# 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
ORTHOSC, LLC 401(K) PROFIT SHARING PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 06/30/1984

**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)
ORTHOSC, LLC

210 VILLAGE CENTER BLVD.
STE 140
MYRTLE BEACH, SC 29579

**2b** Employer Identification Number (EIN)
82-2962394

**2c** Plan Sponsor's telephone number
843-353-3460

**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. | 10/14/2026 | MELISSA MCCORKLE |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] Same as Plan Sponsor | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br>**a** Sponsor's name<br>**c** Plan Name | **4b** EIN<br>**4d** PN | |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 399 |
| **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)** | 362 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 418 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 60 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 478 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 478 |
| **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)** | 314 |
| **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)** | 342 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | 26 |
| **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:

2F 2G 2J 2K 2S 2T 2A 2E 3B 3D 2R

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

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | [ ] Insurance | **(1)** | [ ] Insurance |
| **(2)** | [ ] Code section 412(e)(3) insurance contracts | **(2)** | [ ] Code section 412(e)(3) insurance contracts |
| **(3)** | [X] Trust | **(3)** | [X] Trust |
| **(4)** | [ ] General assets of the sponsor | **(4)** | [ ] General assets of the sponsor |

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

**a Pension Schedules**

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

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**This Form is Open to Public Inspection.** |

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

**A** Name of plan
ORTHOSC, LLC 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
ORTHOSC, LLC

**D** Employer Identification Number (EIN)
82-2962394

## Part I Service Provider Information (see instructions)

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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04-2647786

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 37 64 65 71 | RECORDKEEPER | 48799 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

OSAIC WEALTH INC

93-0987232

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 27 | ADVISOR | 24962 | Yes [ ] No [X] | 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
ORTHOSC, LLC 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
ORTHOSC, LLC

**D** Employer Identification Number (EIN)
82-2962394

## 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 | 0 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | 0 |
| **(2)** Participant contributions | 1b(2) | 0 | 0 |
| **(3)** Other | 1b(3) | 0 | 0 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 165915 | 1482087 |
| **(2)** U.S. Government securities | 1c(2) | 0 | 0 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | 0 |
| **(B)** All other | 1c(3)(B) | 0 | 0 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | 0 |
| **(B)** Common | 1c(4)(B) | 407292 | 638271 |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | 0 |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | 0 |
| **(8)** Participant loans | 1c(8) | 300463 | 341724 |
| **(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) | 25144120 | 32241446 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 0 | 0 |
| **(15)** Other | 1c(15) | 0 | 0 |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | 0 | 0 |
| **(2)** Employer real property | 1d(2) | 0 | 0 |
| **1e** Buildings and other property used in plan operation | 1e | 0 | 0 |
| **1f** Total assets (add all amounts in lines 1a through 1e) | 1f | 26017790 | 34703528 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | 0 | 0 |
| **1h** Operating payables | 1h | 0 | 0 |
| **1i** Acquisition indebtedness | 1i | 0 | 0 |
| **1j** Other liabilities | 1j | 0 | 0 |
| **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 | 26017790 | 34703528 |

## 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) | 1779428 | |
| **(B)** Participants | 2a(1)(B) | 1609458 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 1680744 | |
| **(2)** Noncash contributions | 2a(2) | 0 | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 5069630 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 5512 | |
| **(B)** U.S. Government securities | 2b(1)(B) | 0 | |
| **(C)** Corporate debt instruments | 2b(1)(C) | 0 | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | 0 | |
| **(E)** Participant loans | 2b(1)(E) | 27793 | |
| **(F)** Other | 2b(1)(F) | 0 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 33305 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | 0 | |
| **(B)** Common stock | 2b(2)(B) | 2766 | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 1326351 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 1329117 |
| **(3)** Rents | 2b(3) | | 0 |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 267870 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 190138 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 77732 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | 0 | |
| **(B)** Other | 2b(5)(B) | 103184 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 103184 |

| | | (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) | | 3961796 |
| c Other income | 2c | | 0 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 10574764 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1790824 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| (3) Other | 2e(3) | 0 | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 1790824 |
| f Corrective distributions (see instructions) | 2f | | 0 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 23993 |
| h Interest expense | 2h | | 0 |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | 0 | |
| (2) Contract administrator fees | 2i(2) | 0 | |
| (3) Recordkeeping fees | 2i(3) | 48749 | |
| (4) IQPA audit fees | 2i(4) | 0 | |
| (5) Investment advisory and investment management fees | 2i(5) | 25460 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 0 | |
| (7) Actuarial fees | 2i(7) | 0 | |
| (8) Legal fees | 2i(8) | 0 | |
| (9) Valuation/appraisal fees | 2i(9) | 0 | |
| (10) Other trustee fees and expenses | 2i(10) | 0 | |
| (11) Other expenses | 2i(11) | 0 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 74209 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1889026 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 8685738 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 0 |
| (2) From this plan | 2l(2) | | 0 |

## Part III Accountant's Opinion

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

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

**(1)** [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: SMITH SAPP PA CPAS **(2)** EIN: 57-0801130

**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
ORTHOSC, LLC 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
ORTHOSC, LLC

**D** Employer Identification Number (EIN)
82-2962394

## 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): 04-6568107

**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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A .

# OrthoSC, LLC 401(k) Profit Sharing Plan

## Financial Statements and Supplemental Schedule

## December 31, 2025 and 2024

**OrthoSC, LLC 401(k) Profit Sharing Plan**

**Table of Contents**
**December 31, 2025 and 2024**


**Independent Auditor's Report** 1

**Financial Statements**

Statements of Net Assets Available for Benefits 4

Statements of Changes in Net Assets Available for Benefits 5

Notes to Financial Statements 6

**Supplemental Schedule**

Schedule of Assets (Held at End of Year), as of December 31, 2025 13

SmithSapp
CERTIFIED PUBLIC ACCOUNTANTS
Trusted Advisors Since 1948

**Independent Auditor's Report**

To the Plan Administrator of
OrthoSC, LLC 401(k) Profit Sharing Plan

**Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**
We have performed audits of the accompanying financial statements of OrthoSC, LLC 401(k) Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

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

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

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

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

**Responsibilities of Management for the Financial Statements**
Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

**Auditor's Responsibilities for the Audit of the Financial Statements**
Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

SmithSapp

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

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

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

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

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the 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 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).

Smith Sapp P.A.

Smith Sapp Professional Association
Certified Public Accountants

Myrtle Beach, South Carolina
October 14, 2026

**OrthoSC, LLC 401(k) Profit Sharing Plan**

**Statements of Net Assets Available for Benefits**
**December 31, 2025 and 2024**

| | 2025 | 2024 |
|---|---|---|
| **Assets** | | |
| Participant Directed Investments at Fair Value | $ 34,361,804 | $ 25,717,327 |
| Receivables | | |
| Employer Contributions | | 28,142 |
| Notes Receivable from Participants | 384,830 | 300,463 |
| Total Receivables | 384,830 | 328,605 |
| **Total Assets** | $ 34,746,634 | $ 26,045,932 |
| **Liabilities** | | |
| Employer Contributions Payable | $ 7,100 | $ |
| **Total Liabilities** | 7,100 | |
| **Net Assets Available for Benefits** | $ 34,739,534 | $ 26,045,932 |

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

**OrthoSC, LLC 401(k) Profit Sharing Plan**

**Statements of Changes in Net Assets Available for Benefits**
**Years Ended December 31, 2025 and 2024**

| | 2025 | 2024 |
|---|---|---|
| **Additions to Net Assets Attributed to:** | | |
| Investment Income | | |
| Net Appreciation of Investments | $ 4,142,713 | $ 2,617,007 |
| Dividends and Interest | 1,334,629 | 671,064 |
| Total Investment Income | 5,477,342 | 3,288,071 |
| Interest Income on Notes Receivable from Participants | 27,793 | 23,081 |
| Contributions | | |
| Participants | 1,609,458 | 1,380,204 |
| Rollovers | 1,680,744 | 91,417 |
| Employer | 1,744,185 | 1,752,333 |
| Total Contributions | 5,034,387 | 3,223,954 |
| Total Additions to Net Assets | 10,539,522 | 6,535,106 |
| **Deductions from Net Assets Attributed to:** | | |
| Benefit Payments to Participants | 1,771,710 | 546,551 |
| Administrative Expenses | 74,210 | 80,651 |
| Total Deductions from Net Assets | 1,845,920 | 627,202 |
| **Net Increase** | 8,693,602 | 5,907,904 |
| **Net Assets Available for Benefits - Beginning** | 26,045,932 | 20,138,028 |
| **Net Assets Available for Benefits - Ending** | $ 34,739,534 | $ 26,045,932 |

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

## Note 1 – Description of Plan

The following description of OrthoSC, LLC's (the "Sponsor") 401(k) Profit Sharing Plan, as amended, (the "Plan") provides only general information. Participants should refer to the Plan Agreement and Summary Plan Description for a more complete description of the Plan's provisions.

### General

The Plan is a defined contribution plan covering eligible employees of the Sponsor and its participating related employers who have attained age 21 and completed 12 months of eligibility service. Leased employees are excluded. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The administrator of the Plan (the "Plan Administrator") is the Sponsor, which has delegated that duty to one of its officers. The investments of the Plan are held in a trust account by Fidelity Management Trust Company ("FMTC"), the trustee of the Plan. Recordkeeping services are performed for the Plan by Fidelity Investments Institutional (the "Recordkeeper").

### Participant Contributions

Participants may contribute up to 100% of eligible compensation, as defined in the Plan, subject to limits under the Internal Revenue Code. Also, participants 50 years or older can defer additional amounts, known as catch-up contributions, subject to a maximum set by taxing authorities annually. Participant contributions and any related earnings are fully vested and non-forfeitable. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan also allows elective deferral contributions to be made as Roth contributions.

The Plan permits participants to make rollover contributions from other qualified plans; however, rollover contributions are not eligible for any Employer Matching contributions.

Participants of the Plan can contribute to the Plan on any Employer paid bonus. Participants may defer from 1% to 100% of any bonus designated by their Employer into the Plan. The total amount of a participant's bonus and/or regular Deferral Contributions for the Plan Year may not exceed 100% of the participant's eligible compensation or other applicable Internal Revenue Code ("IRC") limits. If a participant fails to make an election with regard to bonus compensation, then no Deferral Contribution will be contributed into the Plan from their bonus compensation. The Plan Sponsor may refuse to accept any or all of a participant's bonus contribution if it will have an adverse effect on the Plan's annually required discrimination testing.

This plan also contains an automatic enrollment feature. Participants who are subject to automatic enrollment will be notified approximately 30 days prior to when contributions of 4% will begin to be automatically deducted from their pay on a pre-tax basis to the Plan. Participants may stop or change this automatic contribution by following the instructions provided in the Summary Plan Description.

### Employer Safe Harbor Nonelective Contributions

Participants who are eligible employees receive a safe harbor nonelective employer contribution equal to 3% of the participant's compensation for the plan year, made regardless of whether the participant elects to make deferral contributions. Participants are 100% vested in these contributions when made.

### Employer Matching Contributions

Participants of the Plan become eligible for matching contributions only if they make Deferral Contributions. Catch-up contributions for participants age 50 and over will also receive matching contributions under the Plan. Employer matching contributions must be allocated to their account in the Plan within prescribed legal time limits. The Plan provisions provide for the following types of matching contributions to be made on behalf of each eligible participant by the Employer.

Discretionary – Each Plan year, a participant's employer may make a discretionary matching contribution equal to a percentage of each eligible participant's deferral contributions, including catch-up contributions, as determined by the employer.

Qualified Matching – The Employer may designate all or a portion of any matching contributions as "Qualified Matching" contributions and allocate them to Non-Highly Compensated Employees, as defined within the Summary Plan Description, to help the Plan pass one or more annually required IRC nondiscrimination test(s). Eligible participants who made participant contributions during the year will receive qualified matching contributions, as determined necessary. Participants are 100% vested in these contributions.

**Employer Discretionary Nonelective Contributions**
The Employer may make discretionary nonelective contributions in an amount determined by the Employer for each plan year.

Participant Group Allocation Method – Nonelective contributions, if any, made to the Plan by a participant's employer are allocated to the participant's account based upon the ratio that the participant's compensation bears to the compensation of all eligible employees within the group to which the participant belongs. For purposes of this formula, each employee is considered his or her own group. Additional information regarding the computation of this benefit can be obtained by contacting the Plan Administrator.

**Employer Other Nonelective Contributions**
Each employer may designate all or a portion of any nonelective contributions for a plan year as "qualified nonelective contributions" and allocate them to certain Non-Highly Compensated Employees, as defined by the Summary Plan Description, to help the Plan pass one or more annually required IRC non-discrimination test(s). Participants will be 100% vested in these contributions. In addition, each employer may be required to make a flat percentage nonelective contribution to a participant who is not a Highly Compensated Employee, as defined in the Summary Plan Description, due to non-discrimination testing.

**Participant Loans**
Participants may borrow from their account, a single loan with a minimum amount of $1,000 up to a maximum amount equal to the lesser of $50,000 or 50% of a participant's total vested balance. All notes are secured by the balance in the participant's account and bear interest at a reasonable rate determined by the Plan Administrator. Principal and interest are repaid in level installments, not less frequently than quarterly, over a period of up to five years, or longer for loans used to purchase a primary residence. Loans outstanding at December 31, 2025 bear interest at rates ranging from 4.25% to 9.50%. The accounting policy for notes receivable from participants is described in Note 2.

**Participant Accounts**
The Recordkeeper maintains individual account balances for each Participant. Each participant's account is updated each business day to reflect (a) any contributions, (b) exchanges between investment options, (c) investment earnings or losses for each investment option, and (d) withdrawals. Allocations are based on Participant earnings or account balances, as defined in the Plan Agreement. Participants direct the investment of their account balance into various investment options offered by the Plan. A Participant is entitled to benefits that are equal to the Participant's vested account balance determined in accordance with the Plan document.

Subject to the approval of the Plan Administrator, Participants may also rollover into the Plan amounts representing distributions from eligible retirement plans such as individual retirement accounts ("IRAs") (to the extent that the Participant did not make nondeductible contributions) or tax qualified retirement plans. A "rollover" occurs when a Participant transfers funds from an eligible retirement plan into the Plan.

**Investment Options**
In accordance with ERISA section 404(c), Participants are responsible for investment decisions in all accounts, including Participant funded and Employer funded accounts. In connection with a change in allocation of a Participant's or the Employer's future contributions among the investment options or a change in the allocation of existing investments, the purchases and sales due to fund transfers are transacted at the funds' end of day net asset value on the day the transaction is initiated.

Participant investment options consist of Fidelity's self-directed brokerage program ("BrokerageLink") and mutual funds, including index funds. BrokerageLink is a self-directed brokerage account that allows Participants to make investments that are not offered as designated investment options of the Plan and that has its own fee structure.

**Vesting**
Participants are immediately 100% vested in all Participant Contributions, Employer Safe Harbor Nonelective Contributions, Employer Other Nonelective Contributions and the earnings thereon. Participants hired on or before August 1, 2018 are 100% vested in the Employer Matching Contributions, Employer Discretionary Nonelective Contributions, and the earnings thereon. Participants hired on or after August 2, 2018 vest in the Employer Matching Contributions, Employer Discretionary Nonelective Contributions, and the earnings thereon as follows:

| Years of Service | Vested Percentage |
|---|---|
| Less than 2 years | 0% |
| 2 | 20% |
| 3 | 40% |
| 4 | 60% |
| 5 | 80% |
| 6 | 100% |

Participants become 100% vested in their accounts upon reaching normal retirement age (62) or early retirement age (59½) while employed, or upon becoming disabled. Amounts attributable to the frozen money purchase pension source and prior safe harbor matching contributions are 100% vested.

**Payments of Benefits and Withdrawals**
On termination of employment, retirement, disability, or death, a participant or beneficiary may receive the vested account balance, generally as a lump-sum payment. Annuity forms of payment are available for amounts in the frozen money purchase pension source, for which a qualified joint and 50% survivor annuity is the normal form of payment. Active participants may take in-service withdrawals of vested balances after attaining age 59½ or upon becoming disabled. Effective June 9, 2025, the Plan was amended to permit hardship withdrawals from deferral contributions and from vested safe harbor nonelective, profit sharing, matching, and prior safe harbor matching contributions, subject to a $500 minimum.

**Forfeitures**
Forfeitures of terminated participants' non-vested accounts occur in the plan year in which the participant receives a distribution of the entire vested account or, if no distribution is taken, after the participant incurs five consecutive one-year breaks in service. Forfeitures are retained in the Plan and may first be used to pay administrative expenses. Any remaining amounts will be used to reduce future Employer contributions payable under the Plan. During the years ended December 31, 2025 and 2024, forfeitures of $7,280 and $14,438, respectively, were used to pay administrative expenses or reduce employer contributions. There were no unused forfeitures at December 31, 2025 and 2024.

**Note 2 – Summary of Significant Accounting Policies**

**Basis of Accounting**
The financial statements of the Plan have been prepared in conformity with accounting principles generally accepted in the United States of America ("GAAP").

**Use of Estimates**
The preparation of financial statements in accordance with GAAP requires the plan administrator to adopt accounting policies and make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and related disclosures. Accordingly, actual results may differ from those estimates.

**Investment Valuation and Income Recognition**
Plan investments are presented at fair value. Shares of registered investment companies are presented at published market prices which represent the net asset value ("NAV") of shares held by the Plan at the reporting date. The Plan presents in the Statement of Changes in Net Assets Available for Benefits the net appreciation (depreciation) in the fair value of its investments which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments. Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date and interest is recorded under the accrual basis and credited to each participant's account, as defined by the Plan Document. Realized gains and losses from security transactions are reported on the average cost basis.

The Plan determines the fair values of its investments based on the fair value framework established in the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Subtopic 820-10 "Fair Value Measurement", which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. Fair value is defined under ASC Subtopic 820-10 as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The standard describes three levels of inputs that may be used to measure fair value which are: (1) quoted market prices for identical assets or liabilities in active markets, (2) observable market-based inputs or unobservable inputs that are corroborated by market data, and (3) unobservable inputs that are not corroborated by market data. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Refer to Note 3 to these financial statements for the ASC Subtopic 820-10 disclosures as of December 31, 2025 and 2024.

**Contributions**
The Plan recognizes contributions when due. Employee and employer matching contributions are recorded on an accrual basis in the period in which the payroll is earned. Discretionary contributions are recorded in the period in which they are earned by the participant as determined by the Employer. Applicable law requires the Plan to refund the participant any amount of contributions received during the Plan year in excess of IRC limits applicable to such contributions. For the years ended December 31, 2025 and 2024, there were no contributions in excess of the applicable IRC limits.

**Participant Loans**
Participant loans are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Delinquent participant loans are recorded as distributions when the loan balance is offset against the participant's account in accordance with the terms of the Plan document. Loans deemed distributed for tax purposes but not yet offset remain in notes receivable from participants.

**Payment of Benefits**
Benefits are recorded when paid except for any excess contributions payable to participants, which are recorded as they become payable.

**Administrative Expenses**
Administrative expenses of the Plan are either paid by the plan Sponsor or allocated to participant accounts under the terms of the Plan document. Management, advisory, service, and other types of fees charged to the Plan for investments are deducted from income earned on a daily basis and are not separately reflected. Consequently, management, advisory, service, and other types of fees are reflected as a reduction of investment return for such investments.

**Note 3 – Fair Value Measurement**

The Plan measures fair value as required by ASC Subtopic 820-10, "Fair Value Measurement", which provides a framework for measuring fair value under GAAP. Under ASC Subtopic 820-10, fair value is defined as 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. A fair value measurement assumes that the transaction to sell the asset or transfer the liability occurs in the principal market for the asset or liability or, in the absence of a principal market, the most advantageous market for the asset or liability.

ASC 820 establishes a fair value hierarchy that prioritizes the inputs and valuation techniques used to measure fair value into three levels in order to increase consistency and comparability in fair value measurements and disclosures. The classification of assets and liabilities within the hierarchy is based on whether the inputs to the valuation methodology used for the fair value measurement are observable or unobservable. Observable inputs reflect the assumptions market participants would use in pricing the asset or liability based on market data obtained from independent sources. Unobservable inputs reflect the Plan's estimates about assumptions that market participants would use in pricing the asset or liability based on the best information available. The hierarchy is broken down into three levels based on the reliability of inputs as follows:

Level 1 – Unadjusted quoted prices in active markets for identical assets that the Plan has the ability to access at the measurement date. Valuation on these instruments does not necessitate a significant degree of judgment since valuations are based on quoted prices that are readily available in an active market.

Level 2 – Quoted prices other than those included in Level 1 that are observable either directly or indirectly. Level 2 inputs include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or that can be corroborated by observable market data for substantially the full term of the financial instrument.

Level 3 – Inputs are unobservable and significant to the fair value measurement. Unobservable inputs reflect the Plan's own assumptions about assumptions that market participants would use in pricing the asset or liability.

The following is a description of the Plan's valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025.

**Mutual Funds and BrokerageLink Accounts**
Mutual funds are valued at the daily closing NAV price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price, and are classified as Level 1. Investments in mutual funds generally may be redeemed daily. BrokerageLink accounts are self-directed brokerage accounts that hold common stocks (including American depositary receipts), exchange-traded funds, mutual funds, and a government money market fund. Common stocks and exchange-traded funds are valued at the closing price reported on the active market on which the individual securities are traded. Mutual funds and the money market fund are valued at the daily closing NAV reported by the fund, as described above. These holdings are classified as Level 1.

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

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

| | Level 1 | Total |
|---|---|---|
| December 31, 2025 | | |
| Mutual Funds | $ 30,474,217 | $ 30,474,217 |
| BrokerageLink Accounts | 3,887,587 | 3,887,587 |
| Total Assets in the Fair Value Hierarchy | $ 34,361,804 | $ 34,361,804 |

| | Level 1 | Total |
|---|---|---|
| December 31, 2024 | | |
| Mutual Funds | $ 23,724,759 | $ 23,724,759 |
| BrokerageLink Accounts | 1,992,568 | 1,992,568 |
| Total Assets in the Fair Value Hierarchy | $ 25,717,327 | $ 25,717,327 |

**Note 4 – Plan Termination**

Although the Sponsor intends to maintain the Plan indefinitely, the Sponsor reserves the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of termination, no further contributions will be made to the Plan and all amounts credited to participants' accounts will become 100% vested.

**Note 5 – Federal Income Tax Status**

The Plan is maintained under a pre-approved defined contribution plan document, for which the Internal Revenue Service issued a favorable opinion letter dated June 30, 2020. Although the Plan has been amended since the opinion letter was issued, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

**Note 6 – Risk and Uncertainties**

The Plan's investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the values of investments, it is at least reasonably possible that changes in these factors in the near term could materially affect participants' account balances and the amounts reported on the Statement of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits. Individual participants' accounts bear the risk of loss resulting from fluctuations in investment values.

**Note 7 – Administrative Costs**

Administrative expenses paid by the Plan, as reported in the statements of changes in net assets available for benefits, consist of recordkeeping fees and investment advisory fees, including participant fees for the processing of loans and distributions. Certain other expenses of the Plan, including audit fees, are paid by the Sponsor and are not included in the financial statements.

**Note 8 – Information Prepared and Certified by Trustee**

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the trustee, FMTC.

| | 2025 | 2024 |
|---|---|---|
| Participant-Directed Investments at Fair Value | $ 34,361,804 | $ 25,717,327 |
| Total Investment Income | $ 5,477,342 | $ 3,288,071 |
| Notes Receivable from Participants, Net | $ 341,724 | $ 300,463 |
| Interest Collected on Notes Receivable from Participants | $ 27,793 | $ 23,081 |

Notes receivable from participants are net of deemed distributions of $43,106.

**Note 9 – Reconciliation of Financial Statements to Form 5500**

The following is a reconciliation of net assets available for benefits as reported in the financial statements to the amount as reported on Form 5500:

| | 2025 | 2024 |
|---|---|---|
| Net Assets Available for Benefits: | | |
| Financial Statements | $ 34,739,534 | $ 26,045,932 |
| Deemed Loans Not Yet Offset | (43,106) | |
| Employer Contributions Receivable | | (28,142) |
| Employer Contributions Payable | 7,100 | |
| Form 5500 | $ 34,703,528 | $ 26,017,790 |

The following is a reconciliation of the net increase in net assets available for benefits as reported in the financial statements to the amount reported on Form 5500.

| | 2025 | 2024 |
|---|---|---|
| Net Increase in Net Assets Available for Benefits: | | |
| Financial Statements | $ 8,693,602 | $ 5,907,904 |
| Change in Deemed Loans Not Yet Offset | (43,106) | |
| Employer Contributions Receivable | 28,142 | (28,142) |
| Employer Contributions Payable | 7,100 | |
| Form 5500 | $ 8,685,738 | $ 5,879,762 |

**Note 10 – Related Party and Party-In-Interest Transactions**

Certain Plan investments are shares of mutual funds managed by Fidelity. In addition to serving as trustee, Fidelity also serves as custodian and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to Fidelity for recordkeeping, loan administration, and other services were $48,749 and $60,446 for the years ended December 31, 2025 and 2024, respectively. Notes receivable from participants also qualify as party-in-interest transactions but are exempt from the prohibited transaction rules of ERISA.

**Note 11 – Subsequent Events**

The Plan has evaluated subsequent events through October 14, 2026, the date on which the financial statements were available to be issued.

**Supplemental Schedule**

**Name of Plan: OrthoSC, LLC 401(k) Profit Sharing Plan**
**Plan Sponsor: OrthoSC, LLC**
**Plan Sponsor EIN: 82-2962394**
**Plan Number: 001**
**Plan Year Ended December 31, 2025**

**Schedule of Assets (Held at End of Year)**
**(Form 5500, Schedule H, Line 4 (i))**

| (a) | (b) | (c) | (d) | (e) |
|---|---|---|---|---|
| | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par, or maturity | Cost | Current Value |
| **Participant Directed Investments** | | | | |
| * | Fidelity® 500 Index Fund | Mutual Fund | ** | $ 3,722,936 |
| * | Fidelity® Mid Cap Index Fund | Mutual Fund | ** | 320,905 |
| * | Fidelity® Total Bond K6 Fund | Mutual Fund | ** | 292,274 |
| * | Fidelity® Blue Chip Growth K6 Fund | Mutual Fund | ** | 1,762,233 |
| | DFA Intl Core Equity 1 Portfolio Institutional Class | Mutual Fund | ** | 96,056 |
| | Allspring Special Mid Cap Value Fund Class R6 | Mutual Fund | ** | 22,999 |
| * | Fidelity Freedom® 2015 Fund Class K6 | Mutual Fund | ** | 17,144 |
| * | Fidelity Freedom® 2020 Fund Class K6 | Mutual Fund | ** | 21,175 |
| * | Fidelity Freedom® 2025 Fund Class K6 | Mutual Fund | ** | 646,000 |
| * | Fidelity Freedom® 2030 Fund Class K6 | Mutual Fund | ** | 1,198,015 |
| * | Fidelity Freedom® 2035 Fund Class K6 | Mutual Fund | ** | 3,871,329 |
| * | Fidelity Freedom® 2040 Fund Class K6 | Mutual Fund | ** | 5,001,109 |
| * | Fidelity Freedom® 2045 Fund Class K6 | Mutual Fund | ** | 4,583,133 |
| * | Fidelity Freedom® 2050 Fund Class K6 | Mutual Fund | ** | 4,575,867 |
| * | Fidelity Freedom® 2055 Fund Class K6 | Mutual Fund | ** | 1,248,032 |
| * | Fidelity Freedom® 2060 Fund Class K6 | Mutual Fund | ** | 506,655 |
| * | Fidelity Freedom® 2065 Fund Class K6 | Mutual Fund | ** | 242,623 |
| * | Fidelity Freedom® 2070 Fund Class K6 | Mutual Fund | ** | 3,548 |
| * | Fidelity® Government Money Market Fund Class K6 | Mutual Fund | ** | 53,061 |
| | Vanguard Small Cap Index Fund Admiral | Mutual Fund | ** | 660,859 |
| | American Funds American Mutual Fund® Class R6 | Mutual Fund | ** | 413,807 |
| | MFS Mid Cap Growth Fund Class R6 | Mutual Fund | ** | 420,228 |
| * | Fidelity Inflation-Protected Bond Index Fund | Mutual Fund | ** | 6,802 |
| * | Fidelity U.S. Bond Index Fund | Mutual Fund | ** | 243,623 |
| * | Fidelity Freedom® Income Fund Class K6 | Mutual Fund | ** | 34,796 |
| | MFS International Diversification Fund Class R6 | Mutual Fund | ** | 509,008 |
| | **Fidelity BrokerageLink Accounts (participant-directed):** | | | |
| * | Fidelity Cash Reserves | Money Market Fund | ** | 1,429,026 |
| | Aeluma, Inc. | Common Stock | ** | 17,170 |
| | Alphabet Inc. – Class C | Common Stock | ** | 23,551 |
| | ALTC Acquisition Corp. – Class A | Common Stock | ** | 28,704 |
| | Amazon.com, Inc. | Common Stock | ** | 23,082 |
| | Arista Networks, Inc. | Common Stock | ** | 13,103 |
| | ASML Holding N.V. (NY registry shares) | Common Stock | ** | 37,812 |
| | Assurant, Inc. | Common Stock | ** | 12,653 |
| | Astera Labs, Inc. | Common Stock | ** | 16,636 |
| | Bio-Rad Laboratories, Inc. – Class A | Common Stock | ** | 9,090 |
| | BWX Technologies, Inc. | Common Stock | ** | 4,334 |
| | Cadence Design Systems, Inc. | Common Stock | ** | 10,940 |
| | Cloudflare, Inc. – Class A | Common Stock | ** | 11,829 |

See Independent Auditor's Report.

**Name of Plan: OrthoSC, LLC 401(k) Profit Sharing Plan**
**Plan Sponsor: OrthoSC, LLC**
**Plan Sponsor EIN: 82-2962394**
**Plan Number: 001**
**Plan Year Ended December 31, 2025**

**Schedule of Assets (Held at End of Year)**
**(Form 5500, Schedule H, Line 4 (i))**

| (a) | (b) | (c) | (d) | (e) |
|---|---|---|---|---|
| | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par, or maturity | Cost | Current Value |
| | Comfort Systems USA, Inc. | Common Stock | ** | 9,333 |
| | ConocoPhillips | Common Stock | ** | 18,858 |
| | Curtiss-Wright Corporation | Common Stock | ** | 8,276 |
| | Datadog, Inc. – Class A | Common Stock | ** | 3,400 |
| | Digital World Acquisition Corp. | Common Stock | ** | 13,240 |
| | DroneShield Ltd | Common Stock | ** | 3,081 |
| | EMCOR Group, Inc. | Common Stock | ** | 18,367 |
| | Equinix, Inc. | Common Stock | ** | 8,561 |
| | Exxon Mobil Corporation | Common Stock | ** | 19,289 |
| | Figma, Inc. – Class A | Common Stock | ** | 5,605 |
| | Fiverr International Ltd. | Common Stock | ** | 5,928 |
| | GXO Logistics, Inc. | Common Stock | ** | 5,264 |
| | Intel Corporation | Common Stock | ** | 11,070 |
| | Kyndryl Holdings, Inc. | Common Stock | ** | 3,453 |
| | L3Harris Technologies, Inc. | Common Stock | ** | 8,882 |
| | Leidos Holdings, Inc. | Common Stock | ** | 10,873 |
| | MercadoLibre, Inc. | Common Stock | ** | 6,043 |
| | Micron Technology, Inc. | Common Stock | ** | 50,699 |
| | MIND Technology, Inc. | Common Stock | ** | 8,790 |
| | Netlist, Inc. | Common Stock | ** | 2,222 |
| | Novo Nordisk A/S | American Depositary Receipts | ** | 9,161 |
| | NVIDIA Corporation | Common Stock | ** | 11,324 |
| | On Holding AG – Class A | Common Stock | ** | 4,648 |
| | Owens Corning | Common Stock | ** | 11,313 |
| | Palantir Technologies Inc. | Common Stock | ** | 88,875 |
| | Red Cat Holdings, Inc. | Common Stock | ** | 7,930 |
| | Shopify Inc. – Class A | Common Stock | ** | 14,004 |
| | A. O. Smith Corporation | Common Stock | ** | 6,790 |
| | SkyWater Technology, Inc. | Common Stock | ** | 18,160 |
| | The Trade Desk, Inc. – Class A | Common Stock | ** | 12,906 |
| | TJX Companies, Inc. | Common Stock | ** | 15,503 |
| | Ucore Rare Metals Inc. | Common Stock | ** | 7,952 |
| | Walker & Dunlop, Inc. | Common Stock | ** | 1,381 |
| | Zscaler, Inc. | Common Stock | ** | 6,748 |
| * | Fidelity Balanced Fund | Mutual Fund | ** | 686,605 |
| * | Fidelity Contrafund | Mutual Fund | ** | 450,304 |
| | iShares MSCI EAFE Value, CUSIP 464288877 | Exchange-Traded Fund | ** | 54,196 |
| | Vanguard S&P SmallCap 600, CUSIP 921932778 | Exchange-Traded Fund | ** | 203,560 |
| | Vanguard Total Bond Market, CUSIP 921937835 | Exchange-Traded Fund | ** | 31,970 |
| | Vanguard Index Funds, CUSIP 922908553 | Exchange-Traded Fund | ** | 81,563 |
| | Vanguard Total Stock Market, CUSIP 922908769 | Exchange-Traded Fund | ** | 48,423 |
| | Vanguard Intl Equity Index, CUSIP 922042858 | Exchange-Traded Fund | ** | 31,642 |

See Independent Auditor's Report.

**Name of Plan: OrthoSC, LLC 401(k) Profit Sharing Plan**
**Plan Sponsor: OrthoSC, LLC**
**Plan Sponsor EIN: 82-2962394**
**Plan Number: 001**
**Plan Year Ended December 31, 2025**

**Schedule of Assets (Held at End of Year)**
**(Form 5500, Schedule H, Line 4 (i))**

| (a) | (b) | (c) | (d) | (e) |
|---|---|---|---|---|
| | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par, or maturity | Cost | Current Value |
| | Vanguard FTSE All, CUSIP 922042718 | Exchange-Traded Fund | ** | 74,018 |
| | Vanguard Short-Term Inflation, CUSIP 922020805 | Exchange-Traded Fund | ** | 32,198 |
| | Vanguard Russell, CUSIP 92206C714 | Exchange-Traded Fund | ** | 117,248 |
| | New Source Energy Partners L.P. | Limited Partnership Units | ** | 1 |
| | Total Fidelity BrokerageLink Accounts | | | 3,887,587 |
| **Total Participant Directed Investments** | | | | 34,361,804 |
| **Notes Receivable from Participants** | | | | |
| * | Participant Loans, less deemed distributions of $43,106 | (4.25% to 9.50%) | 0 | 341,724 |
| **Total Assets Held for Investment** | | | | $ 34,703,528 |

*Legend:*

* *Party-in-Interest*

** *Cost has been omitted with respect to participant-directed investments.*

See Independent Auditor's Report.

# OrthoSC, LLC 401(k) Profit Sharing Plan

## Financial Statements and Supplemental Schedule

## December 31, 2025 and 2024

**Supplemental Schedule**

**Name of Plan: OrthoSC, LLC 401(k) Profit Sharing Plan**
**Plan Sponsor: OrthoSC, LLC**
**Plan Sponsor EIN: 82-2962394**
**Plan Number: 001**
**Plan Year Ended December 31, 2025**

**Schedule of Assets (Held at End of Year)**
**(Form 5500, Schedule H, Line 4 (i))**

| (a) | (b) | (c) | (d) | (e) |
|---|---|---|---|---|
| | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par, or maturity | Cost | Current Value |
| **Participant Directed Investments** | | | | |
| * | Fidelity® 500 Index Fund | Mutual Fund | ** | $ 3,722,936 |
| * | Fidelity® Mid Cap Index Fund | Mutual Fund | ** | 320,905 |
| * | Fidelity® Total Bond K6 Fund | Mutual Fund | ** | 292,274 |
| * | Fidelity® Blue Chip Growth K6 Fund | Mutual Fund | ** | 1,762,233 |
| | DFA Intl Core Equity 1 Portfolio Institutional Class | Mutual Fund | ** | 96,056 |
| | Allspring Special Mid Cap Value Fund Class R6 | Mutual Fund | ** | 22,999 |
| * | Fidelity Freedom® 2015 Fund Class K6 | Mutual Fund | ** | 17,144 |
| * | Fidelity Freedom® 2020 Fund Class K6 | Mutual Fund | ** | 21,175 |
| * | Fidelity Freedom® 2025 Fund Class K6 | Mutual Fund | ** | 646,000 |
| * | Fidelity Freedom® 2030 Fund Class K6 | Mutual Fund | ** | 1,198,015 |
| * | Fidelity Freedom® 2035 Fund Class K6 | Mutual Fund | ** | 3,871,329 |
| * | Fidelity Freedom® 2040 Fund Class K6 | Mutual Fund | ** | 5,001,109 |
| * | Fidelity Freedom® 2045 Fund Class K6 | Mutual Fund | ** | 4,583,133 |
| * | Fidelity Freedom® 2050 Fund Class K6 | Mutual Fund | ** | 4,575,867 |
| * | Fidelity Freedom® 2055 Fund Class K6 | Mutual Fund | ** | 1,248,032 |
| * | Fidelity Freedom® 2060 Fund Class K6 | Mutual Fund | ** | 506,655 |
| * | Fidelity Freedom® 2065 Fund Class K6 | Mutual Fund | ** | 242,623 |
| * | Fidelity Freedom® 2070 Fund Class K6 | Mutual Fund | ** | 3,548 |
| * | Fidelity® Government Money Market Fund Class K6 | Mutual Fund | ** | 53,061 |
| | Vanguard Small Cap Index Fund Admiral | Mutual Fund | ** | 660,859 |
| | American Funds American Mutual Fund® Class R6 | Mutual Fund | ** | 413,807 |
| | MFS Mid Cap Growth Fund Class R6 | Mutual Fund | ** | 420,228 |
| * | Fidelity Inflation-Protected Bond Index Fund | Mutual Fund | ** | 6,802 |
| * | Fidelity U.S. Bond Index Fund | Mutual Fund | ** | 243,623 |
| * | Fidelity Freedom® Income Fund Class K6 | Mutual Fund | ** | 34,796 |
| | MFS International Diversification Fund Class R6 | Mutual Fund | ** | 509,008 |
| | **Fidelity BrokerageLink Accounts (participant-directed):** | | | |
| * | Fidelity Cash Reserves | Money Market Fund | ** | 1,429,026 |
| | Aeluma, Inc. | Common Stock | ** | 17,170 |
| | Alphabet Inc. – Class C | Common Stock | ** | 23,551 |
| | ALTC Acquisition Corp. – Class A | Common Stock | ** | 28,704 |
| | Amazon.com, Inc. | Common Stock | ** | 23,082 |
| | Arista Networks, Inc. | Common Stock | ** | 13,103 |
| | ASML Holding N.V. (NY registry shares) | Common Stock | ** | 37,812 |
| | Assurant, Inc. | Common Stock | ** | 12,653 |
| | Astera Labs, Inc. | Common Stock | ** | 16,636 |
| | Bio-Rad Laboratories, Inc. – Class A | Common Stock | ** | 9,090 |
| | BWX Technologies, Inc. | Common Stock | ** | 4,334 |
| | Cadence Design Systems, Inc. | Common Stock | ** | 10,940 |
| | Cloudflare, Inc. – Class A | Common Stock | ** | 11,829 |

See Independent Auditor's Report.

**Name of Plan: OrthoSC, LLC 401(k) Profit Sharing Plan**
**Plan Sponsor: OrthoSC, LLC**
**Plan Sponsor EIN: 82-2962394**
**Plan Number: 001**
**Plan Year Ended December 31, 2025**

**Schedule of Assets (Held at End of Year)**
**(Form 5500, Schedule H, Line 4 (i))**

| (a) | (b) | (c) | (d) | (e) |
|---|---|---|---|---|
| | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par, or maturity | Cost | Current Value |
| | Comfort Systems USA, Inc. | Common Stock | ** | 9,333 |
| | ConocoPhillips | Common Stock | ** | 18,858 |
| | Curtiss-Wright Corporation | Common Stock | ** | 8,276 |
| | Datadog, Inc. – Class A | Common Stock | ** | 3,400 |
| | Digital World Acquisition Corp. | Common Stock | ** | 13,240 |
| | DroneShield Ltd | Common Stock | ** | 3,081 |
| | EMCOR Group, Inc. | Common Stock | ** | 18,367 |
| | Equinix, Inc. | Common Stock | ** | 8,561 |
| | Exxon Mobil Corporation | Common Stock | ** | 19,289 |
| | Figma, Inc. – Class A | Common Stock | ** | 5,605 |
| | Fiverr International Ltd. | Common Stock | ** | 5,928 |
| | GXO Logistics, Inc. | Common Stock | ** | 5,264 |
| | Intel Corporation | Common Stock | ** | 11,070 |
| | Kyndryl Holdings, Inc. | Common Stock | ** | 3,453 |
| | L3Harris Technologies, Inc. | Common Stock | ** | 8,882 |
| | Leidos Holdings, Inc. | Common Stock | ** | 10,873 |
| | MercadoLibre, Inc. | Common Stock | ** | 6,043 |
| | Micron Technology, Inc. | Common Stock | ** | 50,699 |
| | MIND Technology, Inc. | Common Stock | ** | 8,790 |
| | Netlist, Inc. | Common Stock | ** | 2,222 |
| | Novo Nordisk A/S | American Depositary Receipts | ** | 9,161 |
| | NVIDIA Corporation | Common Stock | ** | 11,324 |
| | On Holding AG – Class A | Common Stock | ** | 4,648 |
| | Owens Corning | Common Stock | ** | 11,313 |
| | Palantir Technologies Inc. | Common Stock | ** | 88,875 |
| | Red Cat Holdings, Inc. | Common Stock | ** | 7,930 |
| | Shopify Inc. – Class A | Common Stock | ** | 14,004 |
| | A. O. Smith Corporation | Common Stock | ** | 6,790 |
| | SkyWater Technology, Inc. | Common Stock | ** | 18,160 |
| | The Trade Desk, Inc. – Class A | Common Stock | ** | 12,906 |
| | TJX Companies, Inc. | Common Stock | ** | 15,503 |
| | Ucore Rare Metals Inc. | Common Stock | ** | 7,952 |
| | Walker & Dunlop, Inc. | Common Stock | ** | 1,381 |
| | Zscaler, Inc. | Common Stock | ** | 6,748 |
| * | Fidelity Balanced Fund | Mutual Fund | ** | 686,605 |
| * | Fidelity Contrafund | Mutual Fund | ** | 450,304 |
| | iShares MSCI EAFE Value, CUSIP 464288877 | Exchange-Traded Fund | ** | 54,196 |
| | Vanguard S&P SmallCap 600, CUSIP 921932778 | Exchange-Traded Fund | ** | 203,560 |
| | Vanguard Total Bond Market, CUSIP 921937835 | Exchange-Traded Fund | ** | 31,970 |
| | Vanguard Index Funds, CUSIP 922908553 | Exchange-Traded Fund | ** | 81,563 |
| | Vanguard Total Stock Market, CUSIP 922908769 | Exchange-Traded Fund | ** | 48,423 |
| | Vanguard Intl Equity Index, CUSIP 922042858 | Exchange-Traded Fund | ** | 31,642 |

See Independent Auditor's Report.

**Name of Plan: OrthoSC, LLC 401(k) Profit Sharing Plan**
**Plan Sponsor: OrthoSC, LLC**
**Plan Sponsor EIN: 82-2962394**
**Plan Number: 001**
**Plan Year Ended December 31, 2025**

**Schedule of Assets (Held at End of Year)**
**(Form 5500, Schedule H, Line 4 (i))**

| (a) | (b) | (c) | (d) | (e) |
|---|---|---|---|---|
| | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par, or maturity | Cost | Current Value |
| | Vanguard FTSE All, CUSIP 922042718 | Exchange-Traded Fund | ** | 74,018 |
| | Vanguard Short-Term Inflation, CUSIP 922020805 | Exchange-Traded Fund | ** | 32,198 |
| | Vanguard Russell, CUSIP 92206C714 | Exchange-Traded Fund | ** | 117,248 |
| | New Source Energy Partners L.P. | Limited Partnership Units | ** | 1 |
| | Total Fidelity BrokerageLink Accounts | | | 3,887,587 |
| **Total Participant Directed Investments** | | | | 34,361,804 |
| **Notes Receivable from Participants** | | | | |
| * | Participant Loans, less deemed distributions of $43,106 | (4.25% to 9.50%) | 0 | 341,724 |
| **Total Assets Held for Investment** | | | | $ 34,703,528 |

*Legend:*

* *Party-in-Interest*

** *Cost has been omitted with respect to participant-directed investments.*

See Independent Auditor's Report.