

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
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
1a	Name of plan ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS OF GREEN BAY SC CASH BALANCE PLAN
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 01/01/2023
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS OF GREEN BAY SC 2223 LIME KILN ROAD GREEN BAY, WI 54311
2b	Employer Identification Number (EIN) 26-1132759
2c	Plan Sponsor's telephone number 920-965-9520
2d	Business code (see instructions) 621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/06/2026	SANDY FRAGALE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/06/2026	SANDY FRAGALE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 183
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	 6a(1) 174 6a(2) 177 6b 0 6c 3 6d 180 6e 0 6f 180 6g(1) 6g(2) 6h 4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1C 3D

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached _____
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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.

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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
--	---	--

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS OF GREEN BAY SC CASH BALANCE PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS OF GREEN BAY SC	D Employer Identification Number (EIN) 26-1132759
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	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 2025			
2	Assets:			
a	Market value	2a	3148444	
b	Actuarial value	2b	3148444	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	0	0	0
b	For terminated vested participants	9	19580	19580
c	For active participants	174	2835260	2936745
d	Total	183	2854840	2956325
4	If the plan is in at-risk status, check the box and complete lines (a) and (b): ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.40 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	1511413	
b	Expected plan-related expenses	6b	0	
c	Target normal cost	6c	1511413	

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

SIGN HERE	Signature of actuary LORI MAYER Type or print name of actuary THE BENEFITS CONSULTING GROUP, INC. Firm name 53 W. JACKSON BLVD. SUITE 864 CHICAGO, IL 60604 Address of the firm	08/04/2026 Date 26-08199 Most recent enrollment number 312-427-9140 Telephone number (including area code)
--------------------------	--	--

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>4.20</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		201970
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.34</u> %		10785
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		212755
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	106.49 %
15 Adjusted funding target attainment percentage	15	106.44 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.27 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/25/2025	450000	0			
03/05/2026	785986	0			
09/26/2025	450000	0			
Totals ►			18(b)	1685986	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1610728

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	☒ Prescribed - combined	☐ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	1511413	
b Excess assets, if applicable, but not greater than line 31a	31b	192119	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	1319294	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			
36 Additional cash requirement (line 34 minus line 35)	36	1319294	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1610728	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	291434	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 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. ☐ 2019 ☐ 2020 ☐ 2021

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS OF GREEN BAY SC CASH BALANCE PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS OF GREEN BAY SC	D Employer Identification Number (EIN) 26-1132759	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

MORGAN STANLEY DOMESTIC HOLDINGS

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

20-8764829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27		16033	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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.

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information 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). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS OF GREEN BAY SC CASH BALANCE PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS OF GREEN BAY SC	D Employer Identification Number (EIN) 26-1132759	

Part I	Asset and Liability Statement		
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.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	528977	785986
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	99891	156713
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2528028	4065445
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	3156896	5008144

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	3156896	5008144
--	-----------	---------	---------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1685986	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1685986
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	154868	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		154868
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		53152
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		1894006

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	26725	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		26725
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	16033	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		16033
j Total expenses. Add all expense amounts in column (b) and enter total	2j		42758

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1851248
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a 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.)		☒	
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.)		☒	
c 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.)		☒	
d 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.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g 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?		☒	
h 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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j 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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) 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 580414.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information 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). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS OF GREEN BAY SC CASH BALANCE PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS OF GREEN BAY SC		D Employer Identification Number (EIN) 26-1132759
Part I	Distributions	
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 0
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): 27-3169253		
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 10
Part II	Funding Information (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.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c 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).....		6c
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
Part III	Amendments	
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		
Part IV	ESOPs (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
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		Schedule R (Form 5500) 2025 v. 250312

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:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	
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:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	
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	16b	
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 <u>02 / 28 / 2023</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q705152A</u> .	

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule SB, line 26a Schedule of Active Participant Data	2025 This Form is Open to Public Inspection
--	---	---

Name of Plan	ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS OF GREEN BAY SC CASH BALANCE PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	26-1132759	PN	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			3		
25 to 29	4			12		
30 to 34	7			16		
35 to 39	4			27		
40 to 44	2			31		
45 to 49	1			23		
50 to 54	1			24		
55 to 59	1			10		
60 to 64	1			6		
65 to 69						
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						
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						

Name of Plan	ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS OF GREEN BAY SC CASH BALANCE PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	26-1132759	PN	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						

Name of Plan	ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS OF GREEN BAY SC CASH BALANCE PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	26-1132759	PN	003

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

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

FINANCIAL REPORT

DECEMBER 31, 2025 AND 2024

C O N T E N T S

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

INDEPENDENT AUDITOR'S REPORT

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

Report on the Financial Statements

We have audited the accompanying financial statements of Orthopedic & Sports Medicine Specialists of Green Bay SC Cash Balance Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024, the statement of accumulated plan benefits as of December 31, 2024 and the related statement of changes in accumulated plan benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits as of December 31, 2025 and 2024, its changes in its net assets available for benefits for the years ended December 31, 2025 and 2024, the accumulated plan benefits as of December 31, 2024, and its changes in accumulated plan benefits for the year ended December 31, 2024, of Orthopedic & Sports Medicine Specialists of Green Bay SC Cash Balance Plan, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Orthopedic & Sports Medicine Specialists of Green Bay SC Cash Balance Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2025, and of reportable transactions for the year ended December 31, 2025, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Boyum & Barescheer PLLP

Boyum & Barescheer PLLP

Minneapolis, Minnesota

July 30, 2026

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31,	2025	2024
ASSETS		
INVESTMENTS, at fair value	\$ 4,222,158	\$ 2,627,919
EMPLOYER CONTRIBUTION RECEIVABLE	785,986	528,977
<i>Net assets available for benefits</i>	\$ 5,008,144	\$ 3,156,896

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

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31,	2025	2024
ADDITIONS		
INVESTMENT INCOME		
Net appreciation in investments	\$ 53,152	\$ 3,394
Interest and dividends on investments	154,868	68,320
<i>Total investment income</i>	208,020	71,714
EMPLOYER CONTRIBUTIONS	1,685,986	1,628,977
<i>Total additions</i>	1,894,006	1,700,691
DEDUCTIONS		
Benefits paid to participants	(26,725)	(33,629)
Fees	(16,033)	(8,012)
<i>Total deductions</i>	(42,758)	(41,641)
<i>Net increase</i>	1,851,248	1,659,050
Net assets available for benefits:		
Beginning of year	3,156,896	1,497,846
<i>End of year</i>	\$ 5,008,144	\$ 3,156,896

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

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

STATEMENT OF ACCUMULATED PLAN BENEFITS

DECEMBER 31,	2024
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	
VESTED BENEFITS	
Active participants	\$ 5,051,970
Terminated participants	37,890
<i>Total actuarial present vale of accumulated plan benefits</i>	<i>\$ 5,089,860</i>

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

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

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

YEAR ENDED DECEMBER 31,	2024
Actuarial present value of accumulated plan benefits, beginning of year	\$ 2,423,057
Increase during the year attributable to	
Benefits accumulated	2,553,923
Benefits paid	(33,629)
Actuarial gains	146,509
<i>Net increase</i>	<u>2,666,803</u>
<i>Actuarial present value of accumulated plan benefits, end of year</i>	<u>\$ 5,089,860</u>

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

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

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1. DESCRIPTION OF THE PLAN

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

General:

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

Eligibility:

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

Accumulation accounts:

Under the Plan provisions, the Company credits amounts to the participants' hypothetical accumulation accounts. The accounts are allocated compensation credits and interest credits at the end of every year. The compensation credits are allocated based on a percentage of the participants' compensation or specific dollar limits as defined in the plan document for that year. The applicable percentage ranges from 3% to specific target amounts based on the class of the employee and is based on the participants' age, compensation, and targeted benefits (as defined in the plan document) at the end of each year. The interest credits are calculated and credited annually based on the participant's beginning balance of their accumulation account at 5%; interest credits of \$157,033 and \$73,964 were allocated for the year ended December 31, 2025 and 2024, respectively.

Funding policy:

All contributions made to the Plan are made by the Company on the basis of annual funding amounts determined by the Plan's independent actuary. No employee contributions are permitted. The Company's funding policy is to make contributions to the Plan which shall not be less than the minimum amount required to meet the funding standards of ERISA and the Internal Revenue Code. The Company's contributions for the years ended December 31, 2025 and 2024 met the minimum funding standard. The contributions of the Company are also designed to fund the current service cost on a current basis.

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

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1. (CONTINUED)

Vesting:

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

Pension benefits:

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICES

Basis of accounting:

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

Use of estimates:

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

Investment valuation and income recognition:

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

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

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

NOTES TO THE FINANCIAL STATEMENTS

NOTE 2. (CONTINUED)

Payment of benefits:

Benefits are recorded when paid.

Expenses:

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

Actuarial present value of accumulated plan benefits:

The actuarial present value of accumulated plan benefits was calculated as of January 1, 2025, for December 31, 2024, and includes the accumulated benefits of the Plan. Had the valuation been calculated as of December 31, 2024, there would be no material changes. Accumulated plan benefits are future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of employees who have died; and (c) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, and termination of employment) are included, to the extent they are deemed attributable to participant service rendered to the valuation date.

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

Significant actuarial assumptions as of January 1, 2025:

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

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

Subsequent events:

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through July 30, 2026, the date the financial statements were available to be issued.

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

NOTES TO THE FINANCIAL STATEMENTS

NOTE 3. FAIR VALUE INFORMATION

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024

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

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

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

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

NOTES TO THE FINANCIAL STATEMENTS

NOTE 3. (CONTINUED)

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

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

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

Investments at Fair Value as of December 31, 2025

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Government treasury notes	\$ 967,327	\$ -	\$ -	\$ 967,327
Money market account	156,713	-	-	156,713
Corporate bonds	-	3,098,118	-	3,098,118
<i>Investments, at fair value</i>	\$ 1,124,040	\$ 3,098,118	\$ -	\$ 4,222,158

Investments at Fair Value as of December 31, 2024

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

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

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

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

NOTES TO THE FINANCIAL STATEMENTS

NOTE 5. PLAN TERMINATION

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

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

Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2025, the guaranteed monthly benefit is limited to \$7,432. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later).

For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward. The PBGC generally does not pay lump sums exceeding \$7,000.

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

NOTE 6. TAX STATUS

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

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

NOTES TO THE FINANCIAL STATEMENTS

NOTE 6. (CONTINUED)

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

NOTE 7. RISKS AND UNCERTAINTIES

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

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

NOTE 8. SECURE ACT 2.0

In December 2022, Securing a Strong Retirement Act (SECURE 2.0) was passed into law. The effective date of the provisions of SECURE 2.0 vary from becoming effective immediately through 2028. Those provisions include both required and optional elements. Plan management will determine other optional provisions to elect in the future.

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

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

DECEMBER 31, 2025				
(a)	(b)	(c)	(d)	(e)
Party-in-	Identity of Issue, Borrower,	Description	Cost	Current
interest	Lessor or Similar Party			Value
*	Morgan Stanley Bank N.A	Money market	\$ 156,713	\$ 156,713
	Bank Of America Corp Fxd To 042027 Var Thrafr 6.125%	Corporate bond	37,789	37,955
	Bank Of America Corp Fxd To 052030 Var Thrafr 6.625%	Corporate bond	20,735	21,060
	Charles Schwab Corp Fxd To 062026 Var Thrafr	Corporate bond	20,226	20,942
	Jpmorgan Chase & Co Fxd To 112022 Var Thrafr	Corporate bond	19,104	19,271
	Pnc Financial Services Group Inc/The Fxd To 052027 Var Thrafr	Corporate bond	19,248	19,353
	Pnc Financial Services Group Inc/The Fxd To 092026 Var Thrafr	Corporate bond	20,216	20,619
	Us Bancorp Fxd To 012021 Var Thrafr 3.7000%	Corporate bond	18,363	18,709
	National Rural Utilities Cooperative Finance Corp	Corporate bond	47,318	47,543
	General Motors Financial Co Inc	Corporate bond	37,007	37,233
	Keurig Dr Pepper Inc	Corporate bond	37,316	37,140
	Toronto-Dominion Bank/The	Corporate bond	19,033	19,284
	John Deere Capital Corp	Corporate bond	20,051	20,267
	Toyota Motor Credit Corp	Corporate bond	23,024	23,236
	Lpl Holdings Inc	Corporate bond	41,667	42,056
	Bank Of Montreal	Corporate bond	39,125	39,318
	Bank Of Nova Scotia/The	Corporate bond	19,022	19,135
	Southwest Airlines Co	Corporate bond	41,456	41,599
	American Honda Finance Corp	Corporate bond	19,083	19,229
	Goldman Sachs Group Inc/The	Corporate bond	19,380	19,432
	Marsh & McLennan Cos Inc	Corporate bond	28,097	28,361
	Amphenol Corp	Corporate bond	38,026	38,306
	Consolidated Edison Co Of New York Inc	Corporate bond	37,040	37,274
	Crown Castle Inc	Corporate bond	41,588	42,619
	Jpmorgan Chase & Co	Corporate bond	39,365	39,659
	Wells Fargo & Co	Corporate bond	37,992	38,416
	Nextera Energy Capital Holdings Inc	Corporate bond	37,115	37,428
	Goldman Sachs Group Inc/The	Corporate bond	37,297	37,417
	Chevron Usa Inc	Corporate bond	39,051	39,325
	Hca Inc	Corporate bond	19,062	19,196
	American Honda Finance Corp	Corporate bond	24,014	24,121
	Rio Tinto Finance Usa Plc	Corporate bond	23,084	23,247
	Philip Morris International Inc	Corporate bond	47,119	47,651
	Wells Fargo & Co To 062027 Var Thrafr 2.3930%	Corporate bond	59,807	62,664
	Digital Realty Trust Lp	Corporate bond	41,047	42,117
	Oracle Corp	Corporate bond	37,072	36,776
	Bank Of Nova Scotia/The	Corporate bond	20,097	20,159
	John Deere Capital Corp	Corporate bond	23,009	23,128
	Hewlett Packard Enterprise Co	Corporate bond	19,018	19,108
	Royal Bank Of Canada	Corporate bond	19,010	19,287
	Bank Of America Corp Fxd To 122027 Var Thrafr 3.4190%	Corporate bond	20,463	20,783
	Royal Bank Of Canada	Corporate bond	18,999	19,228
	At&T Inc	Corporate bond	40,697	41,824
	Citigroup Inc	Corporate bond	37,969	38,161
	Energy Transfer Lp	Corporate bond	40,238	41,551
	T-Mobile Usa Inc	Corporate bond	40,311	42,246
	Goldman Sachs Group Inc Fxd To 042028 Var Thrafr 3.8140%	Corporate bond	61,226	63,105
	Jpmorgan Chase & Co Fxd To 042028 Var Thrafr 4.0050%	Corporate bond	41,073	42,290
	Boeing Co/The	Corporate bond	40,592	41,839

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

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

DECEMBER 31, 2025				
(a) Party-in- interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description	(d) Cost	(e) Current Value
<i>(continued)</i>				
	Hca Inc	Corporate bond	61,084	62,915
	Epr Properties	Corporate bond	38,576	42,267
	Air Lease Corp	Corporate bond	40,290	42,400
	Hewlett Packard Enterprise Co	Corporate bond	40,897	41,706
	Edison International	Corporate bond	41,498	41,889
	Truist Financial Corp Fxd To 012029 Var Thrafr 5.435%	Corporate bond	40,744	42,388
	Citigroup Inc Fxd To 022029 Var Thrafr 5.174%	Corporate bond	40,447	41,875
	Broadcom Inc	Corporate bond	40,581	41,976
	Amgen Inc	Corporate bond	41,205	42,224
	Sabine Pass Liquefaction Lcc	Corporate bond	39,975	41,441
	Duke Energy Corp	Corporate bond	39,512	41,829
	Bank Of America C0Rp	Corporate bond	36,911	37,345
	American Express Co	Corporate bond	38,985	39,415
	Rtx C0Rp	Corporate bond	40,627	41,626
	Capital One Financial Corp Fxd0 102030 Var Thrafr 7.624%	Corporate bond	40,756	42,319
	Jpmorgan Chase & Co Fxd To 022031 Var Thrafr 1.9530%	Corporate bond	38,965	42,340
	Verizon Communications Inc	Corporate bond	39,655	41,805
	Goldman Sachs Group Inc/The Fx D To 072031 Var Thrafr 2.383%	Corporate bond	38,541	41,730
	Micron Technology Inc	Corporate bond	42,011	42,488
	Oracle Corp	Corporate bond	40,717	40,051
	Cbre Services Inc	Corporate bond	41,241	41,506
	Kimco Realty Op Llc	Corporate bond	40,124	42,816
	State Street Corp Ffl) To 052032 Var Thrafr 44210%	Corporate bond	40,474	42,114
	Sempra	Corporate bond	60,118	64,152
	Energy Transfer Lp	Corporate bond	41,902	41,951
	Cno Financial Group Inc	Corporate bond	40,390	41,445
	Meta Platforms Inc	Corporate bond	40,983	42,170
	Bank Of New York Mellon Co Fxd To 102033 Var Thrafr 6.474%	Corporate bond	41,237	41,872
	Dell International Llc/Emc Corp	Corporate bond	41,201	42,281
	Georgia Power Co	Corporate bond	40,134	41,754
	Dominion Energy Inc	Corporate bond	41,029	41,723
	M&T Bank Corp Fxd To 012030 Var Thrafr 5.4%	Corporate bond	41,308	42,356
	Citi Group Inc Fxd To 012035 Var Thrafr 6.02%	Corporate bond	42,055	43,023
	Us Bancorp Fxd To 112031 Var Thrafr 2.4910%	Corporate bond	38,445	42,135
	Bank Of America Corp Fxd To 032032 Var Thrafr 3.8460%	Corporate bond	39,046	42,023
	Prudential Financial Inc Fxd To 092028 Var Thrafr 5.7000%	Corporate bond	40,462	42,101
	United States Treasury Note 4.250% Due 01/31/2026	U.S. treasury note	87,015	88,559
	United States Treasury Note 4.625% Due 02/28/2026	U.S. treasury note	87,371	88,478
	United States Treasury Note 4.500% Due 03/31/2026	U.S. treasury note	87,351	88,183
	United States Treasury Note 4.875% Due 4/30/2026	U.S. treasury note	87,729	88,082
	United States Treasury Note 4.875% Due 05/31/2026	U.S. treasury note	87,580	87,818
	United States Treasury Note 4.625% Due 06/30/2026	U.S. treasury note	87,509	87,460
	United States Treasury Note 4.375% Due 07/31/2026	U.S. treasury note	86,361	87,979
	United States Treasury Note 3.750% Due 08/31/2026	U.S. treasury note	85,941	87,203
	United States Treasury Note 3.500% Due 09/30/2026	U.S. treasury note	86,874	87,722
	United States Treasury Note 4.125% Due 10/31/2026	U.S. treasury note	86,320	86,974
	United States Treasury Note 4.250% Due 11/30/2026	U.S. treasury note	88,529	88,869
Total investments			\$ 4,136,060	\$ 4,222,158

* Indicates party-in-interest

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

SCHEDULE H, LINE 4J – SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2025

(a) Identity of Party Involved	(b) Description of Asset/Transaction	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset	(i) Net Gain or (Loss)
Morgan Stanley	MORGAN STANLEY BANK N.A.	\$ 1,428,977	\$ -	\$ 1,428,977	\$ 1,428,977	\$ -
Morgan Stanley	MORGAN STANLEY BANK N.A.	-	1,372,155	1,372,155	1,372,155	-

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

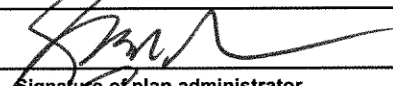
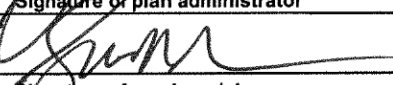
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the Instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
---	---	---

Part I Annual Report Identification Information		
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
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.)
B This return/report is:	☒ a single-employer plan	☐ a DFE (specify) _____
	☐ 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
	☐ special extension (enter description)	☐ the DFVC program
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	☐	

Part II Basic Plan Information --- enter all requested information		
1a Name of plan Orthopedic & Sports Medicine Specialists of Green Bay SC Cash Balance Plan	1b Three-digit plan number (PN) ▶ 003	
	1c Effective date of plan 01/01/2023	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (If foreign, see instructions) Orthopedic & Sports Medicine Specialists of Green Bay SC 2223 Lime Kiln Road US Green Bay WI 54311	2b Employer Identification Number (EIN) 26-1132759 2c Plan Sponsor's telephone number (920) 965-9520 2d Business code (see instructions) 621111	

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

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

SIGN HERE		8/6/26	Sandy Fragale
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		8/6/2026	Sandy Fragale
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN and the plan name and the plan number from the last return/report: a Sponsor's name c Plan name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 183
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 174
a(2) Total number of active participants at the end of the plan year	6a(2) 177
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 3
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 180
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 0
f Total. Add lines 6d and 6e	6f 180
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1C 3D

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ 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)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) - Number Attached _____
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information - Small Plan)
- (3)** ☐ **A** (Insurance Information) - Number Attached _____
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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.

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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 _____

Schedule SB, Part V

Summary of Plan Provisions

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

26-1132759 / 003

For the plan year 01/01/2025 through 12/31/2025

<u>Employer:</u>	Orthopedic & Sports Medicine Specialists of Gree		
	Type of Entity -	C Corporation	
	EIN: 26-1132759	TIN:	Plan #: 003 Plan Type: Cash Balance
<u>Dates:</u>	Effective - 01/01/2023		Valuation - 01/01/2025
	Top Heavy Years - 2024, 2025		
<u>Eligibility:</u>	All employees excluding non-resident aliens and union		
	Minimum age - 21	Months of service - 12	
	Hours Required for -	Eligibility - 1000	Benefit accrual - 1000 Vesting - 1000
	Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction		
<u>Retirement:</u>	Normal -	First of month coincident with or next following attainment of age 65 and completion of 5 years of participation	
	Early -	Not provided	
<u>Average Compensation:</u>	Current compensation		
	Top Heavy Minimum Benefit -	Highest 5 consecutive top heavy years of participation	
<u>Plan Benefits:</u>	Retirement -	Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits	
	Pay Credits -	Classification	Pay Credit Formula
			3% of compensation - All other eligible participants
		AFROZ	\$20,000 - Afroz, Suraiya
		ALBIER	\$55,000 - Albiero, William
		AVERY	\$124,000 - Avery, Michael
		BRUHN	3% of compensation - Bruhnding, Paul
		BRUNN	\$12,500
		ENRIG	\$33,000 - Enright, William
		FLANN	\$46,000 - Flannery, Walker
		FRAUN	\$40,000 - Fraundorf, Luke
		HEIN	\$36,000 - Hein, Joel
		HENRIK	\$41,000 - Henrikson, Karl
		KLEIN	\$83,000 - Klien, Jason
		LIM	\$57,000 - Lim, Debbie
		LINEH	\$70,000 - Linehan, Daniel
		MCCORM	\$225,000 - McCormick, Joseph
		MILLER	\$59,000 - Miller, Douglas
		NABOR	\$67,000 - Nabor, Darren
		PARMA	3% of compensation
		ROEDE	3% of compensation
		ROYCE	3% of compensation - Royce, Bryan
		SCHEC	\$33,000 - Schechinger, Steven
		SEILER	\$30,000 - Seiler, Jacob
		SETHI	\$120,000 - Sethi, Manpreet
		SULLI	\$56,000 - Sullivan, Thomas
		TRESS	\$63,000 - Tressler, Michael
		TUTTLE	3% of compensation - Tuttle IV, Paul
		URTIE	\$50,000 - Utrie, Paul

Schedule SB, Part V

Summary of Plan Provisions

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

26-1132759 / 003

For the plan year 01/01/2025 through 12/31/2025

ZELLNER	\$53,000 - Zellner, Benjamin
ZIEGL	3% of compensation

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

Accrued Benefit - Hypothetical Account Balance

Minimum Benefit - None

Maximum Benefit - None

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

Early Retirement - None

Death Benefit - Present Value of Accrued Benefit

Disability Benefit - None

Top Heavy Minimum: Provided in another plan

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$280,000
Maximum 401(a)(17) compensation - \$350,000

PBGC: Plan is covered by Pension Benefit Guaranty Corporation

Normal Form: Life Annuity

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

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

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

Actuarial Equivalence:

Pre-Retirement - Interest -	5%
Mortality Table -	None

Post-Retirement - Interest -	5%
Mortality Table -	25E - 2025 Applicable Mortality Table for 417(e) (unisex)

Schedule SB, Part V

Statement of Actuarial Assumptions/Methods

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

For the plan year 01/01/2025 through 12/31/2025

Valuation Date: 01/01/2025

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 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 #	Year	Rate %
Segment 1	0 - 5	5.00
Segment 2	6 - 20	5.27
Segment 3	> 20	5.40

Segment rates as of September 30, 2024 As permitted under IRC 430(h)(2)(C)(iv)(II) - ARP

Segment #	Year	Rate %
Segment 1	0 - 5	5.00
Segment 2	6 - 20	5.27
Segment 3	> 20	5.50

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 - None

Ancillary Ben Load - None

Post-Retirement - Mortality Table - 25C - 2025 Combined

Improvement Scale - None

Cost of Living - None

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

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 8.5%

CB Projection Rate - 5%

Post-Retirement - Interest - 8.5%

Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use average compensation to calculate the benefit accrual rate (annual method)

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

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

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

26-1132759 / 003

For the plan year 01/01/2025 through 12/31/2025

401(a)(26) Testing:

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

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

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

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

26-1132759 / 003

For the plan year 01/01/2025 through 12/31/2025

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

Schedule SB, line 19 -
Discounted Employer Contributions

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

26-1132759 / 003

For the plan year 01/01/2025 through 12/31/2025

Valuation Date: 01/01/2025

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	06/25/2025	\$450,000					
Applied to MRC	01/01/2025	450,000	438,795	0	0	5.40	0.00
Deposited Contribution	09/26/2025	\$450,000					
Applied to MRC	01/01/2025	450,000	432,954	0	0	5.40	0.00
Deposited Contribution	03/05/2026	\$785,986					
Applied to Additional Contribution	01/01/2025	309,972	291,434	0	0	5.40	0.00
Applied to MRC	01/01/2025	476,014	447,545	0	0	5.40	0.00
Totals for Deposited Contribution		\$1,685,986	\$1,610,728	\$0	\$0		

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

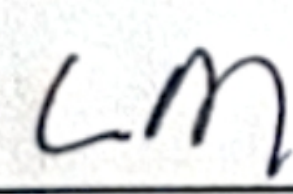
▶ Round off amounts to nearest dollar.
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Orthopedic & Sports Medicine Specialists of Green Bay SC Cash Balance Plan	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Orthopedic & Sports Medicine Specialists of Green Bay SC	D Employer Identification Number (EIN) 26-1132759
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	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 2025			
2 Assets:			
a Market value	2a	3,148,444	
b Actuarial value	2b	3,148,444	
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	9	19,580	19,580
c For active participants	174	2,835,260	2,936,745
d Total	183	2,854,840	2,956,325
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.40 %	
6 Target normal cost			
a Present value of current plan year accruals	6a	1,511,413	
b Expected plan-related expenses	6b	0	
c Target normal cost	6c	1,511,413	

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

SIGN HERE		08/04/2026
Signature of actuary		Date
Lori Mayer		26-08199
Type or print name of actuary		Most recent enrollment number
The Benefits Consulting Group, Inc.		(312) 427-9140
Firm name		Telephone number (including area code)
53 W. Jackson Blvd. Suite 864		
US Chicago	IL 60604	
Address of the firm		

Schedule H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2025 and ending 12/31/2025

Name of plan

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

Employer Identification Number

26-1132759

Three-digit
plan number

003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Morgan Stanley Bank NA	MONEY MARKET	156,713	156,713
	Bank Of America Corp Fxd 6.125	CORPORATE BOND	37,789	37,955
	Bank of America Corp Fxd 6.625	CORPORATE BOND	20,735	21,060
	Charles Schwab Corp Fxd 062026	CORPORATE BOND	20,226	20,942
	JPMorgan Chase & Co Fxd 112022	CORPORATE BOND	19,104	19,271
	PNC Fin Svc Grp Inc Fxd 052027	CORPORATE BOND	19,248	19,353
	PNC Fin Svc Grp Inc Fxd 092026	CORPORATE BOND	20,216	20,619
	US Bancorp Fxd 012021 3.7000%	CORPORATE BOND	18,363	18,709
	National Rural Ut Coop Fin	CORPORATE BOND	47,318	47,543
	General Motors Fin Co Inc	CORPORATE BOND	37,007	37,233
	Keurig Dr Pepper Inc	CORPORATE BOND	37,316	37,140
	Toronto-Dominion Bank	CORPORATE BOND	19,033	19,284
	John Deere Capital Corp	CORPORATE BOND	20,051	20,267
	Toyota Motor Credit Corp	CORPORATE BOND	23,024	23,236
	LPL Holdings Inc	CORPORATE BOND	41,667	42,056
	Bank of Montreal	CORPORATE BOND	39,125	39,318
	Bank of Nova Scotia	CORPORATE BOND	19,022	19,135
	Southwest Airlines Co	CORPORATE BOND	41,456	41,599
	American Honda Finance Corp	CORPORATE BOND	19,083	19,229
	Goldman Sachs Group Inc	CORPORATE BOND	19,380	19,432
	Marsh & McLennan Cos Inc	CORPORATE BOND	28,097	28,361
	Amphenol Corp	CORPORATE BOND	38,026	38,306
	Consolidated Edison Co of NY	CORPORATE BOND	37,040	37,274
	Crown Castle Inc	CORPORATE BOND	41,588	42,619
	JPMorgan Chase & Co	CORPORATE BOND	39,365	39,659
	Wells Fargo & Co	CORPORATE BOND	37,992	38,416
	Nexter Energy Cap Holdings Inc	CORPORATE BOND	37,115	37,428
	Goldman Sachs Group Inc	CORPORATE BOND	37,297	37,417
	Chevron USA Inc	CORPORATE BOND	39,051	39,325
	HCA Inc	CORPORATE BOND	19,062	19,196
	American Honda Finance Corp	CORPORATE BOND	24,014	24,121
	Rio Tinto Finance USA Plc	CORPORATE BOND	23,084	23,247
	Philip Morris International	CORPORATE BOND	47,119	47,651
	Wells Fargo & Co 062027 2.3930	CORPORATE BOND	59,807	62,664
	Digital Realty Trust LP	CORPORATE BOND	41,047	42,117
	Oracle Corp	CORPORATE BOND	37,072	36,776
	Bank of Nova Scotia	CORPORATE BOND	20,097	20,159
	John Deere Capital Corp	CORPORATE BOND	23,009	23,128
	Hewlett Packard Enterprise Co	CORPORATE BOND	19,018	19,108

[illegible]

[illegible]

Schedule H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2025 and ending 12/31/2025

Name of plan

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

Employer Identification Number

26-1132759

Three-digit
plan number

003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Royal Bank of Canada	CORPORATE BOND	18,999	19,228
	AT&T	CORPORATE BOND	40,697	41,824
	Citigroup Inc	CORPORATE BOND	37,969	38,161
	Energy Transfer LP	CORPORATE BOND	40,238	41,551
	T-Mobile USA Inc	CORPORATE BOND	40,311	42,246
	Goldman Sachs Fxd 042028 3.814	CORPORATE BOND	61,226	63,105
	JPMorgan Chase Fxd 042028 4.00	CORPORATE BOND	41,073	42,290
	Boeing Co	CORPORATE BOND	40,592	41,839
	HCA Inc	CORPORATE BOND	61,084	62,915
	EPR Properties	CORPORATE BOND	38,576	42,267
	Air Lease Corp	CORPORATE BOND	40,290	42,400
	Hewlett Packard Enterprise Co	CORPORATE BOND	40,897	41,706
	Edison International	CORPORATE BOND	41,498	41,889
	Truist Fin Corp Fxd 012029 5.4	CORPORATE BOND	40,744	42,388
	Citigroup Fxd 022029 5.174	CORPORATE BOND	40,447	41,875
	Broadcom Inc	CORPORATE BOND	40,581	41,976
	Amgen Inc	CORPORATE BOND	41,205	42,224
	Sabine Pass Liquefaction LCC	CORPORATE BOND	39,975	41,441
	Duke Energy Corp	CORPORATE BOND	39,512	41,829
	Bank of America Corp	CORPORATE BOND	36,911	37,345
	American Express Co	CORPORATE BOND	38,985	39,415
	RTX Corp	CORPORATE BOND	40,627	41,626
	Capital One Fin Fxd 102030 7.6	CORPORATE BOND	40,756	42,319
	JPMorgan Chase Fxd 022031 1.95	CORPORATE BOND	38,965	42,340
	Verizon Communications Inc	CORPORATE BOND	39,655	41,805
	Goldman Sachs Fxd 072031 2.383	CORPORATE BOND	38,541	41,730
	Micron Technology Inc	CORPORATE BOND	42,011	42,488
	Oracle Corp	CORPORATE BOND	40,717	40,051
	CBRE Services Inc	CORPORATE BOND	41,241	41,506
	Kimco Realty OP LLC	CORPORATE BOND	40,124	42,816
	State Street Corp Fxd 052032	CORPORATE BOND	40,474	42,114
	Sempra	CORPORATE BOND	60,118	64,152
	Energy Transfer LP	CORPORATE BOND	41,902	41,951
	CNO Financial Group Inc	CORPORATE BOND	40,390	41,445
	Meta Platforms Inc	CORPORATE BOND	40,983	42,170
	Bank of NY Fxd 102033 6.474%	CORPORATE BOND	41,237	41,872
	Dell International LLC/EMC Cp	CORPORATE BOND	41,201	42,281
	Georgia Power Co	CORPORATE BOND	40,134	41,754
	Dominion Energy Inc	CORPORATE BOND	41,029	41,723

[illegible]

Schedule H, line 4j
Schedule of Reportable Transactions.

[illegible]