



<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  ELLIS AND BADENHAUSEN ORTHOPAEDICS, P.S.C.  13151 MAGISTERIAL DRIVE, SUITE 200 LOUISVILLE, KY 40223-4103		<b>3b</b> Administrator's EIN 61-0678573  <b>3c</b> Administrator's telephone number 502-587-1236
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name		<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year		<b>5</b> 133
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).  <b>a(1)</b> Total number of active participants at the beginning of the plan year..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....		<b>6a(1)</b> 106 <b>6a(2)</b> 105 <b>6b</b> 1 <b>6c</b> 34 <b>6d</b> 140 <b>6e</b> <b>6f</b> 140 <b>6g</b> 119 <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		<b>7</b>
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2H 2J  <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
<b>9a</b> Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)  (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information) (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)	

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> <div>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan	B Three-digit plan number (PN)	
ELLIS AND BADENHAUSEN ORTHOPAEDICS, P.S.C. 401(K) PROFIT SHARING PLAN	001	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
ELLIS AND BADENHAUSEN ORTHOPAEDICS, P.S.C.	61-0678573	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier					
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	374587-01	13	01/01/2020	12/31/2020

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
302	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
JOHN BACKERT
10200 FOREST GREEN BLVD.
LOUISVILLE, KY 40223

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
151			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
GREAT-WEST LIFE & ANNUITY INSURANCE
8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
151			3

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**4** Current value of plan's interest under this contract in the general account at year end ..... **4** 67240**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT****b** Balance at the end of the previous year ..... **7b** 61048**c** Additions: (1) Contributions deposited during the year ..... **7c(1)** 3685  
(2) Dividends and credits..... **7c(2)**  
(3) Interest credited during the year..... **7c(3)** 1836  
(4) Transferred from separate account..... **7c(4)** 306844  
(5) Other (specify below) ..... **7c(5)** 0▶ **LOAN REPAYMENT**(6) Total additions ..... **7c(6)** 312365**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 373413**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)** 484  
(2) Administration charge made by carrier..... **7e(2)** 5  
(3) Transferred to separate account..... **7e(3)** 305684  
(4) Other (specify below) ..... **7e(4)**(5) Total deductions ..... **7e(5)** 306173**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 67240

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
**b** ☐ Dental     
**c** ☐ Vision     
**d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
**f** ☐ Long-term disability     
**g** ☐ Supplemental unemployment     
**h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
**j** ☐ HMO contract     
**k** ☐ PPO contract     
**l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....	<b>9a(1)</b>		
(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	
<b>b</b> Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	
(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>		
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
(D) Other expenses .....	<b>9c(1)(D)</b>		
(E) Taxes .....	<b>9c(1)(E)</b>		
(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
(G) Other retention charges .....	<b>9c(1)(G)</b>		
(H) Total retention .....		<b>9c(1)(H)</b>	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
(2) Claim reserves .....		<b>9d(2)</b>	
(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<b>SCHEDULE C (Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110
		<b>2020</b>
		<b>This Form is Open to Public Inspection.</b>

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
<b>A</b> Name of plan ELLIS AND BADENHAUSEN ORTHOPAEDICS, P.S.C. 401(K) PROFIT SHARING PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 ELLIS AND BADENHAUSEN ORTHOPAEDICS, P.S.C.	<b>D</b> Employer Identification Number (EIN) 61-0678573	

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

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

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

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

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**(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)

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

84-0467907

(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?
64	RECORDKEEPER	43197	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ROBERT W. BAIRD & CO., INCORPORATED

777 E. WISCONSIN AVE.  
MILWAUKEE, WI 53201

(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?
	BROKER/ADVISOR	0	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	22524	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

**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)

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

(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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2020</b>  <b>This Form is Open to Public Inspection</b>
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
<b>A</b> Name of plan <u>ELLIS AND BADENHAUSEN ORTHOPAEDICS, P.S.C. 401(K) PROFIT SHARING PLAN</u>	<b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>ELLIS AND BADENHAUSEN ORTHOPAEDICS, P.S.C.</u>	<b>D</b> Employer Identification Number (EIN) <u>61-0678573</u>	

Part I	Asset and Liability Statement		
<b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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
<b>a</b> Total noninterest-bearing cash.....		<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....		<b>1b(1)</b>	15212151981
<b>(2)</b> Participant contributions.....		<b>1b(2)</b>	
<b>(3)</b> Other .....		<b>1b(3)</b>	
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....		<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....		<b>1c(2)</b>	1573081893766
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....		<b>1c(3)(A)</b>	
<b>(B)</b> All other.....		<b>1c(3)(B)</b>	47643004829528
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....		<b>1c(4)(A)</b>	
<b>(B)</b> Common .....		<b>1c(4)(B)</b>	1017314912251871
<b>(5)</b> Partnership/joint venture interests .....		<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....		<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants).....		<b>1c(7)</b>	
<b>(8)</b> Participant loans .....		<b>1c(8)</b>	1602320475
<b>(9)</b> Value of interest in common/collective trusts .....		<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....		<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts.....		<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....		<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....		<b>1c(13)</b>	1502066417529374
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....		<b>1c(14)</b>	6104867240
<b>(15)</b> Other.....		<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	31760386	35644235

**Liabilities**

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

**Net Assets**

<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	31760386	35644235
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**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
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	795992	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	460442	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1256434
<b>b Earnings on investments:</b>			
(1) Interest:			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	1013	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>	12634	
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>	169112	
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	920	
<b>(F)</b> Other .....	<b>2b(1)(F)</b>	34223	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		217902
(2) Dividends: <b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	228738	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	521422	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		750160
(3) Rents .....	<b>2b(3)</b>		
(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	4523726	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	4304804	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		218922
(5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	3077153	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		3077153



		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		
c Other income .....	2c		7
d Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		5520578

**Expenses**

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1524828	
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		1524828
f Corrective distributions (see instructions) .....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees .....	2i(1)		
(2) Contract administrator fees .....	2i(2)		
(3) Investment advisory and management fees .....	2i(3)	111901	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4) .....	2i(5)		111901
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		1636729

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d .....	2k		3883849
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan .....	2l(2)		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **WELENKEN CPAS**

(2) EIN: **61-0484308**

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

**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.) .....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....			
<b>4b</b>		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....			
<b>4c</b>		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....			
<b>4d</b>		X	
<b>e</b> Was this plan covered by a fidelity bond? .....	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>4f</b>		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....			
<b>4g</b>		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....			
<b>4h</b>		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....	X		
<b>4i</b>	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....	X		
<b>4j</b>	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		X	
<b>4k</b>		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>4l</b>		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....		X	
<b>4m</b>		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....		X	
<b>4n</b>		X	

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ..... ☐ Yes ☒ No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

**ELLIS AND BADENHAUSEN ORTHOPAEDICS, P.S.C.  
401(K) PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS AND  
SUPPLEMENTAL SCHEDULES**

**DECEMBER 31, 2020 AND 2019**

**ELLIS AND BADENHAUSEN ORTHOPAEDICS, P.S.C. 401(K) PROFIT SHARING PLAN**  
**TABLE OF CONTENTS**

	<u>Page</u>
INDEPENDENT AUDITOR'S REPORT .....	1 - 2
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits .....	3
Statement of Changes in Net Assets Available for Benefits .....	4
Notes to Financial Statements .....	5 - 9
SUPPLEMENTAL SCHEDULES	
Schedule H (Form 5500) – Schedule of Assets (Held At End of Year).....	10 - 11
Schedule H (Form 5500) – Schedule of Reportable Transactions .....	12

## **INDEPENDENT AUDITOR'S REPORT**

To the Retirement Committee  
Ellis and Badenhause Orthopaedics, P.S.C. 401(k) Profit Sharing Plan  
Louisville, Kentucky

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Ellis and Badenhause Orthopaedics, P.S.C. 401(k) Profit Sharing Plan, which comprise the Statements of Net Assets Available For Benefits as of December 31, 2020 and 2019, and the related Statement of Changes in Net Assets Available For Benefits for the year ended December 31, 2020, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Empower Retirement and Hilliard Lyons Trust, the custodians of the Plans, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodians as of and for the years ended December 31, 2020 and 2019, that the information provided to the plan administrator by the custodian is complete and accurate.

### **Disclaimer of Opinion**

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.



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#### **Other Matter**

The supplemental schedules of assets (held at end of year) and reportable transactions for the year ended December 31, 2020, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

#### **Report on Form and Content in Compliance With DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodians have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "Welenken CPAs". The signature is written in a cursive, flowing style.

Welenken CPA's

Louisville, Kentucky  
August 18, 2021

**ELLIS AND BADENHAUSEN ORTHOPAEDICS, P.S.C. 401(K) PROFIT SHARING PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2020 AND 2019**

	<u>2020</u>	<u>2019</u>
ASSETS		
INVESTMENTS AT FAIR VALUE	\$ 35,571,779	\$ 31,592,242
RECEIVABLES		
Notes receivable from participants	20,475	16,023
Employer contributions	<u>51,981</u>	<u>152,121</u>
	<u>72,456</u>	<u>168,144</u>
Total assets	<u>35,644,235</u>	<u>31,760,386</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 35,644,235</u>	<u>\$ 31,760,386</u>

See accompanying Notes to Financial Statements.

**ELLIS AND BADENHAUSEN ORTHOPAEDICS, P.S.C. 401(K) PROFIT SHARING PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEAR ENDED DECEMBER 31, 2020**

Additions:

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 3,296,075
Interest	217,902
Dividends	750,160
Other	7
	<u>4,264,144</u>

Contributions:

Employer	795,992
Employee	460,442
	<u>1,256,434</u>

Total additions	<u>5,520,578</u>
-----------------	------------------

Deductions:

Deductions from net assets attributed to:

Benefits paid to participants	1,524,828
Administrative expenses	111,901
Total deductions	<u>1,636,729</u>

Net increase	3,883,849
--------------	-----------

Net assets available for benefits:

Beginning of year	31,760,386
End of year	<u><u>\$ 35,644,235</u></u>

See accompanying Notes to Financial Statements.



**ELLIS AND BADENHAUSEN ORTHOPAEDICS, P.S.C. 401(K) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

**A. DESCRIPTION OF PLAN**

The following description of Ellis and Badenhause Orthopaedics, P.S.C. ("Company") 401(k) Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General.** The Plan is a defined contribution plan covering all full-time employees of the Company who have one year of service, who were employed on the last day of the Plan year, and who are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Retirement Committee oversees governance of the Plan. The Plan's Retirement Committee determines the appropriateness of the Plan's investments and monitors investment performance.

**Contributions.** The Company has the discretion to contribute any amount or nothing to the Profit Sharing Plan up to certain limits established in the Internal Revenue Code. The Company's contributions are invested in a portfolio of investments as directed by the Company.

Each year, participants may contribute up to 100% of pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. Contributions are subject to certain statutory limitations.

**Participant Accounts.** Each participant's account is credited with an allocation of the Company's safe harbor contribution and participants deferral percentage of 0-100% of compensation and Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting.** Participants are vested in employer contributions as shown in the following schedule:

<u>Years of Service</u>	<u>Percent Vested</u>
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

**Notes Receivable from Participants.** Participants may borrow from their account a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account and bear interest at the rate of prime plus 3%. Principal and interest are paid ratably through monthly payroll deductions.

**ELLIS AND BADENHAUSEN ORTHOPAEDICS, P.S.C. 401(K) PROFIT SHARING PLAN  
NOTES TO FINANCIAL STATEMENTS**

**A. DESCRIPTION OF PLAN (Continued)**

***Payment of Benefits.*** On termination of service due to death, disability, or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in their account either in a lump-sum amount, or in installments. For termination of service due to other reasons, a participant may receive the value of the vested interest in their account as a lump-sum distribution.

***Forfeited Accounts.*** At December 31, 2020 and 2019, forfeited nonvested accounts totaled \$11,832 and \$1,681, respectively. These accounts will be used to reduce future employer contributions.

**B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

***Basis of Accounting*** – The accompanying financial statements have been prepared on the accrual basis of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

***Use of Estimates*** – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

***Investment Valuation and Income Recognition*** – The Plan's investments are stated at fair value. The Plan's Retirement Committee determines the Plan's valuation policies utilizing information provided by the investment advisers. See Note D for discussion of fair value measurements.

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

***Notes Receivable from Participants*** – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for losses has been recorded as of December 31, 2020 or 2019.

**ELLIS AND BADENHAUSEN ORTHOPAEDICS, P.S.C. 401(K) PROFIT SHARING PLAN  
NOTES TO FINANCIAL STATEMENTS**

**B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

***Payment of Benefits*** – Benefits are recorded when paid.

***Expenses*** – Certain expenses of maintaining the Plan are paid by the Company and are therefore excluded from these financial statements. Investment-related expenses are included in net appreciation (depreciation) in fair value of investments. Administrative expenses of the Plan are paid from the assets of the Plan.

***Subsequent Events*** – The Plan has evaluated subsequent events through August 18, 2021 the date the financial statements were available to be issued.

**C. INFORMATION CERTIFIED BY CUSTODIANS**

The plan administrator has elected the method of compliance permitted by Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Accordingly, Empower Retirement and Hilliard Lyons Trust, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits, the schedules of assets held for investment purposes at end of year and reportable transactions, and the related investment activity reflected in the statement of changes in net assets available for benefits.

**D. FAIR VALUE MEASUREMENTS**

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits, except for fully benefit-responsive investment contracts, which are reported at contract value. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. The Retirement Committee determines the Plan's valuation policies. Although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There are no Plan assets requiring the use of Level 3 inputs for the periods presented.

**ELLIS AND BADENHAUSEN ORTHOPAEDICS, P.S.C. 401(K) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

**D. FAIR VALUE MEASUREMENTS (Continued)**

*Level 1 Fair Value Measurements*

The fair values of mutual funds, common stocks, exchange traded funds, and certain government securities are based on the closing price reported in the active market where the individual securities are traded, when available.

*Level 2 Fair Value Measurement*

The fair value of general account, corporate bonds, and government securities are valued using a market approach on yields currently available on comparable securities of issuers with similar credit ratings.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2020 and 2019:

**Investments at Fair Value**  
**December 31, 2020**

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
General Account	\$ -	\$ 67,240	\$ -	\$ 67,240
Mutual Funds	17,529,374	-	-	17,529,374
Common Stocks	12,251,871	-	-	12,251,871
Corporate Bonds	-	4,829,528	-	4,829,528
Government Bonds	<u>152,838</u>	<u>740,928</u>	<u>-</u>	<u>893,766</u>
Total investments at fair value	<u>\$ 29,934,083</u>	<u>\$ 5,637,696</u>	<u>\$ -</u>	<u>\$ 35,571,779</u>

**Investments at Fair Value**  
**December 31, 2019**

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
General Account	\$ -	\$ 61,048	\$ -	\$ 61,048
Mutual Funds	14,430,056	-	-	14,430,056
Common Stocks	10,173,149	-	-	10,173,149
Exchange Traded Funds	590,608	-	-	590,608
Corporate Bonds	-	4,764,300	-	4,764,300
Government Bonds	<u>535,043</u>	<u>1,038,038</u>	<u>-</u>	<u>1,573,081</u>
Total investments at fair value	<u>\$ 25,728,856</u>	<u>\$ 5,863,386</u>	<u>\$ -</u>	<u>\$ 31,592,242</u>

**ELLIS AND BADENHAUSEN ORTHOPAEDICS, P.S.C. 401(K) PROFIT SHARING PLAN  
NOTES TO FINANCIAL STATEMENTS**

**E. RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS**

Certain administrative services are provided by the Company at no cost to the Plan and certain administrative costs incurred by the Plan are paid by the Company.

Plan investments are managed by Empower Retirement and Hilliard Lyons Trust, the custodians of the Plan, therefore, these transactions qualify as party-in-interest transactions.

**F. PLAN TERMINATION**

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

**G. TAX STATUS**

The Internal Revenue Service has determined and informed the Company by letter dated August 13, 2010, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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 be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

**H. RISKS AND UNCERTAINTIES**

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

## **SUPPLEMENTAL SCHEDULES**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**ELLIS AND BADENHAUSEN ORTHOPAEDICS, P.S.C. 401(K) PROFIT SHARING PLAN**  
**EIN 61-0678573**  
**PLAN NUMBER 001**  
**PLAN YEAR 01/01/20 - 12/31/20**

(a)	(b)	(c)	(d)	(e)
	IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	DESCRIPTION OF INVESTMENTS INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
*	Empower Retirement	American Beacon Intl Equity R5	\$ 16,901	\$ 17,590
*	Empower Retirement	American Century One Choice 2025 I	1,695,714	1,813,181
*	Empower Retirement	American Century One Choice 2030 I	454,215	494,169
*	Empower Retirement	American Century One Choice 2035 I	824,079	912,370
*	Empower Retirement	American Century One Choice 2040 I	448,590	500,516
*	Empower Retirement	American Century One Choice 2045 I	1,191,326	1,344,246
*	Empower Retirement	American Century One Choice 2050 I	91,688	104,377
*	Empower Retirement	American Century One Choice 2055 I	332,262	391,029
*	Empower Retirement	American Century One Choice in Ret I	1,165,671	1,235,032
*	Empower Retirement	American Funds Europacific Gr R5	71,972	94,274
*	Empower Retirement	DFA Intermediate Govt Fixed-Income I	202,988	207,185
*	Empower Retirement	DFA US Large Cap Value I	206,609	216,936
*	Empower Retirement	DFA US Small Cap	14,169	16,498
*	Empower Retirement	DFA US Targeted Value I	2,029	2,066
*	Empower Retirement	Dodge & Cox Income	131,423	137,210
*	Empower Retirement	Pimco Commodity Real Ret Strat Instl	27,889	27,824
*	Empower Retirement	Putnam Dynamic Asset Allocation Bal Y	119,825	133,397
*	Empower Retirement	Putnam Dynamic Asset Allocation Con Y	2,357	2,390
*	Empower Retirement	Putnam Dynamic Asset Allocation Growth Y	71,417	86,466
*	Empower Retirement	T. Rowe Price Qm US Small Cap Growth Eq	59,067	72,438
*	Empower Retirement	T. Rowe Price Real Estate	64,935	45,711
*	Empower Retirement	Vanguard 500 Index Admiral	343,778	425,733
*	Empower Retirement	Vanguard Emerging Mkts Stock Idx Adm	17,382	20,551
*	Empower Retirement	Vanguard Ftse All-Wld Ex-US Inx Admiral	106,521	122,089
*	Empower Retirement	Vanguard Growth Index Adm	381,597	600,564
*	Empower Retirement	Vanguard Interm-Term Investment-Grade Ad	290,999	301,462
*	Empower Retirement	Vanguard Mid Cap Index Fund Admiral	62,697	78,776
*	Empower Retirement	Vanguard Mid Cap Growth Fund Admiral	69,165	98,676
*	Empower Retirement	Vanguard Selected Value Inv	70,921	76,577
*	Empower Retirement	Vanguard Small Cap Value Index Admiral	51,862	66,185
*	Empower Retirement	Vanguard Total Stock Mkt Idx Adm	253,301	333,893
*	Empower Retirement	Virtus Vontobel Emerging Markets Opp R6	24,467	30,093
*	Empower Retirement	Guaranteed Interest Fund	64,285	67,240
*	Hilliard Lyons Trust	Carmax Inc	207,853	323,053
*	Hilliard Lyons Trust	Home Depot Inc	180,962	788,891
*	Hilliard Lyons Trust	O'Reilly Automotive Inc	158,092	375,633
*	Hilliard Lyons Trust	TJX Cos Inc New	110,871	346,230
*	Hilliard Lyons Trust	Bank of America Corp	190,272	215,201
*	Hilliard Lyons Trust	Berkshire Hathaway Inc Del Cl B	339,709	677,060
*	Hilliard Lyons Trust	JPMorgan Chase & Co	341,265	773,856
*	Hilliard Lyons Trust	Northern Tr Corp	103,457	188,618
*	Hilliard Lyons Trust	Progressive Corp	265,728	797,467
*	Hilliard Lyons Trust	Schwab Charles Corp	342,717	516,610
*	Hilliard Lyons Trust	US Bancorp	219,287	318,963
*	Hilliard Lyons Trust	Wells Fargo & Co	173,565	169,310
*	Hilliard Lyons Trust	Johnson & Johnson	136,496	480,009
*	Hilliard Lyons Trust	Pfizer Inc	199,014	301,842
*	Hilliard Lyons Trust	Viatis Inc	10,973	19,059
*	Hilliard Lyons Trust	Expeditors Intl Wash Inc	120,570	288,183
*	Hilliard Lyons Trust	Fastenal Co	194,185	446,306
*	Hilliard Lyons Trust	General Elec Co	313,419	220,794
*	Hilliard Lyons Trust	Union Pac Corp	183,809	381,043
*	Hilliard Lyons Trust	Te Connectivity Ltd	145,808	516,364
*	Hilliard Lyons Trust	Apple Inc	141,919	835,284
*	Hilliard Lyons Trust	Cisco Sys Inc	93,616	212,563
*	Hilliard Lyons Trust	Microsoft Corp	178,088	955,294
*	Hilliard Lyons Trust	Alphabet Inc Cap Stk Cl C	208,877	607,902
*	Hilliard Lyons Trust	Disney Walt Co	304,357	837,052
*	Hilliard Lyons Trust	Facebook Inc	277,397	352,376
*	Hilliard Lyons Trust	Omnicom Group Inc	276,131	306,908
*	Hilliard Lyons Trust	Harbor Small Cap Value Fd	460,920	657,145
*	Hilliard Lyons Trust	Janus Henderson Small Cap Value Fund	590,578	580,408
*	Hilliard Lyons Trust	Artisan International Fund	1,174,294	1,490,847
*	Hilliard Lyons Trust	Oakmark International Fund	1,588,843	1,788,006
*	Hilliard Lyons Trust	Virtus Vontobel Emerging Markets Opportunities Fund	764,664	956,159
*	Hilliard Lyons Trust	Wells Fargo Emerging Markets Equity Fund	685,595	990,174
*	Hilliard Lyons Trust	Tennessee Valley Auth Pwr Bd 02/15/21, 3.875%, \$150,000	163,525	152,838
*	Hilliard Lyons Trust	KY Higher Ed Student Ln Taxable Sr Bd 06/01/23, 3.69%, \$150,000	158,694	158,338
*	Hilliard Lyons Trust	KY Hsg Corp Hsg Rev Bd 01/01/22, 3.568%, \$150,000	150,000	154,845
*	Hilliard Lyons Trust	KY Hsg Corp Hsg Rev Bd 01/01/22, 2.948%, \$100,000	100,000	103,504
*	Hilliard Lyons Trust	KY St Ppty & Bldgs Comm Rev Bd 05/01/25, 3.307%, \$150,000	150,000	165,299
*	Hilliard Lyons Trust	Louisville KY Regl Arpt Auth A Rev Ref Bd 07/01/23, 3.483%, \$150,000	150,255	158,942

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**ELLIS AND BADENHAUSEN ORTHOPAEDICS, P.S.C. 401(K) PROFIT SHARING PLAN**  
**EIN 61-0678573**  
**PLAN NUMBER 001**  
**PLAN YEAR 01/01/20 - 12/31/20**

(a)	(b)	(c)	(d)	(e)
	IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	DESCRIPTION OF INVESTMENTS INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
*	Hilliard Lyons Trust	AT&T Inc Sr Gbl Nt 01/15/25, 3.95%, \$175,000	179,036	199,985
*	Hilliard Lyons Trust	Altria Group Inc Sr Gbl Nt 01/31/24, 4.00%, \$175,000	185,826	195,079
*	Hilliard Lyons Trust	Apple Inc Sr Gbl Nt 05/06/24, 3.45%, \$150,000	155,465	165,971
*	Hilliard Lyons Trust	Berkshire Hathaway Inc Del Sr Nt 01/31/22, 3.40%, \$175,000	183,692	183,443
*	Hilliard Lyons Trust	Caterpillar Inc Del Sr Nt 05/27/21, 3.90%, \$125,000	135,044	127,314
*	Hilliard Lyons Trust	Catholic Health Initiatives Tax Bd 08/01/23, 4.20%, \$150,000	158,849	164,724
*	Hilliard Lyons Trust	Cummins Inc Sr Gbl Nt 10/01/23, 3.65%, \$150,000	158,991	163,900
*	Hilliard Lyons Trust	Deere John Cap Corp Mtns Sr Nt 07/12/21, 3.90%, \$100,000	106,698	103,688
*	Hilliard Lyons Trust	Home Depot Inc Sr Nt 02/15/24, 3.75%, \$175,000	181,966	194,372
*	Hilliard Lyons Trust	Intel Corp Sr Gbl 07/29/25, 3.70%, \$175,000	184,313	200,752
*	Hilliard Lyons Trust	International Business Machs Sr Gbl Nt 02/12/24, 3.625%, \$150,000	156,861	166,831
*	Hilliard Lyons Trust	JPMorgan Chase & Co Sr Nt 07/15/25, 3.90%, \$175,000	178,089	201,954
*	Hilliard Lyons Trust	Northern Tr Corp Sub Nt 10/30/25, 3.95%, \$150,000	160,020	174,128
*	Hilliard Lyons Trust	O'Reilly Automotive Inc New Sr Nt 09/01/22, 3.80%, \$150,000	153,674	158,911
*	Hilliard Lyons Trust	Oracle Corp Sr Nt 07/15/23, 3.625%, \$175,000	182,817	192,620
*	Hilliard Lyons Trust	Union Pac Corp Sr Nt 07/15/22, 4.163%, \$150,000	162,904	160,240
*	Hilliard Lyons Trust	US Bancorp Mtns Bk Ent Sr Nt 05/24/21, 4.125%, \$105,000	116,817	106,663
*	Hilliard Lyons Trust	Wells Fargo Co Mtn Sr Nt 04/01/21, 4.60%, \$100,000	108,852	102,206
*	Hilliard Lyons Trust	Bank Amer Corp Fr 04/19/26, 3.50%, \$175,000	185,955	199,558
*	Hilliard Lyons Trust	Merck & Co Inc Sr Gbl 03/07/29, 3.40%, \$175,000	193,043	205,474
*	Hilliard Lyons Trust	Omnicom Group Inc Sr Gbl 04/15/26, 3.60%, \$175,000	184,783	201,023
*	Hilliard Lyons Trust	Pfizer Inc Sr Gbl Nt 03/15/29, 3.45%, \$175,000	190,027	206,313
*	Hilliard Lyons Trust	3M Co Fr 09/14/28, 3.625%, \$175,000	191,774	204,853
*	Hilliard Lyons Trust	Verizon Communications Inc Sr Gbl Nt 03/16/27, 4.125%, \$150,000	150,630	178,609
*	Hilliard Lyons Trust	Bank N S Halifax Sr Nt 01/13/21, 4.375%, \$125,000	139,750	127,667
*	Hilliard Lyons Trust	Hsbc Hldgs PLC Sr Nt 03/30/22, 4.00%, \$150,000	160,201	158,282
*	Hilliard Lyons Trust	Schlumberger Invt Sa Sr Nt 12/01/23, 3.65%, \$175,000	187,048	190,519
*	Hilliard Lyons Trust	Statoil Asa Sr Nt 03/01/24, 3.70%, \$175,000	182,360	194,453
*	Hilliard Lyons Trust	Johnson Institutional Intermediate Bond Fund	450,000	447,991
*	Hilliard Lyons Trust	Goldman Sachs Financial Square Treasury Solutions Fund	609,136	609,136
			\$ 26,162,527	\$ 35,571,779

\* Represents a party-in-interest



**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**  
**ELLIS AND BADENHAUSEN ORTHOPAEDICS, P.S.C. 401(K) PROFIT SHARING PLAN**  
**EIN 61-0678573**  
**PLAN NUMBER 001**  
**PLAN YEAR 01/01/20 - 12/31/20**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	PURCHASE PRICE	SELLING PRICE	LEASE RENTAL	EXPENSE INCURRED WITH TRANSACTION	COST OF ASSET	CURRENT VALUE OF ASSET ON TRANSACTION DATE	NET GAIN OR (LOSS)
Individual transactions in excess of 5% of plan assets								
*	Goldman Sachs Financial Square	\$ 3,128,921	N/A	N/A	N/A	\$ 3,128,921	\$ 3,128,921	-
*	Goldman Sachs Financial Square	N/A	\$ 2,672,783	N/A	N/A	\$ 2,672,783	\$ 2,672,783	-

\* Hilliard Lyons Trust

## YR END HOLDINGS

STOCK VALUATION  
12/31/2020

<u>DESCRIPTION</u>	<u>SHARES</u>	<u>FMV</u>
CARMAX, INC.	3420	323,053.20
HOME DEPOT, INC.	2970	788,891.40
O'REILLY AUTOMOTIVE, INC.	830	375,633.10
TJX COS., INC.	5070	346,230.30
BANK OF AMERICA CORP.	7100	215,201.00
BERKSHIRE HATHAWAY	2920	677,060.40
JPMORGAN CHASE & CO.	6090	773,856.30
NORTHERN TRUST CORP	2010	187,211.40
PROGRESSIVE CORP.	8065	797,467.20
SCHWAB CHARLES CORP.	9740	516,609.60
US BANCORP	6785	316,113.15
WELLS FARGO & CO.	5610	169,309.80
JOHNSON AND JOHNSON	3050	480,009.00
PFIZER, INC.	8200	301,842.00
VIATRIS, INC.	1017	19,058.58
EXPEDITORS INT'L WASH, INC.	3030	288,183.30
FASTENAL CO.	9140	446,306.20
GENERAL ELECTRIC COMPANY	20425	220,590.00
UNION PACIFIC CORP.	1830	381,042.60
TE CONNECTIVITY, LTD.	4265	516,363.55
APPLE, INC.	6295	835,283.55
CISCO SYSTEMS, INC.	4750	212,562.50
MICROSOFT CORP.	4295	955,293.90
ALPHABET, INC. CLASS C	347	607,902.36
DISNEY WALT CO.	4620	837,051.60
FACEBOOK, INC.	1290	352,376.40
OMNICOM GROUP, INC.	4870	303,741.90
HARBOR SMALL CAP VALUE FUND	16700	657,145.00
JANUS HENDERSON SMALL CAP VALUE I	27313.295	580,407.52
ARTISAN INTERNATIONAL FUNDS	43212.958	1,490,847.05
OAKMARK INTERNATIONAL FUND	68611.129	1,788,006.02
VIRTUS VONTOBEL EMERGING MARKETS	71999.954	956,159.39
WELLS FARGO EMGING MARKETS EQ.	29286.431	990,174.23
TVA POWER 2/15/21	150000	150,642.00
KY HIGHER ED STUDENT LOAN 6/1/23	150000	157,876.50
KY HOUSING CORP. 2012A 1/1/22	150000	152,169.00
KY HOUSING CORP. 2014A 1/1/22	100000	102,030.00
KY STATE PPTY & BLDGS COMMN 5/1/25	150000	164,472.00
LOUISVILLE REGIONAL AIRPORT 7/1/23	150000	156,330.00
AT&T, INC. 1/15/25	175000	196,798.00
ALTRIA GROUP, INC. 1/31/24	175000	192,143.00
APPLE, INC. 5/6/24	150000	165,180.00
BERSKSHIRE HATHAWAY, INC. 1/31/22	175000	180,946.50
CATERPILLAR, INC. 5/27/21	125000	126,853.75
CATHOLIC HEALTH INITIATIVES 8/1/23	150000	162,099.00
CUMMINS, INC. 10/1/23	150000	162,531.00
DEERE JOHN CAP CORP 7/12/21	100000	101,857.00
HOME DEPOT, INC. 2/15/24	175000	191,892.75
INTEL CORP SR. GLBL 7/29/25	175000	198,017.75
IBM DUE 2/12/14	150000	164,731.50
JPMORGAN CHASE & CO. 7/15/25	175000	198,807.00
NORTHERN TRUST CORP. 10/30/24	150000	173,124.00
O'REILLY AUTOMOTIVE, INC. 9/1/22	150000	157,011.00
ORACLE CORP. SR. NOTE 7/15/23	175000	189,694.75
UNION PACIFIC CORP. 7/15/22	150000	157,360.50
U.S. BANCORP 5/24/21	105000	106,218.00
WELLS FARGO CO. 4/1/21	100000	101,056.00
BANK OF AMERICA CORP. 4/19/26	175000	198,332.75
MERCK & CO., INC 3/7/29	175000	203,589.75
OMNICOM GROUP, IN 4/15/26	175000	199,692.50
PFIZER, INC. 3/15/29	175000	204,534.75
3M CO. 9/14/28	175000	202,966.75
VERIZON COMMUNICATIONS 3/16/27	150000	176,803.50
BANK OF N.S. HALLIFAX 1/13/21	125000	125,115.00
HSBC HOLDINGS PLC 3/30/22	150000	156,765.00
SCHLUMBERGER INVT 12/1/23	175000	189,987.00
STATOIL ASA SR NOTE 3/1/24	175000	192,295.25
JOHNSON INSTITUTIONA INTER. BOND	26987.408	447,990.97
TOTAL STOCKS AND BONDS		<u>24,814,897.72</u>

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment 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. 1510-0046  
1510-0069**2020****This Form is Open to  
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2020 or fiscal plan year beginning **01/01/2020** and ending **12/31/2020**


- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
- B** This return/report is: ☒ a single-employer plan ☐ a DFE (specify) \_\_\_\_\_
- ☐ the first return/report ☐ the final return/report
- ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ☐ ☐
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
- ☐ special extension (enter description) \_\_\_\_\_

**Part II Basic Plan Information - enter all requested information**

<b>1a</b> Name of plan <b>ELLIS AND BADENHAUSEN ORTHOPAEDICS, P.S.C.</b> <b>401(K) PROFIT SHARING PLAN</b>	<b>1b</b> Three-digit plan number (PN) ▶ <b>001</b>
	<b>1c</b> Effective date of plan <b>02/01/1969</b>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <b>ELLIS AND BADENHAUSEN ORTHOPAEDICS, P.S.C.</b>  <b>13151 MAGISTERIAL DRIVE, SUITE 200</b>  <b>LOUISVILLE KY 40223-4103</b>	<b>2b</b> Employer Identification Number (EIN) <b>61-0678573</b>
	<b>2c</b> Plan Sponsor's telephone number <b>502-587-1236</b>
	<b>2d</b> Business code (see instructions) <b>621111</b>

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

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

<b>SIGN HERE</b> 	<b>8-19-2021</b>	<b>JOHN ELLIS</b>
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>		
Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)  
v. 200204

**3a** Plan administrator's name and address ☐ Same as Plan Sponsor  
**ELLIS AND BADENHAUSEN ORTHOPAEDICS,**  
**P.S.C.**  
  
**13151 MAGISTERIAL DRIVE, SUITE 200**  
**LOUISVILLE KY 40223-4103**

**3b** Administrator's EIN  
**61-0678573**

**3c** Administrator's telephone number  
**502-587-1236**

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

**a** Sponsor's name

**c** Plan Name

**4b** EIN

**4d** PN

<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	<b>133</b>
<b>6</b> 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).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year	<b>6a(1)</b>	<b>106</b>
<b>a (2)</b> Total number of active participants at the end of the plan year	<b>6a(2)</b>	<b>105</b>
<b>b</b> Retired or separated participants receiving benefits	<b>6b</b>	<b>1</b>
<b>c</b> Other retired or separated participants entitled to future benefits	<b>6c</b>	<b>34</b>
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c	<b>6d</b>	<b>140</b>
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<b>6e</b>	
<b>f</b> Total. Add lines 6d and 6e	<b>6f</b>	<b>140</b>
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>6g</b>	<b>119</b>
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
**2E 2H 2J**

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	

**a Pension Schedules**

- (1) ☐ **R** (Retirement Plan Information)  
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 \_\_\_\_\_



Ellis & Badenhausen Psc P/S Plan Agt

Account Number: 83-0008-01-0

Statement Period: 01/01/20 through 12/31/20

**5% Transactions**

Description	Number of Purchases / Sales	Commissions	Other Costs	Unit Price	Proceeds of Purchase / Sale	Cost of Purchase / Sale	Realized Gain / Loss
- Goldman Sachs Financial Square Purchases	122	.00	.00	1.000	3,128,920.78	3,128,920.78	.00
Sales	22	.00	.00	1.000	2,672,782.56	2,672,782.56	.00

\* Transactions noted by an asterisk are in themselves greater than 5% of beginning Plan Year market values.

## TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Ellis and Badenhausen Orthopaedics, P.S.C. 401k Profit Sharing Plan

01-JAN-20 to 31-DEC-20

11-JAN-21 02:50:19

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
IATTIX	1,167,127.88	91,598.317530	72	(1,469.80)	(114,470.404)	15	(1,457.20)	SERIES
IARBSX	121,822.73	10,571.316237	160	(1,221,020.67)	(106,454.359181)	64	(1,260,073.32)	SERIES
IARWFX	183,259.07	12,302.806903	382	(160,928.34)	(10,945.107907)	101	(153,393.25)	SERIES
IARCSX	90,573.92	7,085.201730	318	(61,878.56)	(5,086.085578)	50	(60,288.66)	SERIES
IARLIX	74,489.88	4,493.505996	210	(91,570.10)	(7,072.942359)	62	(106,946.66)	SERIES
IARDSX	45,329.42	3,247.226241	121	(115,202.81)	(8,641.515588)	83	(109,501.48)	SERIES
IAOOIX	156,261.59	9,013.959665	514	(5,553.46)	(345.619651)	110	(5,477.56)	SERIES
IARFSX	25,169.79	1,799.202375	161	(126,827.31)	(9,022.751267)	45	(116,146.29)	SERIES
IARENX	68,978.15	4,432.540970	623	(1,595.21)	(110.344841)	125	(1,540.09)	SERIES
IPACYX	31,527.75	1,953.060187	242	(24,481.11)	(1,557.737749)	58	(25,005.63)	SERIES
IPABYX	25,757.48	1,765.042745	115	(25,281.62)	(1,737.338807)	18	(25,175.50)	SERIES
IPACYX	2,359.52	207.298643	16	(2.56)	(0.226148)	2	(2.57)	SERIES
IAAIEX	7,615.23	454.710746	671	(188.51)	(10,864,250)	83	(183.42)	SERIES
IRERFX	49,614.79	874.261562	2025	(11,614.24)	(213,607,664)	848	(11,028.70)	SERIES
IVEMAX	18,602.94	544.842884	1646	(11,761.61)	(322,003,604)	1189	(10,617.70)	SERIES
IVFWAX	61,163.37	1,942.007403	1936	(45,697.38)	(1,426,535,983)	1741	(44,706.11)	SERIES
IVREMX	10,931.24	969.823712	490	(3,917.69)	(385,397,210)	407	(4,218.72)	SERIES
IPCRIX1	12,603.28	2,348.666396	2065	(9,705.38)	(1,861,399,452)	1138	(10,810.28)	SERIES
ITRREX	28,231.57	1,523.182040	2412	(5,375.05)	(263,036,339)	898	(6,854.60)	SERIES
IDFSTX	11,043.31	326.745176	523	(631.37)	(17,019,718)	141	(524.73)	SERIES
IDFFVX	2,083.83	90.081492	156	(59.38)	(2,517,055)	4	(54.67)	SERIES
IPRDSX	48,761.71	1,214.280837	1672	(46,252.73)	(1,255,279,198)	1794	(47,633.08)	SERIES
IVSIAX	53,419.72	1,168.018004	1972	(47,592.48)	(922,005,599)	1553	(48,804.31)	SERIES
IVMGMX	42,472.33	599.965106	240	(18,938.15)	(294,398,644)	44	(18,542.82)	SERIES
IVIMAX	56,818.52	278.198693	2618	(32,420.34)	(159,652,424)	749	(32,293.85)	SERIES
IVASVX	54,661.49	2,346.944993	616	(27,829.51)	(1,303,950,060)	558	(34,620.97)	SERIES
IDFLVX	63,607.79	1,875.598094	1443	(27,400.20)	(831,458,593)	532	(29,737.79)	SERIES
IVFIAX	155,648.54	525.400574	2220	(79,023.70)	(271,520,303)	1677	(72,398.84)	SERIES
IVIGAX	178,804.93	2,056.521905	432	(25,256.81)	(275,567,168)	79	(22,948.84)	SERIES
IVTSAX	43,716.85	563.304145	83	(23,017.66)	(313,216,570)	18	(22,667.96)	SERIES
IDFIGX	14,206.48	1,046.837056	494	(1,568.45)	(115,080,501)	41	(1,538.77)	SERIES
IDODIX	43,563.19	2,986.528323	1621	(8,542.79)	(609,696,130)	500	(8,699.34)	SERIES
IVFIDX	73,150.72	7,106.856349	2665	(54,342.63)	(5,322,123,815)	1707	(52,994.00)	SERIES
IGWGIF	310,529.84	0.000000	607	(306,173.66)	0.000000	229	(306,173.66)	SERIES

## 5% TRANSACTIONS

IATTIX	1,144,231.13	89,884.613511	21	0.00	0.000000	0	0.00	02-OCT-20
IARBSX	0.00	0.000000	0	(1,143,664.68)	(100,058,152,733)	15	(1,183,932.69)	02-OCT-20

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## TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Page 2 of 2

Ellis and Badenhausen Orthopaedics, P.S.C. 401k Profit Sharing Plan

01-JAN-20 to 31-DEC-20

11-JAN-21 02:50:19

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
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## LEGEND

## INVESTMENT OPTION:

1ATTIX American Century One Choice In Ret I  
 1ARWFX American Century One Choice 2025 I  
 1ARLIX American Century One Choice 2035 I  
 1A00IX American Century One Choice 2045 I  
 1ARENX American Century One Choice 2055 I  
 1PABYX Putnam Dynamic Asset Allocation Bal Y  
 1AAIEX American Beacon Intl Equity R5  
 1VEMAX Vanguard Emerging Mkts Stock Idx Adm  
 1VREMX Virtus Vontobel Emerging Markets Opp R6  
 1TRREX T. Rowe Price Real Estate  
 1DFFVX DFA US Targeted Value I  
 1VSIAX Vanguard Small Cap Value Index Admiral  
 1VIMAX Vanguard Mid Cap Index Fund - Admiral  
 1DFLVX DFA US Large Cap Value I  
 1VIGAX Vanguard Growth Index Adm  
 1DFIGX DFA Intermediate Govt Fixed-Income I  
 1VFIDX Vanguard Interm-Term Investment-Grade A

1ARBSX American Century One Choice 2020 I  
 1ARCSX American Century One Choice 2030 I  
 1ARDSX American Century One Choice 2040 I  
 1ARFSX American Century One Choice 2050 I  
 1PAGYX Putnam Dynamic Asset Allocation Growth Y  
 1PACYX Putnam Dynamic Asset Allocation Con Y  
 1RERFX American Funds EuroPacific Gr R5  
 1VFWAX Vanguard FTSE All-Wld ex-US Inx Admiral  
 1PCRIX1 PIMCO Commodity Real Ret Strat Instl  
 1DFSTX DFA US Small Cap  
 1PRDSX T. Rowe Price QM US Small-Cap Growth Eq  
 1VMGMX Vanguard Mid-Cap Growth Index Admiral  
 1VASVX Vanguard Selected Value Inv  
 1VFIAX Vanguard 500 Index Admiral  
 1VTSAX Vanguard Total Stock Mkt Idx Adm  
 1DODIX Dodge & Cox Income  
 1CWGIF Guaranteed Interest Fund