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
FAMILY ORTHOPEDIC ASSOCIATES P 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1980

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)
FAMILY ORTHOPEDIC ASSOCIATES P

4466 W BRISTOL RD FL 1
FLINT, MI 48507-3170

2b Employer Identification Number (EIN) 38-2265342

2c Plan Sponsor's telephone number 810-733-1200

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.	10/12/2026	ANTHONY M. WARD ESQ.
	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 ☐ Same as Plan Sponsor

ERISA FIDUCIARY SERVICES, INC.

1373 VETERANS HIGHWAY
SUITE 10
HAUPPAUGE, NY 11788

3b Administrator's EIN: 47-1637791

3c Administrator's telephone number: 631-249-0500

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	164
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)**	126
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	108
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	49
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	157
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	157
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)**	131
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)**	141
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	12
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 2T 3D

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

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
FAMILY ORTHOPEDIC ASSOCIATES P 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FAMILY ORTHOPEDIC ASSOCIATES P

D Employer Identification Number (EIN)
38-2265342

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ERISA FIDUCIARY SERVICES, INC.

1373 VETERANS HIGHWAY
SUITE 10
HAUPPAUGE, NY 11788

47-1637791

(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?
13	CONTRACT ADMINISTRATOR	6660	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

PAYCHEX, INC.

911 PANORAMA TRAIL S
ROCHESTER, NY 14625

16-1124166

(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?
15	RECORDKEEPER	11523	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

RAYMOND JAMES & ASSOCIATES, INC.

PO BOX 23641
ST. PETERSBURG, FL 33742

59-1199408

(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?
26	ADVISOR	5892	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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)

WELLS FARGO ADVISORS

TPOT-MAC H0006-08R
1 N. JEFFERSON AVENUE
ST. LOUIS, MO 63103

(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?
26	ADVISOR	16698	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
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
FAMILY ORTHOPEDIC ASSOCIATES P 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FAMILY ORTHOPEDIC ASSOCIATES P

D Employer Identification Number (EIN)
38-2265342

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)	451223	492492
(2) Participant contributions	1b(2)	30500	40015
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1292707	710618
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	21404526	25709568
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(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	23178956	26952693
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	23178956	26952693

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)	755772	
(B) Participants	2a(1)(B)	560643	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1316415
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9350	
(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)	0	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9350
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	517023	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		517023
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3643869
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		5486657
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1653100	
(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)		1653100
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	36352	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	22608	
(6) Bank or trust company trustee/custodial fees	2i(6)	860	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		59820
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1712920
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3773737
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: TAYLOR & MORGAN CPAS, PC **(2)** EIN: 38-2401965

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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 _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
FAMILY ORTHOPEDIC ASSOCIATES P 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FAMILY ORTHOPEDIC ASSOCIATES P

D Employer Identification Number (EIN)
38-2265342

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

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

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

EIN(s): 27-3169253

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

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

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☒ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III Amendments

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

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 31 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704150A .

Taylor & Morgan | CPAs AND BUSINESS ADVISORS

Family Orthopedic Associates 401(k) Profit-Sharing Plan and Trust

ERISA Section 103(a)(3)(C) Audit

December 31, 2025

2302 Stonebridge Drive, Building D | Flint, MI 48532 | 810.230.8200

www.tmcpa.com

FAMILY ORTHOPEDIC ASSOCIATES 401(K) PROFIT-SHARING PLAN AND TRUST
TABLE OF CONTENTS
DECEMBER 31, 2025

	Page Number
Independent Auditors' Report	1-4
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7-13
Supplemental Schedule:	
Schedule of Assets Held at End of Year	14

Taylor & Morgan | CPAs AND BUSINESS ADVISORS

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator, Plan Management, Board of Directors, and Trustees of Family Orthopedic Associates 401(k) Profit-Sharing Plan and Trust
Flint, MI

Scope and Nature of the 2025 ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the accompanying financial statements of Family Orthopedic Associates 401(k) Profit-Sharing Plan and Trust (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 statement of net assets available for benefits as of December 31, 2025 and December 31, 2024, and 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 audit of Family Orthopedic Associates 401(k) Profit-Sharing Plan and Trust 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 audit 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 a certification from a qualified institution as of and for the years ended December 31, 2025, and December 31, 2024 stating that the certified investment information as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section below —

- the amounts and disclosures in the accompanying 2025 and 2024 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the 2025 and 2024 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2025 Financial Statements section of our report. We are required to be independent of Family Orthopedic Associates 401(k) Profit-Sharing Plan and Trust and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. 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 Family Orthopedic Associates 401(k) Profit-Sharing Plan and Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether

due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Family Orthopedic Associates 401(k) Profit-Sharing Plan and Trust'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 Family Orthopedic Associates 401(k) Profit-Sharing Plan and Trust's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets Held at End of Year is presented for purposes of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that is 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 their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that is 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 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).

Taylor & Morgan, P.C.

Taylor & Morgan, P.C.
Flint, MI
September 4, 2026

FAMILY ORTHOPEDIC ASSOCIATES 401(K) PROFIT-SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS:		
Investments		
Investments, at Fair Value (See Note 3)	$ 25,709,568	$ 21,404,526
Receivables		
Participant Contributions	40,015	30,500
Employer Contributions	492,492	451,223
Total Receivables	532,507	481,723
Cash and Cash Equivalents	710,618	1,292,707
NET ASSETS AVAILABLE FOR BENEFITS	$ 26,952,693	$ 23,178,956

The accompanying notes are an integral part of the financial statements.

FAMILY ORTHOPEDIC ASSOCIATES 401(K) PROFIT-SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2025

ADDITIONS:		
Additions to Net Assets Attributed to:		
Participant Contributions	$	560,643
Employer Contributions		755,772
Realized Gains		549,348
Net Appreciation (Depreciation) in Fair Value of Investments		3,094,524
Interest Income		9,350
Dividend Income		517,023
Total Additions (Losses)		5,486,660
DEDUCTIONS:		
Deductions From Net Assets Attributed to:		
Benefits Paid to Participants		1,653,100
Administrative Expenses		59,823
Total Deductions		1,712,923
Net Increase/(Decrease) in Net Assets		3,773,737
Net Assets Available for Benefits Beginning of Year		23,178,956
Net Assets Available for Benefits End of Year	$	26,952,693

The accompanying notes are an integral part of the financial statements.

Note 1 – Description of the Plan

The following description of the Family Orthopedic Associates 401(k) Profit-Sharing Plan and Trust (The Plan) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of Family Orthopedic Associates, PLC, a/k/a OrthoMichigan, and its affiliates, including John J.L. Yap, MD, PLC, Paul M. Telehowski, M.D., P.C., A. George Dass, M.D., P.C., Seann E. Willson, MD, PLC, Susan Mosier-LaClair, M.D., P.C., David A. Fernandez, M.D., P.C., Belal Tarakji MD, PLLC, and Ajay Srivastava, M.D. (the Employer), except for union employees and some physicians subject to employment contracts with Family Orthopedic Associates, PLC, and nurse practitioners. The Plan was established effective January 1, 1980 and was most recently amended and restated effective January 1, 2020. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

Employees are eligible for plan participation in all contributions after completing one year of service and reaching the age of 21. Upon becoming eligible, employees will enter the Plan semi-annually. In order to share in employer profit sharing contributions, eligible participants must be credited with 1,000 hours of service during the plan year and be employed on the last day of the plan year.

Contributions

Each year, participants may contribute a percentage of their annual compensation, not to exceed the limits of the Internal Revenue Code (IRC). A maximum deferral of $23,500 was allowed in 2025 and a $23,000 maximum deferral was allowed in 2024. Participants who were age 50 or older were allowed to defer an additional $7,500 in 2025 and $7,500 in 2024. Participants also may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers).

The Employer makes a safe harbor nonelective contribution equal to 3% of each Participant's eligible compensation.

Additional profit-sharing amounts may be contributed at the option of the Employer. During the year ended December 31, 2025, the Employer made a discretionary matching contribution equal to 100% of each participant's contributions, up to a maximum of 4%.

Participant Accounts

Each participant's account is credited with the participant's and employer contributions, as well as allocations of plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1 – Description of the Plan (continued)

Investment Options
Participants direct the investment of contributions into various investment options offered by the Plan. Each asset allocation portfolio is comprised of multiple mutual funds, but is "unitized" to appear as a single investment option for the ease of participants. Certain mutual fund companies have implemented market-timing restrictions designed to protect the long- term investors in the mutual fund. These restrictions limit the number of exchanges an investor may initiate within a given period of time.

Vesting
Participants are 100% vested in their voluntary and employer safe harbor contributions, including any earnings thereon, immediately upon their effective date of participation. Participants are vested on employer discretionary contributions as follows:

Vesting Service (Years)	Vesting %
1	20
2	40
3	60
4	80
5	100

Participants are credited with a year of service for vesting purposes upon completion of 1,000 hours of service during the year.

Payment of Benefits
The Plan provides for payment of 100% of the account balance to participants upon normal retirement (age 65), death, or total and permanent disability. Participants terminating employment for any other reason are entitled to receive 100% of their vested account balances and any remaining non-vested portions would be forfeited. Participant distributions from the Plan can be made in a single lump payment, annuities, or installments. If the participant's vested benefit under the Plan exceeds $5,000, then the participant must consent to the distribution before it is made. However, if the participant's vested benefit under the Plan does not exceed $5,000, then the benefit may be distributed as soon as possible following the event that entitles the participant to a distribution. There are minimum distribution requirements once a participant reaches a certain age as defined in the plan agreement. Generally, a participant may receive a distribution from the Plan prior to termination of employment if certain conditions are satisfied. A participant may be entitled to receive an in-service distribution from their vested account balance if they have reached the age of 59 ½. Participants may also request financial hardship distributions if they meet certain conditions defined in the plan agreement.

Forfeited Accounts
At December 31, 2025 and 2024, forfeited non-vested accounts totaled $13,298, and $16,456, respectively. These accounts are used to reduce employer contributions made to the Plan. The amount of forfeitures applied to reduce employer contributions for the year ended December 31, 2025 was $0.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting
The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates
The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (US GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could 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. Plan management determines the Plan's valuation policies utilizing information provided by the Plan's investment adviser, and custodians. See Note 3 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 purchased and sold as well as held during the year.

Contributions Receivable
Contributions receivable consist of participant and employer contributions receivable. No allowance was recorded as the full balance is deemed collectible.

Cash and Cash Equivalents
The Plan considers all sweep accounts and money market accounts to be cash equivalents for purposes of the financial statements. The carrying amount of the Plan's deposits with financial institutions at December 31, 2025, and December 31, 2024 were $710,618, and $1,292,207, respectively.

Payment of Benefits
Benefits are recorded when paid.

Expenses
Certain administrative functions are performed by officers or employees of the Employer. No such officer or employee receives compensation from the Plan. Certain expenses of maintaining the Plan are paid directly by the Employer and are excluded from these financial statements, unless paid from the Plan's forfeiture account. Fees related to custodial and advisory services are charged directly to the participant's account and are included in administrative expenses on these financial statements. Certain other expenses, such as for recordkeeping, general administration, investment advice, etc. are included in investment income and paid through revenue sharing (indirect compensation). Investment-related expenses are included in investment income.

Subsequent Events
Management has evaluated subsequent events through September 4, 2026, which is the date the financial statements were available to be issued.

Note 3 – 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 US GAAP are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

Classification within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

Self-directed brokerage accounts – accounts consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices.

These accounts also hold some corporate bonds. These are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing the value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, those corporate bonds are valued under a discounted cash flow approach that maximizes observable inputs, such as current yields or similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

These accounts also consist of annuities. Annuities are calculated daily by the annuity provider according to the methods described in the annuity contract. The annuity contract disclosures for pricing methods are considered an observable input.

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 U.S. Securities and Exchange Commission (SEC). These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds

Note 3 – Fair Value Measurements (continued)

held by the Plan are deemed to be actively traded.

Money market accounts – comprised of debt securities with individual maturities of 13 months or less and an average maturity less than 90 days. The composition of securities held is structured to maintain a value of $1 per share.

The following tables set forth by level, within the fair value hierarchy, the fair value of the Plan's investments as of December 31, 2025 and 2024.

Assets at Fair Value as of December 31, 2025

	Quoted Price Level 1	Observable Values Level 2	Significant Unobservable Inputs Level 3	Fair Value Total
Mutual Funds	$ 9,123,263	$ -	$ -	$ 9,123,263
Money Market	245,993	-	-	245,993
Self-Directed Cash Accounts	464,625	-	-	464,625
Self-Directed Brokerage Accounts	16,163,226	-	-	16,163,226
Self- Directed Investments at Contract Value	-	423,079	-	423,079
Investments at Fair Value				**$ 26,420,186**

Assets at Fair Value as of December 31, 2024

	Quoted Price Level 1	Observable Values Level 2	Significant Unobservable Inputs Level 3	Fair Value Total
Mutual Funds	$ 8,375,750	$ -	$ -	$ 8,375,750
Money Market	225,061	-	-	225,061
Self-Directed Cash Accounts	1,067,646	-	-	1,067,646
Self-Directed Brokerage Accounts	12,613,398	-	-	12,613,398
Self- Directed Investments at Contract Value	-	415,378	-	415,378
Investments at Fair Value				**$ 22,697,233**

For the years ended December 31, 2025 and 2024 there were no significant transfers between valuation levels.

Note 4 – Related-Party Transactions and Party-In-Interest Transactions

Certain plan investments are managed by Charles Schwab, Wells Fargo, Vanguard, American Equity, Fidelity, American Funds, LPL Financial. Mid Atlantic Trust Company (affiliated to Paychex) is the custodian of the Plan. Charles Schwab, Wells Fargo, American Equity, Fidelity, American Funds, LPL Financial provide security brokerage and investment advisory services for the self-directed brokerage accounts. These transactions qualify as party-in-interest transactions.

The Plan made payments to American Funds, American Equity, Charles Schwab, Vanguard, Taylor & Morgan Asset Management, Kirfan Financial Company, Inc., Moore Financial Strategies, Pinnacle Wealth Management, The Hamo Group, Envestnet Asset Management, Fidelity, Securities America, and Wells Fargo for custodial and investment advisory services. Direct fees incurred by the Plan for these services totaled $26,600 during the year ended December 31, 2025 and additional fees are netted with investment income and paid through revenue sharing (indirect compensation).

The plan made payments to Mid Atlantic Trust Company for recordkeeping and general administration. Direct fees incurred by the Plan for these services totaled $33,205 during the year ended December 31, 2025 and additional fees are netted with investment income and paid through revenue sharing (indirect compensation).

Note 5 – Certified Investment Information

Certain information related to investments and investment activity disclosed in the accompanying financial statements and ERISA-required supplementary schedules, including investments held at December 31, 2025 and 2024, and net appreciation in fair value of investments, interest and dividends, for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Mid Atlantic Trust Company (the custodian of the Plan). Below is a table of the items included in the certification:

	2025	2024
Cash Equivalents	$ 245,993	$ 225,061
Investments (at Fair Value)	$ 9,123,263	$ 8,375,750
Net Appreciation (Depreciation) in Fair Value of Investments	$ 857,679	$ 582,714
Realized Gain/(Loss)	$ 549,348	$ 282,442

Note 6 – Plan Termination

Although it has not expressed any intent to do so, the Employer 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 account balances.

Note 7 – Tax Status

The Employer adopted a prototype plan, which received a favorable opinion letter from the Internal Revenue Service (IRS), dated April 10, 2014, indicating that the prototype plan is designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the letter, however, 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 and the related trust is tax-exempt.

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 if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8 – Risks and Uncertainties

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

FAMILY ORTHOPEDIC ASSOCIATES 401(K) PROFIT-SHARING PLAN AND TRUST
SCHEDULE H, line 4i SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500
EIN 38-2265342, PLAN NO. 001
DECEMBER 31, 2024

	(b)	(c)	(d)	(e)
(a)	Identity of Issuer	Description of Investment	Cost *	Current Value
		Mutual funds:		
	American Funds	American Funds Bond Fund of America;R6		$ 358,255
	American Funds	American Funds AMCAP Fund;R6		20,258
	American Funds	American Funds EUPAC Fund;R6		310,685
	American Funds	American Funds American Balanced Fund;R6		166
	American Funds	American Funds 2010 Trgt Date Retirement In Fd;R6		2,461
	American Funds	American Funds 2025 Trgt Date Retirement In Fd;R6		676,097
	American Funds	American Funds 2030 Target Date Retirement Fd;R6		342,067
	American Funds	American Funds 2035 Target Date Retirement Fd;R6		831,303
	American Funds	American Funds 2040 Target Date Retirement Fd;R6		2,871,494
	American Funds	American Funds 2045 Target Date Retirement Fd;R6		325,261
	American Funds	American Funds 2050 Target Date Retirement Fd;R6		876,535
	American Funds	American Funds 2020 Trgt Date Retirement In Fd;R6		898
	American Funds	American Funds 2055 Target Date Retirement Fd;R6		416,562
	American Funds	American Funds 2060 Target Date Retirement Fd;R6		395,281
	American Funds	American Funds American Mutual Fund;R6		3,716
	American Funds	American Funds Corporate Bond Fund;R6		298
	American Funds	American Funds Preservation Portfolio;R6		3,177
	American Funds	American Funds US Government Securities Fd;R6		33,332
	American Funds	American Funds Short-Term Bd Fd of America;R6		148
	American Funds	American Funds New Economy Fund;R6		58,664
	American Funds	American Funds Fundamental Investors;R6		595,968
	American Funds	American Funds SMALLCAP World Fund;R6		214,555
	American Funds	American Funds New Perspective Fund;R6		564,139
	American Funds	American Funds New World Fund;R6		175
	American Funds	American Funds Growth Fund of America;R6		36,124
	American Funds	American Funds American High-Income Trust;R6		151
	American Funds	American Funds Growth Portfolio;R6		41,302
	American Funds	American Funds Investment Co of America;R6		169
	American Funds	American Funds Capital Income Builder;R6		40,229
	American Funds	American Funds Washington Mutual Inv Fund;R6		163
	American Funds	American Funds 2065 Target Date Retirement Fd;R6		103,631
		Total Mutual Funds		9,123,263
		Money Market:		
	American Funds	American Funds U.S. Government		245,993
		Self-Directed Brokerage Accounts:		
**	Charles Schwab	Self-Directed Brokerage Account		6,175,375
**	Wells Fargo	Self-Directed Brokerage Account		90,653
**	Wells Fargo	Self-Directed Brokerage Account		76,195
**	American Equity	Self-Directed Brokerage Account		423,079
**	Charles Schwab	Self-Directed Brokerage Account		1,242,739
**	Wells Fargo	Self-Directed Brokerage Account		217,746
**	Wells Fargo	Self-Directed Brokerage Account		1,498,214
**	Vanguard	Self-Directed Brokerage Account		1,567,961
**	Fidelity	Self-Directed Brokerage Account		1,756,386
**	LPL Financial	Self-Directed Brokerage Account		107,340
**	Charles Schwab	Self-Directed Brokerage Account		1,168,088
**	American Funds	Self-Directed Brokerage Account		2,262,529
		Total Self-Directed Brokerage Investments		16,586,305
		Cash held in Self-Directed Brokerage Accounts		464,625
		Total Self-Directed Brokerage Accounts		17,050,930

* Cost information not required.

** Represents a party-in-interest to the Plan

	Total Assets Held	$ 26,420,186

Taylor & Morgan | CPAs AND BUSINESS ADVISORS

Family Orthopedic Associates 401(k) Profit-Sharing Plan and Trust

ERISA Section 103(a)(3)(C) Audit

December 31, 2025

2302 Stonebridge Drive, Building D | Flint, MI 48532 | 810.230.8200

www.tmcpa.com

FAMILY ORTHOPEDIC ASSOCIATES 401(K) PROFIT-SHARING PLAN AND TRUST
TABLE OF CONTENTS
DECEMBER 31, 2025

	Page Number
Independent Auditors' Report	1-4
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7-13
Supplemental Schedule:	
Schedule of Assets Held at End of Year	14

Taylor & Morgan | CPAs AND BUSINESS ADVISORS

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator, Plan Management, Board of Directors, and Trustees of Family Orthopedic Associates 401(k) Profit-Sharing Plan and Trust
Flint, MI

Scope and Nature of the 2025 ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the accompanying financial statements of Family Orthopedic Associates 401(k) Profit-Sharing Plan and Trust (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 statement of net assets available for benefits as of December 31, 2025 and December 31, 2024, and 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 audit of Family Orthopedic Associates 401(k) Profit-Sharing Plan and Trust 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 audit 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 a certification from a qualified institution as of and for the years ended December 31, 2025, and December 31, 2024 stating that the certified investment information as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section below —

- the amounts and disclosures in the accompanying 2025 and 2024 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the 2025 and 2024 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2025 Financial Statements section of our report. We are required to be independent of Family Orthopedic Associates 401(k) Profit-Sharing Plan and Trust and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. 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 Family Orthopedic Associates 401(k) Profit-Sharing Plan and Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether

due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Family Orthopedic Associates 401(k) Profit-Sharing Plan and Trust'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 Family Orthopedic Associates 401(k) Profit-Sharing Plan and Trust's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets Held at End of Year is presented for purposes of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that is 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 their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that is 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 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).

Taylor & Morgan, P.C.

Taylor & Morgan, P.C.
Flint, MI
September 4, 2026

FAMILY ORTHOPEDIC ASSOCIATES 401(K) PROFIT-SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS:		
Investments		
Investments, at Fair Value (See Note 3)	$ 25,709,568	$ 21,404,526
Receivables		
Participant Contributions	40,015	30,500
Employer Contributions	492,492	451,223
Total Receivables	532,507	481,723
Cash and Cash Equivalents	710,618	1,292,707
NET ASSETS AVAILABLE FOR BENEFITS	$ 26,952,693	$ 23,178,956

The accompanying notes are an integral part of the financial statements.

FAMILY ORTHOPEDIC ASSOCIATES 401(K) PROFIT-SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2025

ADDITIONS:		
Additions to Net Assets Attributed to:		
Participant Contributions	$	560,643
Employer Contributions		755,772
Realized Gains		549,348
Net Appreciation (Depreciation) in Fair Value of Investments		3,094,524
Interest Income		9,350
Dividend Income		517,023
Total Additions (Losses)		5,486,660
DEDUCTIONS:		
Deductions From Net Assets Attributed to:		
Benefits Paid to Participants		1,653,100
Administrative Expenses		59,823
Total Deductions		1,712,923
Net Increase/(Decrease) in Net Assets		3,773,737
Net Assets Available for Benefits Beginning of Year		23,178,956
Net Assets Available for Benefits End of Year	$	26,952,693

The accompanying notes are an integral part of the financial statements.

Note 1 – Description of the Plan

The following description of the Family Orthopedic Associates 401(k) Profit-Sharing Plan and Trust (The Plan) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of Family Orthopedic Associates, PLC, a/k/a OrthoMichigan, and its affiliates, including John J.L. Yap, MD, PLC, Paul M. Telehowski, M.D., P.C., A. George Dass, M.D., P.C., Seann E. Willson, MD, PLC, Susan Mosier-LaClair, M.D., P.C., David A. Fernandez, M.D., P.C., Belal Tarakji MD, PLLC, and Ajay Srivastava, M.D. (the Employer), except for union employees and some physicians subject to employment contracts with Family Orthopedic Associates, PLC, and nurse practitioners. The Plan was established effective January 1, 1980 and was most recently amended and restated effective January 1, 2020. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

Employees are eligible for plan participation in all contributions after completing one year of service and reaching the age of 21. Upon becoming eligible, employees will enter the Plan semi-annually. In order to share in employer profit sharing contributions, eligible participants must be credited with 1,000 hours of service during the plan year and be employed on the last day of the plan year.

Contributions

Each year, participants may contribute a percentage of their annual compensation, not to exceed the limits of the Internal Revenue Code (IRC). A maximum deferral of $23,500 was allowed in 2025 and a $23,000 maximum deferral was allowed in 2024. Participants who were age 50 or older were allowed to defer an additional $7,500 in 2025 and $7,500 in 2024. Participants also may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers).

The Employer makes a safe harbor nonelective contribution equal to 3% of each Participant's eligible compensation.

Additional profit-sharing amounts may be contributed at the option of the Employer. During the year ended December 31, 2025, the Employer made a discretionary matching contribution equal to 100% of each participant's contributions, up to a maximum of 4%.

Participant Accounts

Each participant's account is credited with the participant's and employer contributions, as well as allocations of plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1 – Description of the Plan (continued)

Investment Options
Participants direct the investment of contributions into various investment options offered by the Plan. Each asset allocation portfolio is comprised of multiple mutual funds, but is "unitized" to appear as a single investment option for the ease of participants. Certain mutual fund companies have implemented market-timing restrictions designed to protect the long- term investors in the mutual fund. These restrictions limit the number of exchanges an investor may initiate within a given period of time.

Vesting
Participants are 100% vested in their voluntary and employer safe harbor contributions, including any earnings thereon, immediately upon their effective date of participation. Participants are vested on employer discretionary contributions as follows:

Vesting Service (Years)	Vesting %
1	20
2	40
3	60
4	80
5	100

Participants are credited with a year of service for vesting purposes upon completion of 1,000 hours of service during the year.

Payment of Benefits
The Plan provides for payment of 100% of the account balance to participants upon normal retirement (age 65), death, or total and permanent disability. Participants terminating employment for any other reason are entitled to receive 100% of their vested account balances and any remaining non-vested portions would be forfeited. Participant distributions from the Plan can be made in a single lump payment, annuities, or installments. If the participant's vested benefit under the Plan exceeds $5,000, then the participant must consent to the distribution before it is made. However, if the participant's vested benefit under the Plan does not exceed $5,000, then the benefit may be distributed as soon as possible following the event that entitles the participant to a distribution. There are minimum distribution requirements once a participant reaches a certain age as defined in the plan agreement. Generally, a participant may receive a distribution from the Plan prior to termination of employment if certain conditions are satisfied. A participant may be entitled to receive an in-service distribution from their vested account balance if they have reached the age of 59 ½. Participants may also request financial hardship distributions if they meet certain conditions defined in the plan agreement.

Forfeited Accounts
At December 31, 2025 and 2024, forfeited non-vested accounts totaled $13,298, and $16,456, respectively. These accounts are used to reduce employer contributions made to the Plan. The amount of forfeitures applied to reduce employer contributions for the year ended December 31, 2025 was $0.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting
The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates
The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (US GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could 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. Plan management determines the Plan's valuation policies utilizing information provided by the Plan's investment adviser, and custodians. See Note 3 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 purchased and sold as well as held during the year.

Contributions Receivable
Contributions receivable consist of participant and employer contributions receivable. No allowance was recorded as the full balance is deemed collectible.

Cash and Cash Equivalents
The Plan considers all sweep accounts and money market accounts to be cash equivalents for purposes of the financial statements. The carrying amount of the Plan's deposits with financial institutions at December 31, 2025, and December 31, 2024 were $710,618, and $1,292,207, respectively.

Payment of Benefits
Benefits are recorded when paid.

Expenses
Certain administrative functions are performed by officers or employees of the Employer. No such officer or employee receives compensation from the Plan. Certain expenses of maintaining the Plan are paid directly by the Employer and are excluded from these financial statements, unless paid from the Plan's forfeiture account. Fees related to custodial and advisory services are charged directly to the participant's account and are included in administrative expenses on these financial statements. Certain other expenses, such as for recordkeeping, general administration, investment advice, etc. are included in investment income and paid through revenue sharing (indirect compensation). Investment-related expenses are included in investment income.

Subsequent Events
Management has evaluated subsequent events through September 4, 2026, which is the date the financial statements were available to be issued.

Note 3 – 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 US GAAP are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

Classification within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

Self-directed brokerage accounts – accounts consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices.

These accounts also hold some corporate bonds. These are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing the value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, those corporate bonds are valued under a discounted cash flow approach that maximizes observable inputs, such as current yields or similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

These accounts also consist of annuities. Annuities are calculated daily by the annuity provider according to the methods described in the annuity contract. The annuity contract disclosures for pricing methods are considered an observable input.

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 U.S. Securities and Exchange Commission (SEC). These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds

Note 3 – Fair Value Measurements (continued)

held by the Plan are deemed to be actively traded.

Money market accounts – comprised of debt securities with individual maturities of 13 months or less and an average maturity less than 90 days. The composition of securities held is structured to maintain a value of $1 per share.

The following tables set forth by level, within the fair value hierarchy, the fair value of the Plan's investments as of December 31, 2025 and 2024.

Assets at Fair Value as of December 31, 2025

	Quoted Price Level 1	Observable Values Level 2	Significant Unobservable Inputs Level 3	Fair Value Total
Mutual Funds	$ 9,123,263	$ -	$ -	$ 9,123,263
Money Market	245,993	-	-	245,993
Self-Directed Cash Accounts	464,625	-	-	464,625
Self-Directed Brokerage Accounts	16,163,226	-	-	16,163,226
Self- Directed Investments at Contract Value	-	423,079	-	423,079
Investments at Fair Value				**$ 26,420,186**

Assets at Fair Value as of December 31, 2024

	Quoted Price Level 1	Observable Values Level 2	Significant Unobservable Inputs Level 3	Fair Value Total
Mutual Funds	$ 8,375,750	$ -	$ -	$ 8,375,750
Money Market	225,061	-	-	225,061
Self-Directed Cash Accounts	1,067,646	-	-	1,067,646
Self-Directed Brokerage Accounts	12,613,398	-	-	12,613,398
Self- Directed Investments at Contract Value	-	415,378	-	415,378
Investments at Fair Value				**$ 22,697,233**

For the years ended December 31, 2025 and 2024 there were no significant transfers between valuation levels.

Note 4 – Related-Party Transactions and Party-In-Interest Transactions

Certain plan investments are managed by Charles Schwab, Wells Fargo, Vanguard, American Equity, Fidelity, American Funds, LPL Financial. Mid Atlantic Trust Company (affiliated to Paychex) is the custodian of the Plan. Charles Schwab, Wells Fargo, American Equity, Fidelity, American Funds, LPL Financial provide security brokerage and investment advisory services for the self-directed brokerage accounts. These transactions qualify as party-in-interest transactions.

The Plan made payments to American Funds, American Equity, Charles Schwab, Vanguard, Taylor & Morgan Asset Management, Kirfan Financial Company, Inc., Moore Financial Strategies, Pinnacle Wealth Management, The Hamo Group, Envestnet Asset Management, Fidelity, Securities America, and Wells Fargo for custodial and investment advisory services. Direct fees incurred by the Plan for these services totaled $26,600 during the year ended December 31, 2025 and additional fees are netted with investment income and paid through revenue sharing (indirect compensation).

The plan made payments to Mid Atlantic Trust Company for recordkeeping and general administration. Direct fees incurred by the Plan for these services totaled $33,205 during the year ended December 31, 2025 and additional fees are netted with investment income and paid through revenue sharing (indirect compensation).

Note 5 – Certified Investment Information

Certain information related to investments and investment activity disclosed in the accompanying financial statements and ERISA-required supplementary schedules, including investments held at December 31, 2025 and 2024, and net appreciation in fair value of investments, interest and dividends, for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Mid Atlantic Trust Company (the custodian of the Plan). Below is a table of the items included in the certification:

	2025	2024
Cash Equivalents	$ 245,993	$ 225,061
Investments (at Fair Value)	$ 9,123,263	$ 8,375,750
Net Appreciation (Depreciation) in Fair Value of Investments	$ 857,679	$ 582,714
Realized Gain/(Loss)	$ 549,348	$ 282,442

Note 6 – Plan Termination

Although it has not expressed any intent to do so, the Employer 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 account balances.

Note 7 – Tax Status

The Employer adopted a prototype plan, which received a favorable opinion letter from the Internal Revenue Service (IRS), dated April 10, 2014, indicating that the prototype plan is designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the letter, however, 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 and the related trust is tax-exempt.

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 if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8 – Risks and Uncertainties

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

FAMILY ORTHOPEDIC ASSOCIATES 401(K) PROFIT-SHARING PLAN AND TRUST
SCHEDULE H, line 4i SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500
EIN 38-2265342, PLAN NO. 001
DECEMBER 31, 2024

	(b)	(c)	(d)	(e)
(a)	Identity of Issuer	Description of Investment	Cost *	Current Value
		Mutual funds:		
	American Funds	American Funds Bond Fund of America;R6		$ 358,255
	American Funds	American Funds AMCAP Fund;R6		20,258
	American Funds	American Funds EUPAC Fund;R6		310,685
	American Funds	American Funds American Balanced Fund;R6		166
	American Funds	American Funds 2010 Trgt Date Retirement In Fd;R6		2,461
	American Funds	American Funds 2025 Trgt Date Retirement In Fd;R6		676,097
	American Funds	American Funds 2030 Target Date Retirement Fd;R6		342,067
	American Funds	American Funds 2035 Target Date Retirement Fd;R6		831,303
	American Funds	American Funds 2040 Target Date Retirement Fd;R6		2,871,494
	American Funds	American Funds 2045 Target Date Retirement Fd;R6		325,261
	American Funds	American Funds 2050 Target Date Retirement Fd;R6		876,535
	American Funds	American Funds 2020 Trgt Date Retirement In Fd;R6		898
	American Funds	American Funds 2055 Target Date Retirement Fd;R6		416,562
	American Funds	American Funds 2060 Target Date Retirement Fd;R6		395,281
	American Funds	American Funds American Mutual Fund;R6		3,716
	American Funds	American Funds Corporate Bond Fund;R6		298
	American Funds	American Funds Preservation Portfolio;R6		3,177
	American Funds	American Funds US Government Securities Fd;R6		33,332
	American Funds	American Funds Short-Term Bd Fd of America;R6		148
	American Funds	American Funds New Economy Fund;R6		58,664
	American Funds	American Funds Fundamental Investors;R6		595,968
	American Funds	American Funds SMALLCAP World Fund;R6		214,555
	American Funds	American Funds New Perspective Fund;R6		564,139
	American Funds	American Funds New World Fund;R6		175
	American Funds	American Funds Growth Fund of America;R6		36,124
	American Funds	American Funds American High-Income Trust;R6		151
	American Funds	American Funds Growth Portfolio;R6		41,302
	American Funds	American Funds Investment Co of America;R6		169
	American Funds	American Funds Capital Income Builder;R6		40,229
	American Funds	American Funds Washington Mutual Inv Fund;R6		163
	American Funds	American Funds 2065 Target Date Retirement Fd;R6		103,631
		Total Mutual Funds		9,123,263
		Money Market:		
	American Funds	American Funds U.S. Government		245,993
		Self-Directed Brokerage Accounts:		
**	Charles Schwab	Self-Directed Brokerage Account		6,175,375
**	Wells Fargo	Self-Directed Brokerage Account		90,653
**	Wells Fargo	Self-Directed Brokerage Account		76,195
**	American Equity	Self-Directed Brokerage Account		423,079
**	Charles Schwab	Self-Directed Brokerage Account		1,242,739
**	Wells Fargo	Self-Directed Brokerage Account		217,746
**	Wells Fargo	Self-Directed Brokerage Account		1,498,214
**	Vanguard	Self-Directed Brokerage Account		1,567,961
**	Fidelity	Self-Directed Brokerage Account		1,756,386
**	LPL Financial	Self-Directed Brokerage Account		107,340
**	Charles Schwab	Self-Directed Brokerage Account		1,168,088
**	American Funds	Self-Directed Brokerage Account		2,262,529
		Total Self-Directed Brokerage Investments		16,586,305
		Cash held in Self-Directed Brokerage Accounts		464,625
		Total Self-Directed Brokerage Accounts		17,050,930

* Cost information not required.

** Represents a party-in-interest to the Plan

	Total Assets Held	$ 26,420,186