy ERISA funding standards. Contributions are 100% employer directed each year.

***Vesting***

Participants with less than 3 years of service are 0% vested. Participants become 100% vested with three or more years of service. Participants will become fully (100%) vested upon attainment of normal retirement age while an employee, death while an employee, or suffering a disability while an employee.

***Payment of Benefits***

Employees with three or more years of service are entitled to normal annual pension benefits beginning at the normal retirement age of 65, as described in the Plan. The individual pension benefit is calculated as a single-life annuity commencing on the first day of the calendar month coincident with or next following the date the participant attains normal retirement age and is equal to the greater of the participant's prior plan benefit or the actuarial equivalent of the participant's cash balance account as of his or her normal retirement age.

If you terminate employment with the Company prior to reaching normal retirement age, you are eligible to receive a lump sum distribution of the present value of your vested termination benefit.

In certain circumstances, if an active or terminated employee who has a vested interest in the Plan dies prior to his or her normal retirement age, the surviving spouse or designated beneficiary shall receive a survivor benefit, as defined in the Plan.

**Orthopaedic Institute of Ohio, Inc./  
Institute for Orthopaedic Surgery Cash Balance Plan**

**Notes to Financial Statements  
(Continued)**

**NOTE 3 FAIR VALUE MEASUREMENTS**

Financial Accounting Standards Board *Accounting Standards Codification 820, Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities and the lowest priority to unobservable inputs.

The hierarchy is broken down into three levels based on the ability to observe inputs 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 or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation approaches used for assets measured at fair value:

*Cash and Cash equivalents:* Valued at the net asset value of underlying assets.

*Corporate Stocks and exchange traded funds:* Valued at the closing price reported on the active stock market on which the individual securities are traded.

*Corporate and government 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.

*Mutual funds:* Valued using quoted net asset values of the shares as reported by the fund. The mutual funds held by the Plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded.

**Orthopaedic Institute of Ohio, Inc./  
Institute for Orthopaedic Surgery Cash Balance Plan**

**Notes to Financial Statements  
(Continued)**

**NOTE 3 FAIR VALUE MEASUREMENTS (CONTINUED)**

Hedge funds are valued at the net asset value (or its equivalent) as a practical expedient to estimate fair value of investments in investment funds, provided certain criteria are met. Accordingly, the Fund values its investments in investment funds at fair value, which is an amount equal to the sum of the Fund's proportionate interests in the investment funds, as determined from financial information provided by the respective administrators or investment managers of the investment funds. These fair values represent the amounts the Fund would receive if it were able to liquidate its investments in the investment funds as of the measurement date, prior to any early withdrawal charges, if applicable. Some values received are estimates, subject to subsequent revision by the respective administrators or investment managers. Values received are generally net of management fees and incentive fees or allocations payable to the investment funds' investment managers pursuant to the investment funds' operating agreements. The investment funds value their underlying investments in accordance with policies established by each investment fund, as described in each of their financial statements or offering memoranda.

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

***Assets Measured at Fair Value on a Recurring Basis***

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

Description	12/31/2024	Level 1	Level 2	Level 3
Cash and cash equivalents	\$ 138,815	\$ 138,815	\$ -	\$ -
US Government bonds	2,409,889	-	2,409,889	-
Corporate bonds	1,635,728	-	1,635,728	-
Common stocks	638,932	638,932	-	-
Exchange-traded funds	648,700	648,700	-	-
Mutual funds	7,683,885	7,683,885	-	-
	13,155,949	<u>\$ 9,110,332</u>	<u>\$ 4,045,617</u>	<u>\$ -</u>
Hedge funds at NAV	<u>1,472,355</u>			
Total assets at fair value	<u>\$ 14,628,304</u>			

**Orthopaedic Institute of Ohio, Inc./  
Institute for Orthopaedic Surgery Cash Balance Plan**

**Notes to Financial Statements  
(Continued)**

**NOTE 3 FAIR VALUE MEASUREMENTS (CONTINUED)**

<u>Description</u>	<u>12/31/2023</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash and cash equivalents	\$ 94,189	\$ 94,189	\$ -	\$ -
US Government bonds	1,856,515	-	1,856,515	-
Corporate bonds	1,161,088	-	1,161,088	-
Common stocks	570,331	570,331	-	-
Exchange-traded funds	415,515	415,515	-	-
Mutual funds	<u>5,389,336</u>	<u>5,389,336</u>	-	-
	9,486,974	<u>\$ 6,469,371</u>	<u>\$ 3,017,603</u>	<u>\$ -</u>
Hedge funds at NAV	<u>1,000,433</u>			
Total assets at fair value	<u>\$ 10,487,407</u>			

The following summaries of investments which fair value is measured using the net asset value per share practical expedient as of December 31, 2024 and 2023. Requests for redemption must be submitted no sooner than 90 days after the commencement date of the repurchase offer.

<u>December 31, 2024</u>	<u>Fair Value</u>	<u>Commitments</u>	<u>Frequency</u>	<u>Redemption Notice Period</u>
Hedge fund - CPG Focused Access Fund	\$ 433,043	N/A	Quarterly	No more than 90 days
Hedge fund - Ironwood Multi Strategy Fund	\$ 1,039,312	N/A	Quarterly	No more than 90 days
<u>December 31, 2023</u>	<u>Fair Value</u>	<u>Commitments</u>	<u>Frequency</u>	<u>Redemption Notice Period</u>
Hedge fund - CPG Focused Access Fund	\$ 225,195	N/A	Quarterly	No more than 90 days
Hedge fund - Ironwood Multi Strategy Fund	\$ 775,238	N/A	Quarterly	No more than 90 days

**Orthopaedic Institute of Ohio, Inc./  
Institute for Orthopaedic Surgery Cash Balance Plan**

**Notes to Financial Statements  
(Continued)**

**NOTE 4 INVESTMENTS**

The plan uses Morgan Stanley as their third-party custodian for their assets. Investment income totaled \$762,804 and \$719,711 for the years ended December 31, 2024 and December 31, 2023, respectively.

**NOTE 5 ACTUARIAL ASSUMPTIONS AND PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**

***Actuarial Assumptions***

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

Aegis Pension Services, Inc., an independent actuary, performed the actuarial valuations of the Plan as of January 1, 2024 and 2023. The significant actuarial assumptions used in the valuation of the Plan at January 1, 2024 are summarized as follows:

Actuarial cost method:	Hypothetical account balance
Interest rate:	Current year – 5% Projected years – 5%
Mortality:	G94 – 1994 Group Annuity Reserving Proj 2002, Scale AA (unixex)
Annual effective interest rate:	5.06% per year
Retirement Age:	Normal Retirement Age

The significant actuarial assumptions used in the valuation of the Plan at January 1, 2023 are summarized as follows:

Actuarial cost method:	Hypothetical account balance
Interest rate:	Current year – 5% Projected years – 5%
Mortality:	G94 – 1994 Group Annuity Reserving Proj 2002, Scale AA (unixex)
Annual effective interest rate:	5.08% per year
Retirement Age:	Normal Retirement Age

**Orthopaedic Institute of Ohio, Inc./  
Institute for Orthopaedic Surgery Cash Balance Plan**

**Notes to Financial Statements  
(Continued)**

**NOTE 5 ACTUARIAL ASSUMPTIONS AND PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)**

The Company will establish a Hypothetical Account in the participant's name. Credits to the participant's Hypothetical Account will consist of Principal Credits and Interest Credits. Reductions will be made to the participant's Hypothetical Account for any benefits paid to them. The participant's Hypothetical Account is established for bookkeeping purposes only and should not be construed as creating a right to any specific assets of the Plan. When determining any plan/legal limitation or minimum benefit that is expressed in terms of an annuity, the participant's Hypothetical Account, Principal Credits and/or Interest Credits will be actuarially converted into an annuity, compared to such limitation or minimum benefit, and adjusted accordingly.

The participant's Hypothetical Account may not be reduced except as a result of: (1) benefit payments; (2) qualified domestic relations orders; (3) permitted forfeiture of the non-vested portion of the participant's Hypothetical Account; (4) permitted amendments; or (5) Interest Credits that are negative for an Interest Credit Period.

The actuarial present values of accumulated benefits at January 1, 2024 and 2023 are as follows:

<b>Actuarial Present Value of Accumulated Plan Benefits</b>	<u>2024</u>	<u>2023</u>
<b>Vested Benefits</b>		
Participants entitled to future benefits		
Vested actives	\$ 11,996,871	\$ 9,095,056
Vested terminated and transfers	<u>15,138</u>	<u>18,096</u>
Total vested benefits	12,012,009	9,113,152
<b>Non-vested Benefits</b>	<u>-</u>	<u>-</u>
<b>Total Actuarial Present Value of Accumulated Plan Benefits</b>	<u><u>\$ 12,012,009</u></u>	<u><u>\$ 9,113,152</u></u>

**Orthopaedic Institute of Ohio, Inc./  
Institute for Orthopaedic Surgery Cash Balance Plan**

**Notes to Financial Statements  
(Continued)**

**NOTE 5 ACTUARIAL ASSUMPTIONS AND PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)**

A summary of significant changes in the actuarial present value of accumulated plan benefits at January 1, 2023 is as follows:

<b>Actuarial Present Value of Accumulated Plan Benefits at January 1, 2022</b>	<b>\$ 7,831,843</b>
<b>Increase (Decrease) During the Year</b>	
<b>Attributable to:</b>	
Contribution credits	1,981,449
Other adjustments	(2,429)
Benefits paid	(1,037,611)
Interest accumulated	<u>339,900</u>
Net increase	<u>1,281,309</u>
<b>Actuarial Present Value of Accumulated Plan Benefits at January 1, 2023</b>	<b><u><u>\$ 9,113,152</u></u></b>

A summary of significant changes in the actuarial present value of accumulated plan benefits at January 1, 2024 is as follows:

<b>Actuarial Present Value of Accumulated Plan Benefits at January 1, 2023</b>	<b>\$ 9,113,152</b>
<b>Increase (Decrease) During the Year</b>	
<b>Attributable to:</b>	
Contribution credits	2,480,499
Other adjustments	(4,953)
Benefits paid	(31,204)
Interest accumulated	<u>454,515</u>
Net increase	<u>2,898,857</u>
<b>Actuarial Present Value of Accumulated Plan Benefits at January 1, 2024</b>	<b><u><u>\$ 12,012,009</u></u></b>

**Orthopaedic Institute of Ohio, Inc./  
Institute for Orthopaedic Surgery Cash Balance Plan**

**Notes to Financial Statements  
(Continued)**

**NOTE 6 INFORMATION CERTIFIED BY QUALIFIED INSTITUTION**

The following information provided by Matrix Trust Company for the years ended December 31, 2024 and 2023 was certified by them to be complete and accurate with respect to the following:

- The assets held at December 31, 2024 and 2023, as well as the transactions involving these assets for the years then ended.
- The amount of investment income and net appreciation in fair value of investments for the years ended December 31, 2024 and 2023.
- The Schedule H, Line 4i – Schedule of Assets (Held at End of Year) for the year ended December 31, 2024.

**NOTE 7 PLAN TERMINATION**

On December 12, 2024, the directors of the Company adopted a resolution to terminate the Plan. The Plan was then terminated and frozen effective March 31, 2025, and Plan participants did not accrue any additional Principal Credits under the Plan's benefit formula after March 31, 2025. As a result of the termination, all participants will become fully vested in their accounts. The Company agreed to pay the Plan the amount necessary to ensure that the Plan can provide all benefit liabilities. As of October 13, 2025, the Plan's assets have not been fully disbursed. The Plan expects the liquidation to be completed by December 31, 2025.

**NOTE 8 TAX STATUS**

The Plan Sponsor has adopted a prototype plan which has received an opinion from the Internal Revenue Service ("IRS") dated March 30, 2018, which states the provider's prototype, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan itself has not received a determination letter from the IRS. Both the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified, and the related trust was tax-exempt as of the financial statement date.

## Schedule SB, line 19 - Discounted Employer Contributions

**Orthopaedic Institute Of Ohio, Inc. / Institute for Orthopaedic Surgery Cash Balance Plan**  
**31-1562435 / 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>06/11/2024</b>	<b>\$614,989</b>					
Applied to Quarterly Contribution	04/15/2024	454,246	441,223	0	454,246	5.06	10.06
Applied to Quarterly Contribution	07/15/2024	160,743	157,269	0	160,743	5.06	0.00
<b>Deposited Contribution</b>	<b>09/16/2024</b>	<b>\$727,675</b>					
Applied to Quarterly Contribution	07/15/2024	292,764	280,461	0	292,764	5.06	10.06
Applied to Quarterly Contribution	10/15/2024	434,911	419,982	0	434,911	5.06	0.00
<b>Deposited Contribution</b>	<b>12/11/2024</b>	<b>\$628,471</b>					
Applied to MRC	01/01/2024	158,735	151,518	0	0	5.06	0.00
Applied to Quarterly Contribution	10/15/2024	17,631	16,708	0	17,631	5.06	10.06
Applied to Quarterly Contribution	01/15/2025	452,105	431,551	0	452,105	5.06	0.00
<b>Deposited Contribution</b>	<b>05/19/2025</b>	<b>\$574,664</b>					
Applied to Additional Contribution	01/01/2024	446,049	416,716	0	0	5.06	0.00
Applied to MRC	01/01/2024	128,615	120,157	0	0	5.06	0.00
Totals for Deposited Contribution		\$2,545,799	\$2,435,585	\$0	\$1,812,400		

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

**Orthopaedic Institute Of Ohio, Inc. / Institute for Orthopaedic Surgery Cash Balance Plan**

**31-1562435 / 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, Part V Statement of Actuarial Assumptions/Methods

**Orthopaedic Institute Of Ohio, Inc. / Institute for Orthopaedic Surgery Cash Balance Plan**  
**31-1562435 / 003**  
**For the plan year 01/01/2024 through 12/31/2024**

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

**Funding Method:** As prescribed in IRC Section 430  
 Age - Eligibility age at last birthday and other ages at nearest birthday  
 New participants are not included in current year's valuation

Retrospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is 1% Life Annuity and 99% lump sum which is the Hypothetical Account Balance. Funding Target for lump sum is the current Hypothetical Account Balance projected to the assumed retirement date using the Interest Credit Rate discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not 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

Interest Rates -	Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)	Segment rates as of September 30, 2023 As permitted under IRC 430(h)(2)(C)(iv)(II) - ARP																								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Segment #</th> <th style="text-align: left;">Year</th> <th style="text-align: left;">Rate %</th> </tr> </thead> <tbody> <tr> <td>Segment 1</td> <td>0 - 5</td> <td>4.37</td> </tr> <tr> <td>Segment 2</td> <td>6 - 20</td> <td>4.96</td> </tr> <tr> <td>Segment 3</td> <td>&gt; 20</td> <td>4.95</td> </tr> </tbody> </table>	Segment #	Year	Rate %	Segment 1	0 - 5	4.37	Segment 2	6 - 20	4.96	Segment 3	> 20	4.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Segment #</th> <th style="text-align: left;">Year</th> <th style="text-align: left;">Rate %</th> </tr> </thead> <tbody> <tr> <td>Segment 1</td> <td>0 - 5</td> <td>4.75</td> </tr> <tr> <td>Segment 2</td> <td>6 - 20</td> <td>4.96</td> </tr> <tr> <td>Segment 3</td> <td>&gt; 20</td> <td>5.59</td> </tr> </tbody> </table>	Segment #	Year	Rate %	Segment 1	0 - 5	4.75	Segment 2	6 - 20	4.96	Segment 3	> 20	5.59
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Segment #	Year	Rate %																								
Segment 1	0 - 5	4.75																								
Segment 2	6 - 20	4.96																								
Segment 3	> 20	5.59																								

Pre-Retirement - Mortality Table - None  
 Improvement Scale - None  
 Early Retirement Table - None  
 Turnover Table - None  
 Disability Table - None  
 Salary Scale - None  
 Interest Credit Rate - Current Yr - 5%    Projected Yrs - 5%  
 Expense Load - \$59,127  
 Ancillary Ben Load - None

Post-Retirement - Mortality Table - 24C - 2024 Combined  
 Improvement Scale - None  
 Cost of Living - None

**Asset Valuation Method:** Fair market value of assets adjusted for contributions under IRC 430(g)(4)

## Schedule SB, Part V Summary of Plan Provisions

### Orthopaedic Institute Of Ohio, Inc. / Institute for Orthopaedic Surgery Cash Balance Plan 31-1562435 / 003 For the plan year 01/01/2024 through 12/31/2024

<b><u>Employer:</u></b>	Orthopaedic Institute of Ohio, Inc.
Type of Entity -	C Corporation
EIN: 31-1562435	TIN: Plan #: 003 Plan Type: Cash Balance
<b><u>Dates:</u></b>	Effective - 01/01/2017 Valuation - 01/01/2024
	Top Heavy Years - 2023, 2024
<b><u>Eligibility:</u></b>	All employees excluding non-resident aliens, members of an excluded class, union, and excluding members of Cls - "LEASED"
	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
<b><u>Retirement:</u></b>	Normal - First of month coincident with or next following attainment of age 65
	Early - Not provided
<b><u>Average Compensation:</u></b>	Current compensation
Top Heavy Minimum Benefit -	Highest 5 consecutive top heavy years of participation
<b><u>Plan Benefits:</u></b>	Retirement - Frozen benefit formula
	Pay Credits -
Interest Credit Rate -	Current Yr - 5% Projected Yrs - 5%
Accrued Benefit -	Frozen accrued benefit as of 03/31/2025
	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 Vested Accrued Benefit
Disability Benefit -	None
<b><u>Top Heavy Minimum:</u></b>	Provided in another plan
<b><u>IRS Limitations:</u></b>	415 Limits - Percent: 100 Dollar: \$275,000
	Maximum 401(a)(17) compensation - \$345,000
<b><u>PBGC:</u></b>	Plan is covered by Pension Benefit Guaranty Corporation
<b><u>Normal Form:</u></b>	Life Annuity
<b><u>Optional Forms:</u></b>	Lump Sum
	Annuity Guaranteed for 0 Years
	Joint with 50%, 75% or 100% Survivor Benefit
<b><u>Vesting Schedule:</u></b>	100% vested in 3 years.
	Service is calculated using all years of service
<b><u>Present Value of Accrued Benefit:</u></b>	Based on the Hypothetical Account Balance.

## Schedule SB, Part V Summary of Plan Provisions

**Orthopaedic Institute Of Ohio, Inc. / Institute for Orthpaedic Surgery Cash Balance Plan**  
31-1562435 / 003  
For the plan year 01/01/2024 through 12/31/2024

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**Actuarial Equivalence:**

Pre-Retirement - Interest -	5%
Mortality Table -	None
Post-Retirement - Interest -	5%
Mortality Table -	G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

<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).  <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 Name of plan</b> Orthopaedic Institute Of Ohio, Inc. / Institute for Orthopaedic Surgery Cash Balance Plan	<b>B Three-digit plan number (PN)</b>	003
<b>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF</b> Orthopaedic Institute of Ohio, Inc.	<b>D Employer Identification Number (EIN)</b> 31-1562435	

**E Type of plan:**  Single  Multiple-A  Multiple-B  Multiple-C  
**F Prior year plan size:**  100 or fewer  101-500  More than 500

**Part I Basic Information**

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

**2 Assets:**

<b>a Market value</b> .....	<b>2a</b>	12,022,346
<b>b Actuarial value</b> .....	<b>2b</b>	12,022,346

**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 .....	9	15,465	15,465
<b>c</b> For active participants .....	122	11,919,777	11,926,309
<b>d Total</b> .....	131	11,935,242	11,941,774

**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 .....

	<b>5</b>	5.06 %
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**6 Target normal cost**

<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	2,040,314
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	59,127
<b>c</b> Target normal cost .....	<b>6c</b>	2,099,441

**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.

<p><b>SIGN HERE</b></p> <p style="text-align: center;">Signature of actuary</p> <p style="text-align: center;">Lorraine Dorsa</p> <p style="text-align: center;">Type or print name of actuary</p> <p style="text-align: center;">Aegis Pension Services, Inc.</p> <p style="text-align: center;">Firm name</p> <p style="text-align: center;">150 Professional Drive Suite 200 US Ponte Vedra Beach FL 32082</p> <p style="text-align: center;">Address of the firm</p>	<p style="text-align: center;">07/18/2025</p> <p style="text-align: center;">Date</p> <p style="text-align: center;">23-04253</p> <p style="text-align: center;">Most recent enrollment number</p> <p style="text-align: center;">(904) 686-1835</p> <p style="text-align: center;">Telephone number (including area code)</p>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

**Orthopaedic Institute of Ohio, Inc./  
Institute for Orthopaedic Surgery Cash Balance Plan**

**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)  
December 31, 2024**

Schedule H (Form 5500)  
EIN: 31-1562435  
Plan Number: 003

Column A	Column B	Column C	Column D	Column E
Identity of issuer, borrower or similar entity	Description of Investment	Cost	Current Value	

**See the attached Matrix Trust Company schedule of investments.**

**The data is based upon information that has been certified as complete and accurate by  
Matrix Trust Company**

See independent auditors' report

**Orthopaedic Institute of Ohio, Inc./  
Institute for Orthopaedic Surgery Cash Balance Plan**

**Schedule H, Line 4j – Schedule of Reportable Transactions  
Year Ended December 31, 2024**

Schedule H (Form 5500)  
EIN: 31-1562435  
Plan Number: 003

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase Price	Selling Price	Lease Rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Morgan Stanley	Federated Hermes Government Obligation	\$ 1,090,957				\$ 599,092	\$ 599,092	
Morgan Stanley	Pioneer Multi Asset Ultra Short Inc Y	764,501				764,501	764,501	
Morgan Stanley	Putnam Ultra Short Duration Inc Y	766,071				766,071	766,071	
Morgan Stanley	United States Treasury Note 4.625% Due 2029-04-30	414,511				414,511	414,511	
Morgan Stanley	Federated Hermes Government Obligation		\$ 393,058			393,058	393,058	\$ -
Morgan Stanley	United States Treasury Note 4.625% Due 2029-04-30		139,189			137,333	139,189	1,856
		<u>\$ 3,036,040</u>	<u>\$ 532,247</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,074,566</u>	<u>\$ 3,076,422</u>	<u>\$ 1,856</u>

See independent auditors' report

Matrix Trust Company  
**Portfolio Appraisal – Orig Cost Basis**  
Orthopaedic Institute of Ohio, Inc. Cash Balance Plan  
a11952  
**CONSOLIDATED**  
**December 31, 2024**

Security Symbol	Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Accrued Interest	Pct. Assets	Unrealized Gain/Loss	Pct G/L
<b>MONEY MARKET</b>										
govx.x	2,665,592.000	Federated Hermes Government Obl-Adv	1.00	2,665,592.00	1.00	2,665,592.00		18.2	0.00	0.00
gofx.x	30,033.620	Federated Hermes Government Obligations Fund Premier	1.00	30,033.62	1.00	30,033.62		0.2	0.00	0.00
bdpx.o	138,814.530	Morgan Stanley Bank Deposit Program	1.00	138,814.53	1.00	138,814.53		0.9	0.00	0.00
				2,834,440.15		2,834,440.15		19.4	0.00	0.00
<b>STOCKS</b>										
mmm	13.996	3m Co	127.81	1,788.76	129.09	1,806.74		0.0	17.98	1.01
abt	7.918	Abbott Laboratories	104.90	830.57	113.11	895.60		0.0	65.03	7.83
acn	15.054	Accenture PLC	305.13	4,593.42	351.79	5,295.85		0.0	702.43	15.29
001317205	154.000	Aia Group Ltd Spon ADR	42.82	6,594.82	28.82	4,438.28		0.0	-2,156.54	-32.70
abnb	13.419	Airbnb Inc Class A	135.30	1,815.64	131.41	1,763.39		0.0	-52.25	-2.88
010199503	130.000	Akzo Nobel Sponsored ADR NV	29.29	3,807.37	19.95	2,593.50		0.0	-1,213.87	-31.88
alc	52.646	Alcon Inc	76.93	4,049.85	84.89	4,469.12		0.0	419.27	10.35
baba	71.155	Alibaba Group Holding-Sp ADR	126.13	8,975.11	84.79	6,033.23		0.0	-2,941.87	-32.78
ally	119.000	Ally Financial Inc	37.98	4,519.40	36.01	4,285.19		0.0	-234.21	-5.18
googl	38.831	Alphabet Inc CL A	121.98	4,736.66	189.30	7,350.71		0.1	2,614.05	55.19
goog	57.694	Alphabet Inc CL C	141.56	8,167.36	190.44	10,987.25		0.1	2,819.89	34.53
amzn	67.890	Amazon Com Inc	157.65	10,702.75	219.39	14,894.39		0.1	4,191.63	39.16
aig	73.971	American International Group	63.64	4,707.55	72.80	5,385.09		0.0	677.54	14.39
aph	12.375	Amphenol CL A	42.09	520.83	69.45	859.44		0.0	338.61	65.01
apa	122.000	APA Corporation	34.22	4,175.20	23.09	2,816.98		0.0	-1,358.22	-32.53
aapl	76.361	Apple Inc	200.08	15,278.03	250.42	19,122.32		0.1	3,844.29	25.16
app	2.734	Applovin Corp Class A	284.93	778.99	323.83	885.35		0.0	106.36	13.65
anet	17.038	Arista Networks Inc	58.76	1,001.16	110.53	1,883.21		0.0	882.05	88.10
045055100	20.124	Ashtead Group PLC-Unspon ADR	262.61	5,284.81	244.50	4,920.32		0.0	-364.50	-6.90
045387107	233.000	Assa Abloy Ab - Unsp ADR	14.48	3,374.04	14.65	3,413.45		0.0	39.41	1.17
azo	0.275	Autozone Inc.	2,598.33	714.54	3,202.00	880.55		0.0	166.01	23.23
bac	98.434	Bank Of America Corp	35.21	3,465.37	43.95	4,326.17		0.0	860.80	24.84
69366x100	205.000	Bank Rakyat Indonesia-Un ADR	15.68	3,214.82	12.40	2,542.00		0.0	-672.82	-20.93
bax	58.497	Baxter Intl Inc	40.11	2,346.28	29.16	1,705.77		0.0	-640.51	-27.30
084670702	3.936	Berkshire Hathaway Inc Cl B	476.80	1,876.68	453.28	1,784.11		0.0	-92.57	-4.93
blk	0.848	BlackRock Inc	705.29	598.08	1,025.11	869.29		0.0	271.21	45.35
bx	14.470	Blackstone Inc	147.41	2,132.99	172.42	2,494.92		0.0	361.93	16.97
sqQLD	10.146	Block Inc A (xyz 01/21/25)	87.80	890.83	84.99	862.31		0.0	-28.52	-3.20
bkng	0.172	Booking Holdings Inc	3,791.76	652.18	4,968.42	854.57		0.0	202.38	31.03
bwa	52.127	Borg Warner Automotive Inc	34.76	1,811.71	31.79	1,657.12		0.0	-154.59	-8.53
avgo	25.324	Broadcom Ltd	130.17	3,296.33	231.84	5,871.12		0.0	2,574.79	78.11
bn	122.000	Brookfield Asset Management Inc CL A Voting Shs	41.07	5,010.52	57.45	7,008.90		0.0	1,998.38	39.88
056061100	25.516	BYD Co Ltd Unsponsored ADR	70.20	1,791.32	67.97	1,734.32		0.0	-57.00	-3.18
ccj	112.000	Cameco Corp	25.65	2,872.46	51.39	5,755.68		0.0	2,883.22	100.37
cof	29.321	Capital One Financial Corp Com	125.31	3,674.32	178.32	5,228.52		0.0	1,554.20	42.30
14056u107	29.480	Capitec Bank Holdings Lt-ADR	46.79	1,379.36	83.42	2,459.22		0.0	1,079.87	78.29
cbre	32.867	CBRE Group Inc	86.52	2,843.76	131.29	4,315.11		0.0	1,471.35	51.74
ce	13.326	Celanese Corp Series A	115.15	1,534.43	69.21	922.29		0.0	-612.13	-39.89
cnc	77.383	Centene Corp	71.83	5,558.32	60.58	4,687.86		0.0	-870.46	-15.66
schw	76.560	Charles Schwab Corporation	68.46	5,241.30	74.01	5,666.21		0.0	424.91	8.11
chtr	11.829	Charter Communications New Cl A	339.68	4,018.13	342.77	4,054.63		0.0	36.50	0.91
16950t102	145.000	China Merchants Bank-Uns ADR	26.59	3,855.73	25.25	3,661.61		0.0	-194.12	-5.03

Retain for Audit Purposes  
Custodial Financial Statement

Matrix Trust Company  
**Portfolio Appraisal – Orig Cost Basis**  
Orthopaedic Institute of Ohio, Inc. Cash Balance Plan  
a11952  
**CONSOLIDATED**  
December 31, 2024

Security Symbol	Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Accrued Interest	Pct Assets	Unrealized Gain/Loss	Pct G/L
cmg	14.407	Chipotle Mexican Grill CL A	41.60	599.31	60.30	868.74		0.0	269.44	44.96
c	100.000	Citigroup Inc	57.70	5,769.93	70.39	7,039.00		0.0	1,269.07	21.99
ko	42.722	Coca-Cola Company	67.99	2,904.46	62.26	2,659.87		0.0	-244.59	-8.42
ccep	57.451	Coca Cola Europacific Partners PLC	58.89	3,383.41	76.81	4,412.81		0.0	1,029.40	30.42
20030n101	113.000	Comcast Corp Cl A	40.93	4,624.88	37.53	4,240.89		0.0	-383.99	-8.30
cop	56.806	Conocophillips	107.88	6,128.35	99.17	5,633.45		0.0	-494.90	-8.08
crbg	59.047	Corebridge Financial Inc	28.57	1,687.07	29.93	1,767.28		0.0	80.20	4.75
ctva	77.307	Corteva Inc	51.10	3,950.25	56.96	4,403.41		0.0	453.15	11.47
22113b103	144.000	Cosan Sa -ADR	14.14	2,035.63	5.44	783.36		0.0	-1,252.27	-61.52
bap	23.303	Credicorp Ltd	146.26	3,408.25	183.32	4,271.91		0.0	863.65	25.34
cvs	35.508	CVS Health Corp	64.76	2,299.39	44.89	1,593.95		0.0	-705.44	-30.68
dhi	23.914	D R Horton Inc.	150.95	3,609.83	139.82	3,343.66		0.0	-266.17	-7.37
23381b106	230.000	Daikin Industries-Unspon ADR	14.91	3,429.49	11.68	2,686.40		0.0	-743.09	-21.67
23304y100	41.825	DBS Group Hldgs Ltd Spon ADR	91.50	3,827.07	128.04	5,355.31		0.0	1,528.25	39.93
de	14.766	Deere & Co.	379.20	5,599.25	423.70	6,256.35		0.0	657.10	11.74
dal	57.458	Delta Air Lines Inc	46.15	2,651.66	60.50	3,476.21		0.0	824.55	31.10
deo	35.100	Diageo Plc Sponsored ADR New	133.02	4,669.15	127.13	4,462.26		0.0	-206.89	-4.43
dash	10.251	Doordash Inc A	112.90	1,157.30	167.75	1,719.61		0.0	562.30	48.59
23346j103	417.000	DSM-Firmenich Ag-Sp ADR	11.39	4,749.72	10.18	4,245.06		0.0	-504.66	-10.63
etn	2.670	Eaton Corp PLC	262.31	700.36	331.87	886.09		0.0	185.73	26.52
ew	12.957	Edwards Lifesciences	66.64	863.50	74.03	959.21		0.0	95.71	11.08
elv	7.376	Elevance Health Inc	395.79	2,919.34	368.90	2,721.01		0.0	-198.33	-6.79
lly	5.819	Eli Lilly & Company	580.59	3,378.44	772.00	4,492.27		0.0	1,113.82	32.97
eog	42.859	Eog Resources Inc	121.89	5,224.09	122.58	5,253.66		0.0	29.56	0.57
epam	3.652	Epam Systems Inc	270.92	989.39	233.82	853.91		0.0	-135.48	-13.69
efx	14.209	Equifax Inc.	242.09	3,439.82	254.85	3,621.16		0.0	181.34	5.27
296036304	210.000	Erste Bk Der Oester Spar ADR	19.97	4,193.19	30.73	6,453.30		0.0	2,260.11	53.90
30215c101	78.088	Experian Group LTD - Spon ADR	38.57	3,012.24	42.73	3,336.70		0.0	324.46	10.77
fico	0.412	Fair Isaac Inc	1,332.10	548.82	1,990.93	820.26		0.0	271.44	49.46
307305102	203.000	Fanuc Ltd Unsp ADR	19.18	3,894.16	13.04	2,647.12		0.0	-1,247.04	-32.02
fcnc.a	2.183	First Citizens Bancshares Inc Cl A	1,365.77	2,981.48	2,113.02	4,612.72		0.0	1,631.25	54.71
fi	26.641	Fiserv Inc	128.74	3,429.85	205.42	5,472.59		0.0	2,042.74	59.56
fbn	46.853	Fortune Brands Innovations Inc	66.59	3,119.88	68.33	3,201.47		0.0	81.58	2.61
gehc	22.813	GE Healthcare Technologies Inc	79.94	1,823.56	78.18	1,783.52		0.0	-40.04	-2.20
gm	121.000	General Motors Co	40.87	4,945.40	53.27	6,445.67		0.0	1,500.27	30.34
gpc	14.908	Genuine Parts Co.	143.11	2,133.48	116.76	1,740.66		0.0	-392.83	-18.41
gpn	38.770	Global Pmts Inc	108.34	4,200.20	112.06	4,344.57		0.0	144.36	3.44
glob	12.396	Globant SA	197.25	2,445.09	214.42	2,657.95		0.0	212.86	8.71
gs	4.781	Goldman Sachs Group Inc	478.61	2,288.22	572.62	2,737.70		0.0	449.47	19.64
gww	0.787	Grainger W W	835.62	657.63	1,054.05	829.54		0.0	171.91	26.14
40052p107	50.386	Grupo Financiero Banorte SPONS ADR	39.13	1,971.71	32.10	1,617.39		0.0	-354.31	-17.97
gsk	79.274	GSK PLC Spon ADR	41.23	3,268.56	33.82	2,681.05		0.0	-587.52	-17.97
405552100	462.000	Haleon Plc Spon Ads	7.56	3,494.88	9.54	4,407.48		0.0	912.60	26.11
40415f101	108.000	HDFC Bank Ltd ADR	63.85	6,896.08	63.86	6,896.88		0.0	0.80	0.01
423012301	74.157	Heineken NV - Spon ADR	50.45	3,741.26	35.38	2,623.67		0.0	-1,117.58	-29.87
hd	2.182	Home Depot Incorporated	410.78	896.32	388.99	848.78		0.0	-47.54	-5.30
hubs	1.244	Hubspot Inc	402.56	500.79	696.77	866.78		0.0	365.99	73.08
45104g104	176.000	Icici Bank Ltd - Spon ADR	21.65	3,809.95	29.86	5,255.36		0.0	1,445.41	37.94
ing	364.000	ING Groep N V	13.35	4,858.57	15.67	5,703.88		0.0	845.31	17.40
ice	34.533	Intercontinental Exchange Inc	117.09	4,043.42	149.01	5,145.76		0.0	1,102.34	27.26
ibm	7.757	Intl Business Machines Inc	216.56	1,679.82	219.83	1,705.22		0.0	25.40	1.51
intu	2.719	Intuit	564.42	1,534.66	628.50	1,708.89		0.0	174.23	11.35
isrg	6.883	Intuitive Surgical	406.89	2,800.61	521.96	3,592.65		0.0	792.04	28.28
iqv	22.544	IQVIA Holdings Inc	219.21	4,941.83	196.51	4,430.12		0.0	-511.71	-10.35
jd	48.492	JD.com Inc-ADR	43.44	2,106.60	34.67	1,681.22		0.0	-425.39	-20.19
jnj	6.198	Johnson & Johnson	155.31	962.59	144.62	896.35		0.0	-66.24	-6.88

Retain for Audit Purposes  
Custodial Financial Statement

Matrix Trust Company  
**Portfolio Appraisal – Orig Cost Basis**  
 Orthopaedic Institute of Ohio, Inc. Cash Balance Plan  
 a11952  
**CONSOLIDATED**  
**December 31, 2024**

Security Symbol	Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Accrued Interest	Pct. Assets	Unrealized Gain/Loss	Pct G/L
kvue	166.000	Kenvue Inc	19.58	3,250.23	21.35	3,544.10		0.0	293.87	9.04
kdp	111.000	Keurig Dr Pepper Inc	32.84	3,645.07	32.12	3,565.32		0.0	-79.75	-2.19
kr	87.811	Kroger Co	49.61	4,356.48	61.15	5,369.64		0.0	1,013.17	23.26
501173207	43.611	Kubota Corp ADR	90.78	3,958.97	57.81	2,521.15		0.0	-1,437.82	-36.32
lrcx	11.890	Lam Research Corp	82.23	977.75	72.23	858.81		0.0	-118.94	-12.16
lbrdk	21.979	Liberty Broadband - C	82.86	1,821.24	74.76	1,643.15		0.0	-178.09	-9.78
502441306	26.682	Lvmh Moet Hennessy ADR	151.95	4,054.36	130.69	3,487.07		0.0	-567.29	-13.99
mga	100.000	Magna Int'l Inc.	59.64	5,964.08	41.79	4,179.00		0.0	-1,785.08	-29.93
mmyt	7.587	MakeMyTrip Ltd	108.37	822.23	112.28	851.87		0.0	29.64	3.61
mas	34.546	Masco Corp	60.37	2,085.68	72.57	2,507.00		0.0	421.32	20.20
ma	12.143	Mastercard Inc A	437.71	5,315.11	526.57	6,394.14		0.0	1,079.03	20.30
mcd	6.077	Mcdonalds Corp	259.36	1,576.15	289.89	1,761.66		0.0	185.51	11.77
mck	3.149	Mckesson Corp	376.79	1,186.51	569.91	1,794.65		0.0	608.13	51.25
58533e103	106.000	Meituan Dianping-Unsp ADR	42.12	4,465.14	38.81	4,113.86		0.0	-351.28	-7.87
meli	0.988	Mercadolibre Inc	1,252.14	1,237.12	1,700.44	1,680.03		0.0	442.92	35.80
mrk	36.220	Merck & Company Inc	106.33	3,851.14	99.48	3,603.17		0.0	-247.97	-6.44
meta	20.518	Meta Platforms Inc	306.82	6,295.27	585.51	12,013.49		0.1	5,718.22	90.83
59410t106	267.000	Michelin (Cgde) Unsp ADR	17.71	4,728.33	16.39	4,376.13		0.0	-352.20	-7.45
msft	31.759	Microsoft Corporation	348.91	11,081.15	421.50	13,386.42		0.1	2,305.27	20.80
60448a101	25.722	Minth Group Ltd - Unsp ADR	45.76	1,176.95	37.09	954.03		0.0	-222.92	-18.94
61022v107	301.000	Monotaro Co Ltd - Unsp ADR	14.81	4,456.81	16.83	5,065.83		0.0	609.02	13.66
626188106	439.000	Muenchener Rueck ADR	6.97	3,057.91	10.02	4,398.78		0.0	1,340.87	43.85
ndaq	57.411	Nasdaq Inc	62.27	3,574.73	77.31	4,438.44		0.0	863.71	24.16
ntra	5.412	Natera Inc	167.68	907.46	158.30	856.72		0.0	-50.74	-5.59
nflx	6.790	Netflix Inc	411.54	2,794.38	891.32	6,052.06		0.0	3,257.68	116.58
654090109	396.000	Nidec Corp Sponsored ADR	9.09	3,597.86	4.46	1,766.16		0.0	-1,831.70	-50.91
nvda	147.000	Nvidia Corp	50.16	7,373.72	134.29	19,740.63		0.1	12,366.91	167.72
orcl	20.598	Oracle Corp	109.19	2,249.06	166.64	3,432.45		0.0	1,183.39	52.62
689164101	187.000	Otsuka Holdings Ltd	19.61	3,667.49	27.18	5,082.66		0.0	1,415.17	38.59
panw	4.255	Palo Alto Networks Inc	151.10	642.93	181.96	774.24		0.0	131.31	20.42
69807k105	198.000	Pan Pacific Intl Holdings Corp	19.53	3,866.67	27.18	5,381.64		0.0	1,514.97	39.18
pypl	20.086	Paypal Holdings Inc	82.83	1,663.70	85.35	1,714.34		0.0	50.64	3.04
psx	40.831	Phillips 66	127.83	5,219.40	113.93	4,651.88		0.0	-567.53	-10.87
72341e304	226.000	Ping An Insurance ADR	12.57	2,841.48	11.64	2,630.64		0.0	-210.84	-7.42
69341f109	123.000	PKO Bank Polski-Unsp ADR	15.37	1,890.47	14.15	1,740.45		0.0	-150.02	-7.94
74441m103	119.000	Pt Bank Negara Indone-Un ADR	16.16	1,922.96	13.10	1,558.90		0.0	-364.06	-18.93
pwr	5.407	Quanta Svcs Inc	242.70	1,312.26	316.05	1,708.88		0.0	396.62	30.22
regn	1.185	Regeneron Pharma Inc	668.66	792.36	712.33	844.11		0.0	51.75	6.53
rga	8.487	Reinsurance Group of America A	176.17	1,495.13	213.63	1,813.08		0.0	317.95	21.27
760125104	106.000	Rentokil Initial Plc Spon ADR	32.42	3,436.77	25.32	2,683.92		0.0	-752.85	-21.91
771195104	128.000	Roche Hldg Ltd -Spons ADR	32.65	4,179.45	34.88	4,464.64		0.0	285.19	6.82
786584102	102.000	Safran Sa-Unsp ADR	38.93	3,971.05	54.50	5,559.00		0.0	1,587.95	39.99
crm	5.087	Salesforce Inc	239.29	1,217.28	334.33	1,700.74		0.0	483.46	39.72
now	3.962	ServiceNow Inc	809.85	3,208.61	1,060.12	4,200.20		0.0	991.58	30.90
shop	7.829	Shopify Inc A	61.19	479.02	106.33	832.46		0.0	353.44	73.78
sony	280.000	Sony Corp ADR New	19.99	5,596.47	21.16	5,924.80		0.0	328.33	5.87
spol	5.606	Spotify Technology Sa	253.73	1,422.43	447.38	2,508.01		0.0	1,085.59	76.32
sbux	9.231	Starbucks Corp.	94.68	874.01	91.25	842.33		0.0	-31.68	-3.62
stt	47.752	State Street Corp	75.82	3,620.60	98.15	4,686.86		0.0	1,066.26	29.45
87155n109	133.000	Symrise AG ADR	29.67	3,946.57	26.41	3,512.53		0.0	-434.04	-11.00
snps	1.761	Synopsys Inc	469.55	826.88	485.36	854.72		0.0	27.84	3.37
tsm	117.000	Taiwan Semiconductor-Sp ADR	140.42	16,429.68	197.49	23,106.33		0.2	6,676.65	40.64
tel	18.133	TE Connectivity LTD	142.15	2,577.56	142.97	2,592.48		0.0	14.91	0.58
88032q109	223.000	Tencent Holdings Ltd ADR	54.32	12,112.74	53.18	11,859.14		0.1	-253.60	-2.09
tsla	17.360	Tesla Inc	289.61	5,027.70	403.84	7,010.66		0.0	1,982.96	39.44
bk	68.457	The Bank of New York Mellon Corp	50.82	3,478.72	76.83	5,259.55		0.0	1,780.83	51.19

Retain for Audit Purposes  
 Custodial Financial Statement

Matrix Trust Company  
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 Orthopaedic Institute of Ohio, Inc. Cash Balance Plan  
 a11952  
**CONSOLIDATED**  
**December 31, 2024**

Security Symbol	Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Accrued Interest	Pct. Assets	Unrealized Gain/Loss	Pct G/L
tmo	1.721	Thermo Fisher Scientific Inc	601.14	1,034.56	520.23	895.32		0.0	-139.24	-13.46
tte	64.635	TotalEnergies SE	58.56	3,785.11	54.50	3,522.61		0.0	-262.50	-6.94
ttid	6.805	Trade Desk Inc/The Class A	61.99	421.86	117.53	799.79		0.0	377.93	89.59
tt	4.530	Trane Technologies PLC	268.55	1,216.53	369.35	1,673.16		0.0	456.62	37.53
tdg	1.456	Transdigm Group Inc	901.57	1,312.68	1,267.28	1,845.16		0.0	532.48	40.56
89677q107	36.457	Trip.Com Group Ltd	49.12	1,790.65	68.66	2,503.14		0.0	712.48	39.79
uber	14.423	Uber Technologies Inc	46.74	674.17	60.32	870.00		0.0	195.82	29.05
ul	61.729	Unilever Plc Spon Adr New	54.95	3,392.18	56.70	3,500.03		0.0	107.85	3.18
unp	3.883	Union Pacific Corp.	235.66	915.05	228.04	885.48		0.0	-29.57	-3.23
vrt	7.232	Vertiv Holdings Llc	90.86	657.10	113.61	821.63		0.0	164.52	25.04
wmmvy	64.448	Wal Mart De Mexico Sa De Cv Cl V Spon Adr	36.74	2,367.77	26.40	1,701.43		0.0	-666.34	-28.14
wmt	9.647	Walmart Inc	95.17	918.10	90.35	871.61		0.0	-46.49	-5.06
wbd	302.000	Warner Bros Discovery Inc	10.23	3,089.49	10.57	3,192.14		0.0	102.65	3.32
94858p209	374.000	Weg SA- Spn ADR	6.71	2,508.68	9.30	3,478.20		0.0	969.52	38.65
wfc	63.218	Wells Fargo & Co New	51.29	3,242.53	70.24	4,440.43		0.0	1,197.90	36.94
wtw	14.533	Willis Towers Watson PLC	230.55	3,350.63	313.24	4,552.32		0.0	1,201.69	35.86
				553,920.37		634,001.16		4.3	80,080.78	14.46
<b>MUTUAL FUNDS</b>										
kgii.x	5,658.208	Kopernik International I	14.98	84,742.35	12.70	71,859.24		0.5	-12,883.11	-15.20
lcsm.x	6,841.516	Martin Currie Smash Ser Em	10.86	74,286.05	8.73	59,726.43		0.4	-14,559.61	-19.60
myfr.xOLD	251,108.907	Pioneer-M/A Ultra Sh Inc-Y (myfr.x 4/01/25)	9.61	2,413,202.86	9.67	2,428,223.13		16.6	15,020.27	0.62
psdy.x	239,728.582	Putnam Ultra Short Duration Income-Y	10.06	2,411,880.86	10.13	2,428,450.54		16.6	16,569.68	0.69
				4,984,112.12		4,988,259.34		34.1	4,147.23	0.08
<b>EXCHANGE TRADED FUNDS</b>										
ijh	1,348.000	iShares Core S&P Mid-Cap ETF	54.13	72,964.59	62.31	83,993.88		0.6	11,029.29	15.12
ijr	616.000	iShares Core S&P Small-Cap ETF	93.79	57,773.62	115.22	70,975.52		0.5	13,201.90	22.85
veu	3,288.000	Vanguard FTSE All-World Ex-US	59.28	194,913.36	57.41	188,764.08		1.3	-6,149.28	-3.15
voo	566.000	Vanguard S&P 500 ETF	411.54	232,929.10	538.81	304,966.46		2.1	72,037.36	30.93
				558,580.68		648,699.94		4.4	90,119.26	16.13
<b>CORPORATE BOND</b>										
00287ybv0	83,000.000	Abbvie Inc 2.950% Due 11-21-26	99.10	82,249.39	97.17	80,651.10	272.06	0.6	-1,598.29	-1.94
00914aae2	88,000.000	Air Lease Corp 3.250% Due 10-01-29	94.79	83,412.32	92.13	81,077.92	715.00	0.6	-2,334.40	-2.80
025537ax9	79,000.000	American Electric Power 5.625% Due 03-01-33	102.37	80,874.64	101.05	79,827.13	1,481.25	0.5	-1,047.51	-1.30
031162dq0	80,000.000	Amgen Inc 5.250% Due 03-02-30	101.60	81,280.12	101.06	80,847.20	1,388.33	0.6	-432.92	-0.53
097023dg7	84,000.000	Boeing Co 2.196% Due 02-04-26	96.67	81,204.00	97.00	81,483.36	753.23	0.6	279.36	0.34
172967ld1	124,000.000	Citigroup Inc 3.887% Due 01-10-28	102.19	126,712.17	97.93	121,430.72	2,289.44	0.8	-5,281.45	-4.17
281020an7	40,000.000	Edison International 5.750% Due 06-15-27	108.62	43,448.70	101.62	40,648.40	102.22	0.3	-2,800.30	-6.45
29278nag8	81,000.000	Energy Transfer Operatng 5.250% Due 04-15-29	106.25	86,065.67	100.34	81,276.21	897.75	0.6	-4,789.46	-5.56
38141gwz3	83,000.000	Goldman Sachs Group Inc 4.223% Due 05-01-29	99.57	82,639.88	97.30	80,756.51	584.18	0.6	-1,883.37	-2.28
404119cp2	81,000.000	HCA Inc 5.200% Due 06-01-28	100.64	81,517.69	100.23	81,187.92	351.00	0.6	-329.77	-0.40
501044dv0	83,000.000	Kroger Co 5.000% Due 09-15-34	100.56	83,461.99	96.87	80,399.61	1,429.44	0.5	-3,062.38	-3.67
785592as5	81,000.000	Sabine Pass Liquefaction 5.000% Due 03-15-27	100.04	81,033.37	100.27	81,215.46	1,192.50	0.6	182.09	0.22
89115a2h4	81,000.000	Toronto-Dominion Bank 4.693% Due 09-15-27	98.47	79,759.62	99.74	80,785.35	1,119.28	0.6	1,025.73	1.29

Retain for Audit Purposes  
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Matrix Trust Company  
**Portfolio Appraisal – Orig Cost Basis**  
Orthopaedic Institute of Ohio, Inc. Cash Balance Plan  
a11952  
**CONSOLIDATED**  
**December 31, 2024**

Security Symbol	Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Accrued Interest	Pct. Assets	Unrealized Gain/Loss	Pct G/L
92556vad8	93,000.000	Viatris Inc 2.700% Due 06-22-30	88.06	81,900.18	86.82	80,740.74	62.78	0.6	-1,159.44	-1.42
				1,155,559.74		1,132,327.63	12,638.46	7.8	-23,232.11	-2.01
<b>TREASURY-AGENCY BOND</b>										
91282cev9	118,000.000	United States Treas NtsA 3.250% Due 06-30-29	97.76	115,353.82	95.46	112,639.30	0.00	0.8	-2,714.53	-2.35
91282cdj7	89,000.000	US Treasury Note/Bond 1.375% Due 11-15-31	93.95	83,616.59	81.76	72,764.45	156.37	0.5	-10,852.14	-12.98
91282cdy4	169,000.000	US Treasury Note/Bond 1.875% Due 02-15-32	86.15	145,595.58	84.16	142,237.27	1,197.08	1.0	-3,358.31	-2.31
91282cht1	137,000.000	US Treasury Note/Bond 3.875% Due 08-15-33	96.24	131,853.16	95.23	130,471.09	2,005.53	0.9	-1,382.06	-1.05
91282cjin2	115,000.000	US Treasury Note/Bond 4.375% Due 11-30-28	100.76	115,869.43	100.07	115,085.35	419.27	0.8	-784.08	-0.68
91282ckr1	216,000.000	US Treasury Note/Bond 4.500% Due 05-15-27	100.22	216,471.48	100.53	217,139.06	1,242.00	1.5	667.58	0.31
91282ckz3	284,000.000	US Treasury Note/Bond 4.375% Due 07-15-27	101.67	288,737.97	100.29	284,809.84	5,729.31	1.9	-3,928.13	-1.36
91282clx7	240,000.000	US Treasury Note/Bond 4.125% Due 11-15-27	99.57	238,960.08	99.59	239,015.63	1,265.00	1.6	55.55	0.02
91282ckp5	272,000.000	US Treasury When Issued Note/Bond 4.625% Due 04-30-29	101.27	275,459.34	101.01	274,741.25	2,096.67	1.9	-718.09	-0.26
				1,611,917.45		1,588,903.25	14,111.22	11.0	-23,014.21	-1.43
<b>GOVERNMENT ZEROS</b>										
912797mj3	58,000.000	US Treasury Bill 0.000% Due 02-06-25	97.81	56,728.00	99.59	57,761.93	0.00	0.4	1,033.93	1.82
<b>GNMA/FNMA/FHLMC/SBA Pool</b>										
3140xpbw8	48,201.803	Fannie Mae Fs7252 5.000% Due 11-01-53	99.82	48,113.72	96.67	46,595.40	40.17	0.3	-1,518.32	-3.16
31418ecs7	78,616.892	Fannie Mae Ma4580 3.500% Due 04-01-52	99.39	78,139.30	88.60	69,653.47	45.86	0.5	-8,485.83	-10.86
31418ede7	112,444.884	Fannie Mae Ma4600 3.500% Due 05-01-52	93.63	105,285.89	88.59	99,618.83	65.59	0.7	-5,667.07	-5.38
31418ee48	23,478.908	Fannie Mae Ma4654 3.500% Due 07-01-52	85.70	20,122.15	88.63	20,808.65	13.70	0.1	686.50	3.41
31418ejf8	75,538.321	Fannie Mae Ma4761 5.000% Due 09-01-52	97.34	73,525.90	96.80	73,122.24	62.95	0.5	-403.67	-0.55
31418ej76	8,219.391	Fannie Mae Ma4785 5.000% Due 10-01-52	94.13	7,736.50	96.79	7,955.86	6.85	0.1	219.36	2.84
31418eq86	6,185.279	Fannie Mae Ma4978 5.000% Due 04-01-53	98.26	6,077.52	96.52	5,970.23	5.15	0.0	-107.29	-1.77
31418e3c2	177,013.710	FNMA Umbs Lng 30 Year 5.000% Due 03-01-54	97.07	171,825.13	96.52	170,858.71	147.51	1.2	-966.42	-0.56
3132dpqe1	45,398.937	Freddie Mac Sd2253 3.500% Due 12-01-52	91.16	41,383.99	88.57	40,210.75	26.48	0.3	-1,173.25	-2.84
3132dweq2	33,752.907	Freddie Mac Sd8243 3.500% Due 09-01-52	96.26	32,491.13	88.58	29,897.79	19.69	0.2	-2,593.33	-7.98
3132dwhs5	39,125.807	Freddie Mac Sd8341 5.000% Due 07-01-53	96.64	37,809.73	96.60	37,795.14	32.60	0.3	-14.59	-0.04
3132dwh22	80,766.660	Freddie Mac Sd8349 5.500% Due 08-01-53	99.17	80,097.84	98.80	79,796.37	74.04	0.5	-301.47	-0.38
				702,608.80		682,283.43	540.59	4.7	-20,325.37	-2.89
<b>TREASURY NOTES/BOND</b>										
91282chf1	66,000.000	US Treasury Note/Bond 3.750% Due 05-31-30	99.15	65,436.84	96.83	63,909.14	211.95	0.4	-1,527.70	-2.33
				65,436.84		63,909.14	211.95	0.4	-1,527.70	-2.33
<b>LIMITED PARTNERSHIPS/HEDGE FUNDS</b>										
cg	34.768	Carlyle Group Inc/The	51.44	1,788.53	50.49	1,755.44		0.0	-33.09	-1.85
csnx.p	16,074.054	CPG Focused Access Fund LLC Class I	25.35	407,469.28	26.94	433,043.05		3.0	25,573.77	6.28
iimx.p	834.611	Ironwood Institutional Multi-Strategy Fund LLC	1,169.86	976,381.05	1,245.27	1,039,312.37		7.1	62,931.32	6.45

Retain for Audit Purposes  
Custodial Financial Statement

Matrix Trust Company  
**Portfolio Appraisal – Orig Cost Basis**  
 Orthopaedic Institute of Ohio, Inc. Cash Balance Plan  
 a11952  
**CONSOLIDATED**  
**December 31, 2024**

Security Symbol	Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Accrued Interest	Pct. Assets	Unrealized Gain/Loss	Pct G/L
kkcr	17.330	KKR & Co Inc Cl A	84.12	1,457.88	147.91	2,563.28		0.0	1,105.40	75.82
				1,387,096.74		1,476,674.14		10.1	89,577.40	6.46
<b>CASH AND EQUIVALENTS</b>										
dwcash		Morgan Stanley Cash Acct		0.12		0.12		0.0		
<b>VARIABLE RATE CORPORATE BONDS</b>										
06051gjs9	85,000.000	Bank Of America Corp 1.734% Due 07-22-27	92.15	78,326.07	95.24	80,954.85	650.97	0.6	2,628.78	3.36
06051gka6	97,000.000	Bank Of America Corp 2.299% Due 07-21-32	89.36	86,680.16	83.22	80,725.34	984.93	0.6	-5,954.82	-6.87
14040hde2	80,000.000	Capital One Financial Co 5.700% Due 02-01-30	103.54	82,831.63	101.45	81,156.80	1,900.00	0.6	-1,674.83	-2.02
808513bk0	42,000.000	Charles Schwab Corp 4.000% Due <Perpetual>	92.18	38,715.82	97.06	40,766.04	135.33	0.3	2,050.22	5.30
91159hjb7	99,000.000	US Bancorp 2.491% Due 11-03-36	78.27	77,488.04	81.10	80,291.97	390.46	0.5	2,803.93	3.62
95000u2v4	125,000.000	Wells Fargo & Company 3.526% Due 03-24-28	94.71	118,388.35	97.04	121,293.75	1,187.58	0.8	2,905.40	2.45
				482,430.07		485,188.75	5,249.28	3.4	2,758.68	0.57
<b>Total Portfolio</b>				<b>14,392,831.08</b>		<b>14,592,448.97</b>	<b>32,751.50</b>	<b>100.0</b>	<b>199,617.89</b>	<b>1.39</b>

Retain for Audit Purposes  
 Custodial Financial Statement

