# 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.)
- [X] 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:
- [X] 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
401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF MCBRIDE ORTHOPEDIC HOSPITAL

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 01/01/1972

**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)
MCBRIDE CLINIC, INC.

9600 BROADWAY EXT
OKLAHOMA CITY, OK 73114-7408

**2b** Employer Identification Number (EIN) 73-0714291

**2c** Plan Sponsor's telephone number 405-230-9101

**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. | 10/08/2026 | TIFFANY ALVEY |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] 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:<br>**a** Sponsor's name<br>**c** Plan Name | **4b** EIN<br>**4d** PN | |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 918 |
| **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)** | 918 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 923 |
| **b** | Retired or separated participants receiving benefits | **6b** | 8 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 230 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 1161 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 3 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 1164 |
| **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)** | 879 |
| **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)** | 921 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | 29 |
| **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:

2E 2F 2G 2J 2K 2R

**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)** | [X] Trust | **(3)** | [X] 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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**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
401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF MCBRIDE ORTHOPEDIC HOSPITAL

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
MCBRIDE CLINIC, INC.

**D** Employer Identification Number (EIN)
73-0714291

## 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).. . . . . [X] 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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

82 DEVON SHIRE STREET H11D
BOSTON, MA 02109-3614

04-2647786

| (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? |
|---|---|---|---|---|---|---|
| 37 64 65 71 | RECORDKEEPER | 52019 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

CADENT CAPITAL ADVISORS LLC

45-4339378

| (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 | INVESTMENT ADVISOR | 20000 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

CBIZ INC

3925 RIVER CROSSING PARKWAY STE 300
INDIANAPOLIS, IN 46240

22-2769024

| (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? |
|---|---|---|---|---|---|---|
| 10 | ACCOUNTANT/AUDITOR | 14550 | Yes [ ] No [X] | 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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan 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
401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF MCBRIDE ORTHOPEDIC HOSPITAL

**B** Three-digit plan number (PN) ▶ 002

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
MCBRIDE CLINIC, INC.

**D** Employer Identification Number (EIN)
73-0714291

## Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: ADVISOR STABLE VALUE PORTFOLIO

**b** Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-3022712-026 | C | 3534331 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**Part II** **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

# SCHEDULE H (Form 5500)

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
401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF MCBRIDE ORTHOPEDIC HOSPITAL

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
MCBRIDE CLINIC, INC.

**D** Employer Identification Number (EIN)
73-0714291

## 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) | 54006 | 79473 |
| **(2)** Participant contributions | 1b(2) | 252534 | 101172 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 670030 | 2758182 |
| **(2)** U.S. Government securities | 1c(2) | 215171 | 108313 |
| **(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) | 1757789 | 1927505 |
| **(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) | 1892683 | 1980959 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 4388906 | 3534331 |
| **(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) | 108150917 | 122450799 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 144 | 1259 |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(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 | 117382180 | 132941993 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | | |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | 40 | 50 |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 40 | 50 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 117382140 | 132941943 |

## 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) | 3162907 | |
| **(B)** Participants | 2a(1)(B) | 4474008 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 626073 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 8262988 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 76210 | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | 137286 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 213496 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | 6511 | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 7060391 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 7066902 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 4850159 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 4305490 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 544669 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | 471828 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 471828 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 89073 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 11132449 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 27781405 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 12130393 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 12130393 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 4740 |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | 51919 | |
| (4) IQPA audit fees | 2i(4) | 14550 | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | 20000 | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 86469 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 12221602 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 15559803 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## 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)** [X] 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)** [X] 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: CBIZ CPAS P.C. **(2)** EIN: 43-1947695

**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.) | **4a** | | X | |
| **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.) | **4b** | | X | |
| **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.) | **4c** | | X | |
| **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.) | **4d** | | X | |
| **e** Was this plan covered by a fidelity bond? | **4e** | X | | 1000000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **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? | **4g** | | X | |
| **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? | **4h** | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **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.) | **4j** | | X | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | X | |
| **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. | **4n** | | X | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 _____.

CBIZ CPAs P.C.

3925 River Crossing Parkway
Suite 100
Indianapolis, IN 46240

*P:* 317.472.2200

# Independent Auditors' Report

To the Plan Administrator
**401(k) Profit Sharing Plan for Employees of**
**McBride Orthopedic Hospital**
Oklahoma City, Oklahoma

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

We have performed the audits of the financial statements of the 401(k) Profit Sharing Plan for Employees of McBride Orthopedic Hospital (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

## *Opinion*

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

***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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or 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.

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

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

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

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

The supplemental schedule of assets (held at end of year) as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information. In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

CBIZ CPAs P.C.

Indianapolis, Indiana
October 7, 2026

# 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF MCBRIDE ORTHOPEDIC HOSPITAL
# PLAN NUMBER 002 - EIN 73-0714291
# FORM 5500, SCHEDULE H, LINE 4i
# SCHEDULE OF ASSETS (HELD AT END OF YEAR)
# December 31, 2025

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investments including maturity date, rate of interest, collateral, par, or maturity value | (e) Current value |
|---|---|---|---|
| * | **Fidelity Registered Investment Companies** | | |
| | Participant-Directed Funds | | |
| * | Fidelity Cash Government Retirement Treasury Fund | Money Market Fund | $ 1,594,608 |
| * | Fidelity Selector Small Cap Fund | Mutual Fund | 2,062,307 |
| * | Fidelity International Index Fund | Mutual Fund | 768,661 |
| * | Fidelity 500 Index Fund | Mutual Fund | 9,287,909 |
| * | Fidelity Emerging Markets Index Fund | Mutual Fund | 371,315 |
| * | Fidelity Mid Cap Index Fund | Mutual Fund | 655,083 |
| | Total Participant-Directed Funds | | 14,739,883 |
| | Self-Directed Funds | | |
| * | Common Stocks | Self-Directed Brokerage Account | 1,927,505 |
| * | Mutual Funds | Self-Directed Brokerage Account | 2,121,614 |
| * | Cash | Self-Directed Brokerage Account | 108,313 |
| * | External Fund | Self-Directed Brokerage Account | 636,568 |
| * | Rights/Warrants | Self-Directed Brokerage Account | 1,259 |
| * | Other Liabilities | Self-Directed Brokerage Account | (50) |
| | Total Self-Directed Funds | | 4,795,209 |
| | **Other Registered Investment Companies** | | |
| | Participant-Directed Funds | | |
| | Dodge & Cox International Stock Fund | Mutual Fund | $ 983,481 |
| | American Funds Investment Company of America Fund | Mutual Fund | 395,611 |
| | Columbia Dividend Income Fund | Mutual Fund | 3,214,554 |
| | JP Morgan Core Bond Fund | Mutual Fund | 1,131,696 |
| | Janis Enterpise Fund | Mutual Fund | 653,198 |
| | MFS Growth Fund | Mutual Fund | 3,165,330 |
| | AS Special Small Cap Value Fund | Mutual Fund | 407,903 |
| | American Funds Balanced Fund | Mutual Fund | 846,517 |
| | American Funds Target Date 2010 | Mutual Fund | 341,028 |
| | American Funds Target Date 2020 | Mutual Fund | 2,871,775 |
| | American Funds Target Date 2030 | Mutual Fund | 18,376,309 |
| | American Funds Target Date 2040 | Mutual Fund | 9,917,021 |
| | American Funds Target Date 2050 | Mutual Fund | 9,283,980 |
| | American Funds Target Date 2015 | Mutual Fund | 2,663,988 |
| | American Funds Target Date 2025 | Mutual Fund | 17,507,975 |
| | American Funds Target Date 2035 | Mutual Fund | 19,193,707 |
| | American Funds Target Date 2045 | Mutual Fund | 10,179,305 |
| | American Funds Target Date 2055 | Mutual Fund | 4,396,531 |
| | American Funds Target Date 2060 | Mutual Fund | 1,667,614 |
| | American Funds Target Date 2065 | Mutual Fund | 513,393 |
| | Total Participant-Directed Funds | | 107,710,916 |
| * | **Fidelity Common / Collective Trust** | | |
| | Fidelity Advisor Stable Value Fund | Stable Value CCT | 3,534,331 |
| * | **Participant Loans** | Interest rates of 3.25% - 8.50% | 1,980,959 |
| | | | $132,761,298 |

***** Party-in-interest as defined by ERISA

# 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF MCBRIDE ORTHOPEDIC HOSPITAL

## FINANCIAL STATEMENTS
## For the Years Ended December 31, 2025 and 2024 and the Year Ended December 31, 2025

# 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF MCBRIDE ORTHOPEDIC HOSPITAL

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CBIZ CPAs P.C.

3925 River Crossing Parkway
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Indianapolis, IN 46240

*P:* 317.472.2200

# Independent Auditors' Report

To the Plan Administrator
**401(k) Profit Sharing Plan for Employees of**
**McBride Orthopedic Hospital**
Oklahoma City, Oklahoma

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

We have performed the audits of the financial statements of the 401(k) Profit Sharing Plan for Employees of McBride Orthopedic Hospital (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

## *Opinion*

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

***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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or 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.

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

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

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

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

The supplemental schedule of assets (held at end of year) as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information. In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

CBIZ CPAs P.C.

Indianapolis, Indiana
October 7, 2026

# 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF MCBRIDE ORTHOPEDIC HOSPITAL
# STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
# December 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| **ASSETS** | | |
| Investments at fair value (See Note 4) | $130,780,339 | $115,182,917 |
| Receivables: | | |
| Employer contributions | 79,473 | 54,006 |
| Participants' contributions | 101,172 | 252,534 |
| Notes receivable from participants | 1,980,959 | 1,892,683 |
| Total Receivables | 2,161,604 | 2,199,223 |
| Net Assets Available for Benefits | $132,941,943 | $117,382,140 |

See accompanying notes to financial statements.

# 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF MCBRIDE ORTHOPEDIC HOSPITAL
# STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
# For the Year Ended December 31, 2025

| | |
|---|---|
| Investment income: | |
| Net appreciation in fair value of investments | $ 12,222,355 |
| Interest and dividends | 7,158,776 |
| | 19,381,131 |
| Interest income on notes receivable from participants | 140,251 |
| Contributions: | |
| Employer | 3,162,907 |
| Participants | 4,474,008 |
| Rollover | 626,073 |
| | 8,262,988 |
| Total Additions | 27,784,370 |
| Benefits paid to participants | 12,138,098 |
| Administrative expenses | 86,469 |
| Total Deductions | 12,224,567 |
| Net Increase | 15,559,803 |
| Net Assets Available for Benefits | |
| Beginning of Year | 117,382,140 |
| End of Year | $132,941,943 |

See accompanying notes to financial statements.

## NOTE 1 - DESCRIPTION OF PLAN

The following description of the 401(k) Profit Sharing Plan for Employees of McBride Orthopedic Hospital (the "Plan") provides only general information. Participants should refer to the Plan Document or Summary Plan Description for a more complete description of the Plan's provisions, which are available from the plan administrator.

### Participating Companies

The following Companies (the "Companies" or "Employer"), which are related parties, are participating employers in the Plan:

McBride Clinic Inc. ("Plan Sponsor")
McBride Clinic Orthopedic Hospital, LLC, d/b/a McBride Orthopedic Hospital

### General

The Plan is a defined contribution plan covering all employees of the Companies who have three months of employment and are age 18 or older. An employee is eligible to enter the Plan on the first day of each month, immediately following completion of the eligibility requirements. Non-resident aliens, leased employees, independent contractors, or employees covered by a collective bargaining agreement are not eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan is advised by the McBride Orthopedic Hospital Advisory Committee (the "Committee"), which is a committee appointed by the Board of Directors of the Companies. The Plan Sponsor has overall fiduciary responsibility for the operation and administration of the Plan, and the Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Companies' Board of Directors. The Committee has directed Fidelity Management Trust Company ("FMTC") as Trustee and administrative service provider to the Plan.

### Contributions

Each year, participants may contribute up to 100% of annual compensation as pre-tax or after-tax contributions, as defined in the Plan. Participants may also contribute rollover amounts representing distributions from other qualified plans. Participants age 50 or older are allowed to make catch-up contributions as defined in the Plan. In addition, participants ages 60 through 63 during the plan year may be eligible to make additional catch-up contributions above the standard age 50 catch-up contribution limit, as defined by the Plan. Participants direct the investment of all contributions into various investment options offered by the Plan. Contributions are subject to certain Internal Revenue Code ("IRC") limitations

Each Plan year, the Companies designate, at its discretion, the percentage of each eligible employee's elective contribution (the matching percentage) which the Companies will contribute to the Plan. For the Plan year ended December 31, 2025, the matching percentage was 100% of each participating employee's elective contribution, up to 7% of eligible compensation. Participants are not required to be employed on the last day of the Plan year to receive matching contributions.

In addition, the Companies may make a discretionary nonelective contribution allocated in accordance with a Social Security taxable wage base formula, as defined in the Plan. A participant is required to have worked one year with 1,000 hours and to be employed on the last day of the Plan year to receive nonelective contributions. For the Plan year ended December 31, 2025 the Companies did not make a nonelective contribution.

## NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

### Participant Investment Account Options

The Plan currently offers various mutual funds, common collective trusts, money market and similar funds as investment options for participants. Participants may elect to invest under a self-directed brokerage arrangement with the Trustee of the Plan's investments. Each investment option has its own investment strategy, which can be obtained through the prospectus of the respective fund. Participants may change their investment options at any time.

### Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the employer's contributions, and (b) Plan earnings. Terminated participant accounts are charged with an allocation of recordkeeping expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### Vesting

Participants are immediately vested in their voluntary contributions, qualified matching contributions, qualified non-elective contributions and actual earnings thereon. Vesting of employer's matching contributions and discretionary nonelective contributions plus earnings thereon is based on years of continuous service. Years of service are based upon the elapsed time method with only whole years of service counted for vesting purposes. The vesting schedule is as follows:

| Years of Service | Vested % |
|---|---|
| Less than 1 year | 0% |
| At least 1 year, but less than 2 | 0% |
| At least 2 years, but less than 3 | 20% |
| At least 3 years, but less than 4 | 40% |
| At least 4 years, but less than 5 | 60% |
| 5 years or more | 100% |

### Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of the lesser of $50,000 or 50% of their vested account balance. All loans are to be repaid over a period not to exceed five years, unless the loan proceeds are used to purchase a participant's principal residence. The loans are collateralized by the participant's vested account. Principal and interest are paid ratably through bimonthly payroll deductions. Should the participant terminate as an employee, the balance of the outstanding loan becomes due and payable, and the participant's vested account will be used to pay the outstanding loan. A participant may have no more than two loans outstanding at any time.

## NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

### Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, partial payment, installment payment, or annuity contract. Account balances that do not exceed $5,000 on the participant's date of termination may result in an involuntary distribution to an IRA or in the form of a lump sum payment. In addition, the Plan allows in-service distributions for hardship reasons and in-service distributions if the participant is 59 1/2 or older and if the participant meets service and participation requirements as defined in the Plan.

### Forfeited Accounts

At December 31, 2025 and 2024, forfeited nonvested accounts totaled $8,565 and $54,733, respectively. Forfeitures shall be used as elected by the Employer to either reduce Employer contributions or offset Plan expenses. For the year ended December 31, 2025, Employer contributions were reduced approximately by $151,000 from forfeited nonvested accounts. Additionally, at December 31, 2025, approximately $49,000 of forfeited nonvested accounts were used to pay administrative expenses.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### Basis of Accounting

The financial statements of the Plan are prepared on the accrual method of accounting.

### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

### Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Employer determines the Plan's valuation policies utilizing information provided by the Trustee. See Note 4 for 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. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

### Contributions

Contributions from Plan participants and the matching contributions from the Employer are recorded in the year in which the employee contributions are withheld from compensation.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

### Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

### Payment of Benefits

Benefits are recorded when paid.

### Administrative Expenses

Certain expenses of the Plan are paid by the Companies and are not included in the statement of changes in net assets available for benefits. Fees related to the payment of benefits and administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

## NOTE 3 - INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, FMTC, the Trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedule are complete and accurate with respect to investments:

- Investments at fair value
- Notes receivable from participants
- Net appreciation (depreciation) in fair value of investments
- Interest and dividends
- Interest income on notes receivable from participants
- Schedule of assets (held at end of year)

## NOTE 4 - FAIR VALUE MEASUREMENTS

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") and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASU") Topic 820 are described below:

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.

**NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)**

Level 2 Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and 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 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 need to 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.

*Common stocks:* Valued at the closing price reported on the active market on which the individual securities are traded.

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily Net Asset Value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Money market funds:* Valued at the net asset value ("NAV") of shares held by the Plan at year-end.

*Stable value common collective trust*: A stable value fund that is composed primarily of fully benefit-responsive investment contracts is valued at the NAV of units of the bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months' notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

**NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)**

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2025 and 2024:

**Assets at Fair Value as of December 31, 2025**

| | Level 1 | Total |
|---|---|---|
| Mutual funds | $122,450,799 | $122,450,799 |
| Self-directed brokerage account | 4,795,209 | 4,795,209 |
| Total assets in the fair value hierachy | $127,246,008 | 127,246,008 |
| Investments measured at NAV practical expedient (a) | | 3,534,331 |
| Investments at fair value | | $130,780,339 |

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

| | Level 1 | Total |
|---|---|---|
| Mutual funds | $108,150,917 | $108,150,917 |
| Self-directed brokerage account | 2,643,094 | 2,643,094 |
| Total assets in the fair value hierachy | $110,794,011 | 110,794,011 |
| Investments measured at NAV practical expedient (a) | | 4,388,906 |
| Investments at fair value | | $115,182,917 |

(a) In accordance with Subtopic 820-10, certain investments that were measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

## NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

### Investments Measured Using the Net Asset Value per Share Practical Expedient

The following tables summarize investments for which fair value is based on NAV per share practical expedient as of December 31, 2025 and 2024, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable to the Plan.

| Investments | Fair Value 2025 | Unfunded Commitmen | Redemption Frequency | Redemption Notice Period |
|---|---|---|---|---|
| Stable Value Common Collective Trust | $3,534,331 | $ - | Daily | None |
| Total | $3,534,331 | $ - | | |

| Investments | Fair Value 2024 | Unfunded Commitmen | Redemption Frequency | Redemption Notice Period |
|---|---|---|---|---|
| Stable Value Common Collective Trust | $4,388,906 | $ - | Daily | None |
| Total | $4,388,906 | $ - | | |

## NOTE 5 - RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by the Trustee. Fidelity Management Trust Company (“FMTC”) is the Trustee and recordkeeper for the Plan and therefore, these transactions qualify as party-in-interest transactions.

## NOTE 6 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

## NOTE 7- TAX STATUS

The Plan Sponsor has adopted a pre-approved plan document that has received an opinion letter from the Internal Revenue Service (“IRS”) dated June 30, 2020, stating that the form of the pre-approved Plan document was in compliance with the applicable requirements of the Internal Revenue Code (“IRC”). Although, the Plan has been amended since adopting the pre-approved Plan document, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and, therefore, believes that the Plan is qualified.

## NOTE 7 - TAX STATUS (CONTINUED)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax 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 8 - RISKS, UNCERTAINTIES, AND CONCENTRATIONS

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

At December 31, 2025 and 2024, approximately 41% and 45%, respectively, of the Plan's investments were invested in three target date investments.

## NOTE 9 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 7, 2026, which is the date the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

# SUPPLEMENTAL SCHEDULE

# 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF MCBRIDE ORTHOPEDIC HOSPITAL
# PLAN NUMBER 002 - EIN 73-0714291
# FORM 5500, SCHEDULE H, LINE 4i
# SCHEDULE OF ASSETS (HELD AT END OF YEAR)
# December 31, 2025

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investments including maturity date, rate of interest, collateral, par, or maturity value | (e) Current value |
|---|---|---|---|
| * | **Fidelity Registered Investment Companies** | | |
| | Participant-Directed Funds | | |
| * | Fidelity Cash Government Retirement Treasury Fund | Money Market Fund | $ 1,594,608 |
| * | Fidelity Selector Small Cap Fund | Mutual Fund | 2,062,307 |
| * | Fidelity International Index Fund | Mutual Fund | 768,661 |
| * | Fidelity 500 Index Fund | Mutual Fund | 9,287,909 |
| * | Fidelity Emerging Markets Index Fund | Mutual Fund | 371,315 |
| * | Fidelity Mid Cap Index Fund | Mutual Fund | 655,083 |
| | Total Participant-Directed Funds | | 14,739,883 |
| | Self-Directed Funds | | |
| * | Common Stocks | Self-Directed Brokerage Account | 1,927,505 |
| * | Mutual Funds | Self-Directed Brokerage Account | 2,121,614 |
| * | Cash | Self-Directed Brokerage Account | 108,313 |
| * | External Fund | Self-Directed Brokerage Account | 636,568 |
| * | Rights/Warrants | Self-Directed Brokerage Account | 1,259 |
| * | Other Liabilities | Self-Directed Brokerage Account | (50) |
| | Total Self-Directed Funds | | 4,795,209 |
| | **Other Registered Investment Companies** | | |
| | Participant-Directed Funds | | |
| | Dodge & Cox International Stock Fund | Mutual Fund | $ 983,481 |
| | American Funds Investment Company of America Fund | Mutual Fund | 395,611 |
| | Columbia Dividend Income Fund | Mutual Fund | 3,214,554 |
| | JP Morgan Core Bond Fund | Mutual Fund | 1,131,696 |
| | Janis Enterpise Fund | Mutual Fund | 653,198 |
| | MFS Growth Fund | Mutual Fund | 3,165,330 |
| | AS Special Small Cap Value Fund | Mutual Fund | 407,903 |
| | American Funds Balanced Fund | Mutual Fund | 846,517 |
| | American Funds Target Date 2010 | Mutual Fund | 341,028 |
| | American Funds Target Date 2020 | Mutual Fund | 2,871,775 |
| | American Funds Target Date 2030 | Mutual Fund | 18,376,309 |
| | American Funds Target Date 2040 | Mutual Fund | 9,917,021 |
| | American Funds Target Date 2050 | Mutual Fund | 9,283,980 |
| | American Funds Target Date 2015 | Mutual Fund | 2,663,988 |
| | American Funds Target Date 2025 | Mutual Fund | 17,507,975 |
| | American Funds Target Date 2035 | Mutual Fund | 19,193,707 |
| | American Funds Target Date 2045 | Mutual Fund | 10,179,305 |
| | American Funds Target Date 2055 | Mutual Fund | 4,396,531 |
| | American Funds Target Date 2060 | Mutual Fund | 1,667,614 |
| | American Funds Target Date 2065 | Mutual Fund | 513,393 |
| | Total Participant-Directed Funds | | 107,710,916 |
| * | **Fidelity Common / Collective Trust** | | |
| | Fidelity Advisor Stable Value Fund | Stable Value CCT | 3,534,331 |
| * | **Participant Loans** | Interest rates of 3.25% - 8.50% | 1,980,959 |
| | | | $132,761,298 |

***** Party-in-interest as defined by ERISA

# 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
401(K) PROFIT SHARING PLAN FOR
EMPLOYEES OF MCBRIDE ORTHOPEDIC HOSPITAL

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 01/01/1972

**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)
MCBRIDE CLINIC, INC.

9600 BROADWAY EXT

OKLAHOMA CITY OK 73114-7408

**2b** Employer Identification Number (EIN) 73-0714291

**2c** Plan Sponsor's telephone number 405-230-9101

**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 | Tiffany Alvey | 10/08/2026 | TIFFANY ALVEY |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

**Form 5500 (2025)**
**v. 250312**

518401 12-22-25

# SCHEDULE C SUPPLEMENTAL REPORT

This report includes fee-related information recordkept by Fidelity Investments for the plan, as well as information made available to Fidelity through Morningstar, Inc., an independent investments research company, and certain other sources, which has not been independently verified by Fidelity. The notes section of this report may or may not be applicable to your plan. In some cases, you may also need to reference the Auditor's Guide for more detail. Please log into PSW to access the Auditor's Guide and related documents that can assist you and/or your auditors in facilitating your employee benefit plan audit.

PART I, LINE 1 - INFORMATION ON PERSONS EXCLUDED FROM THE REST OF PART I BECAUSE THEY RECEIVED ONLY ELIGIBLE INDIRECT FEES.

- If there are non-Fidelity funds in the plan and all information is available in the eligible indirect compensation disclosure at the end of this report, check "yes" and in part I, line 1(b) enter Fidelity Investments Institutional Operations Company LLC - 04-2647786.
- If all information is not available, you may need to contact the applicable fund family for additional information and disclose the name and EIN of the entity providing the disclosure in part I, line 1(b).

PART I, LINE 2 - INFORMATION ON SERVICE PROVIDERS RECEIVING DIRECT FEES

| SERVICE PROVIDER NAME *Part I, Line 2(a)* | EIN/ADDRESS *1 *Part I, Line 2(a)* | SERVICE CODE *Part I, Line 2(b)* | RELATIONSHIP TO ER, EE,ORG OR PERSON OF INTEREST *Part I, Line 2(c)* | DIRECT COMP PAID BY PLAN *Part I, Line 2(d)* |
|---|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 04-2647786 | 37<br>64<br>65<br>71 | RECORDKEEPER | $52,019 |
| CADENT CAPITAL ADVISORS LLC | 45-4339378 | 27 | INVESTMENT ADVISOR | $20,000 |
| CBIZ INC | 22-2769024 | 10 | ACCOUNTANT/AUDITOR | $14,550 |

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

| SERVICE PROVIDER NAME *Part I, Line 3(a)* | SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)* | AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)* | NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)* | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)* | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)* |
|---|---|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | $0 | BROKERAGE LINK*3 | SEE NOTE *2 | SEE NOTE *3 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | $0 | DODGE&COX INTL STK I - SS&C GIDS, INC | 2000 CROWN COLONY DRIVE QUINCY MA US 02169 | 0.10% |

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

| FUND CODE | NAME OF SOURCE OF INDIRECT COMPENSATION | TICKER | PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION | SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION | AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA) |
|---|---|---|---|---|---|
| 0458 | FID GOVT MMKT - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC | SPAXX | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT | 0.25% |
| 2328 | FID 500 INDEX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC | FXAIX | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT | 0.01% |
| 2344 | FID EMRG MKTS IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC | FPADX | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT | 0.07% |
| 2352 | FID MID CAP IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC | FSMDX | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT | 0.02% |
| 2363 | FID INTL INDEX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC | FSPSX | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT | 0.03% |

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|---|---|---|---|---|---|
| 2887 | FA STK SEL SM CAP Z - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC | FSSZX | FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | FUND MANAGEMENT | 0.72% |
| 4000 | FA STABLE VALUE III | SEE NOTE *6 | SEE NOTE *6 | SEE NOTE *6 | SEE NOTE *6 |
| BLNK | BROKERAGELINK | SEE NOTE *6 | SEE NOTE *6 | SEE NOTE *6 | SEE NOTE *6 |
| OIDH | HTFD INTL OPPS R6 - HARTFORD FUNDS MANAGEMENT COMPANY, LLC | IHOVX | HARTFORD MUTUAL FUNDS | FUND MANAGEMENT | 0.65% |
| OIPN | TRP DIV GROWTH I - T. ROWE PRICE ASSOCIATES, INC. | PDGIX | T. ROWE PRICE | FUND MANAGEMENT | 0.48% |

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|---|---|---|---|---|---|
| OK0S | AF TD INCOME 2010 R6 - CAPITAL RESEARCH AND MANAGEMENT COMPANY | RFTTX | CAPITAL GROUP | SEE NOTE *2 | 0.29%*4 |
| OK0T | AF TD INCOME 2020 R6 - CAPITAL RESEARCH AND MANAGEMENT COMPANY | RRCTX | CAPITAL GROUP | SEE NOTE *2 | 0.30%*4 |
| OK0U | AF TRGT DATE 2030 R6 - CAPITAL RESEARCH AND MANAGEMENT COMPANY | RFETX | CAPITAL GROUP | SEE NOTE *2 | 0.33%*4 |
| OK0V | AF TRGT DATE 2040 R6 - CAPITAL RESEARCH AND MANAGEMENT COMPANY | RFGTX | CAPITAL GROUP | SEE NOTE *2 | 0.36%*4 |
| OK0W | AF TRGT DATE 2050 R6 - CAPITAL RESEARCH AND MANAGEMENT COMPANY | RFITX | CAPITAL GROUP | SEE NOTE *2 | 0.37%*4 |

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

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|---|---|---|---|---|---|
| OK41 | AF TD INCOME 2015 R6 - CAPITAL RESEARCH AND MANAGEMENT COMPANY | RFJTX | CAPITAL GROUP | SEE NOTE *2 | 0.30%*4 |
| OK42 | AF TD INCOME 2025 R6 - CAPITAL RESEARCH AND MANAGEMENT COMPANY | RFDTX | CAPITAL GROUP | SEE NOTE *2 | 0.31%*4 |
| OK43 | AF TRGT DATE 2035 R6 - CAPITAL RESEARCH AND MANAGEMENT COMPANY | RFFTX | CAPITAL GROUP | SEE NOTE *2 | 0.34%*4 |
| OK44 | AF TRGT DATE 2045 R6 - CAPITAL RESEARCH AND MANAGEMENT COMPANY | RFHTX | CAPITAL GROUP | SEE NOTE *2 | 0.37%*4 |
| OK45 | AF TRGT DATE 2055 R6 - CAPITAL RESEARCH AND MANAGEMENT COMPANY | RFKTX | CAPITAL GROUP | SEE NOTE *2 | 0.39%*4 |

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

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|---|---|---|---|---|---|
| OKR2 | COL DIVIDEND INC I3 - COLUMBIA MGMT INVESTMENT ADVISERS, LLC | CDDYX | COLUMBIA THREADNEEDLE | FUND MANAGEMENT | 0.53% |
| OL5D | AF TRGT DATE 2065 R6 - CAPITAL RESEARCH AND MANAGEMENT COMPANY | RFVTX | CAPITAL GROUP | SEE NOTE *2 | 0.39%*4 |
| OSAD | DODGE&COX INTL STK I - DODGE & COX | DODFX | DODGE & COX | FUND MANAGEMENT | 0.60% |
| OSYP | JPM CORE BOND R6 - J.P. MORGAN INVESTMENT MANAGEMENT, INC. | JCBUX | JPMORGAN | FUND MANAGEMENT | 0.28% |
| OU1M | J H ENTERPRISE N - JANUS HENDERSON INVESTORS US LLC | JDMNX | JANUS HENDERSON | FUND MANAGEMENT | 0.64% |

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|---|---|---|---|---|---|
| OU8C | MFS GROWTH R6 - MASSACHUSETTS FINANCIAL SERVICES COMPANY | MFEKX | MFS | FUND MANAGEMENT | 0.48% |
| OUBK | AF INV CO OF AMER R6 - CAPITAL RESEARCH AND MANAGEMENT COMPANY | RICGX | CAPITAL GROUP | FUND MANAGEMENT | 0.23% |
| OUBT | AF BALANCED R6 - CAPITAL RESEARCH AND MANAGEMENT COMPANY | RLBGX | CAPITAL GROUP | FUND MANAGEMENT | 0.21% |
| OV6C | AF TRGT DATE 2060 R6 - CAPITAL RESEARCH AND MANAGEMENT COMPANY | RFUTX | CAPITAL GROUP | SEE NOTE *2 | 0.39%*4 |
| OVP0 | AS SPL SM CAP VAL R6 - ALLSPRING FUNDS MANAGEMENT, LLC | ESPRX | ALLSPRING GLOBAL INVESTMENTS | FUND MANAGEMENT | 0.77% |

# SCHEDULE C SUPPLEMENTAL REPORT

*1 If EIN is provided, Address will not be provided. If EIN is not available and Address is available, the Address will be displayed. If neither EIN nor Address is available "See Note *2" will be displayed.

*2 Disclosures in this report are intended to satisfy the alternative reporting option. If complete information for non-Fidelity funds and/or other third party service providers
related to compensation is not available, more information for the annual operating expenses of the fund may be found in the Fee Table of the Fund Summary section of each prospectus and/or statement of additional information. In addition, information about the services provided and the identity of the entities performing services with respect to each fund may be found in the Fund Services section of each prospectus. If the compensation being reported relates to a Fidelity fund, more information for the annual operating expenses of the fund may be found in the Fee section of one or more of the following sources: investment management agreement, trust agreement, collective trust participation agreement, commingled pool participation agreement, mutual fund prospectus, statement of additional information, the fund's investment manager or annuity provider.

*3 For Self-Directed Brokerage Investments, each fund family may offer an indirect support fee paid to Fidelity Investments. Each indirect support fee paid by a fund may differ depending on the form of investment. Please contact your Fidelity representative to receive information on indirect support fees for your Self- Directed Brokerage Investments.

*4 Net Expense Ratio is displayed.

*5 Gross Expense Ratio is displayed.

*6 Disclosures in this report are intended to satisfy the alternative reporting option. If complete information for this Fund is not available, the fee information for the annual operating expenses and/or information about the services provided and identity of the entities performing the services can be found in the Fee section of one or more of the following sources: investment management agreement, trust agreement, collective trust participation agreement, commingled pool participation agreement, mutual fund prospectus, the fund's investment manager or annuity provider.

Additional Information:

Fidelity may have provided non-monetary compensation, such as meals or business entertainment, to associates or service providers during the plan year for which this data is being reported. If you believe there are associates or plan service providers who have received total non-monetary compensation, from all sources of $5,000 or more, that are not reflected on this report, you may contact your Fidelity representative and ask for a detailed summary of non-monetary compensation provided during the plan year. For additional information, please refer to the Auditor's Guide.

Fidelity utilizes omnibus accounts at unaffiliated banks to facilitate transactions for the defined contribution plans it services as set forth in your trust or service agreement or letter of authorization. If markets permit, omnibus account balances are invested in short-term investments that generally earn a rate approximating the Target Federal Funds Rate and/or money market rates. These earnings are called "float" and are considered eligible indirect compensation for purposes of Schedule C. Fidelity uses these earnings to pay bank fees and make other required adjustments and generally retains any float earnings that exceed such fees and adjustments.

# SCHEDULE C SUPPLEMENTAL REPORT

Fidelity is responsible for paying bank fees to the extent they exceed float earnings.

Since the amount of float generated depends on the length of time that assets are held in the omnibus accounts, Fidelity adheres to the following specific time frames within which cash pending investment or distribution is held:

- If contributions are received by Fidelity in good order before the close of trading, Fidelity executes transactions in the investment options as of that day's closing price (the "transaction date" or "T"). Settlement of trades for most investment options occurs on the following business day ("T+1") or, in the case of certain securities including company stock, on T+2 (prior to September 5, 2017 the settlement period for certain securities including company stock was T+3).

- Exchange requests received by Fidelity in good order before the close of trading are processed in that day's nightly cycle. If investment options have identical settlement rules, exchanges between them generate no overnight balances, as money is received from one investment option and conveyed to another investment option on the same business day. If investment options have different settlement rules, balances attributable to exchanges may remain in the omnibus account for a few days if FMTC serves as trustee of the plan.

- Disbursement requests received in good order before the close of trading are processed in that day's nightly cycle, and reflected as debits from participant accounts as of that date ("T"). Proceeds attributable to disbursements are received from investment options or from the unaffiliated Plan trustee based on the settlement period for the investment options. Disbursements are made to participants on T+2 either through electronic funds transfers or by mailing a check. Disbursement proceeds distributed by check remain in the omnibus account until the check is presented for payment.