

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	<input type="checkbox"/>

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>ELLIS AND BADENHAUSEN ORTHOPAEDICS, P.S.C. 401(K) PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>02/01/1969</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>02/01/1969</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>02/01/1969</u>					
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) <u>ELLIS, BADENHAUSEN ORTHOPAEDICS, P.S.C.</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>13151 MAGISTERIAL DRIVE, SUITE 200</u> <u>LOUISVILLE, KY 40223-4103</u> </div> <div style="width: 45%;"> <u>13151 MAGISTERIAL DRIVE, SUITE 200</u> <u>LOUISVILLE, KY 40223-4103</u> </div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>61-0678573</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>502-587-1236</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621111</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>61-0678573</u>	2c Plan Sponsor's telephone number <u>502-587-1236</u>	2d Business code (see instructions) <u>621111</u>	
2b Employer Identification Number (EIN) <u>61-0678573</u>					
2c Plan Sponsor's telephone number <u>502-587-1236</u>					
2d Business code (see instructions) <u>621111</u>					

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.	07/27/2022	JOHN ELLIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a 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		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
5 Total number of participants at the beginning of the plan year		5 141
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6a(1) 105 6a(2) 101 6b 6c 43 6d 144 6e 6f 144 6g 142 6h 3
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 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:		
9a 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	9b 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	
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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> <u>1</u> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 _____

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></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>2021</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan ELLIS AND BADENHAUSEN ORTHOPAEDICS, P.S.C. 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 ELLIS, BADENHAUSEN ORTHOPAEDICS, P.S.C.	D Employer Identification Number (EIN) 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	4	01/01/2021	12/31/2021

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
0	171

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	
	171		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	
			3

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

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

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

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

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

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

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

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

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

(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** 69617**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** 67240**c** Additions: (1) Contributions deposited during the year **7c(1)** 4634
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)** 927
(4) Transferred from separate account..... **7c(4)** 25251
(5) Other (specify below) **7c(5)** 1▶ **LOAN REPAYMENT**(6) Total additions **7c(6)** 30813**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 98053**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 26142(2) Administration charge made by carrier..... **7e(2)** 4(3) Transferred to separate account..... **7e(3)** 2290(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 28436**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 69617

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:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
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.	10b	

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. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan ELLIS AND BADENHAUSEN ORTHOPAEDICS, P.S.C. 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 ELLIS, BADENHAUSEN ORTHOPAEDICS, P.S.C.	D Employer Identification Number (EIN) 61-0678573	

Part I	Service Provider Information (see instructions)
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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) 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	53595	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"/>	27811	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) 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"/>

(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"/>

(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"/>

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>ELLIS AND BADENHAUSEN ORTHOPAEDICS, P.S.C. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ELLIS, BADENHAUSEN ORTHOPAEDICS, P.S.C.</u>	D Employer Identification Number (EIN) <u>61-0678573</u>	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	51981	81940
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	893766	471011
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	4829528	6880886
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	12251871	15016855
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	20475	13425
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	17529374	18521704
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	67240	69617
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	35644235	41055438

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	35644235	41055438
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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
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	844409	
(B) Participants	2a(1)(B)	497852	
(C) Others (including rollovers).....	2a(1)(C)	83791	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1426052
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	19	
(B) U.S. Government securities	2b(1)(B)	2906	
(C) Corporate debt instruments	2b(1)(C)	169548	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	1176	
(F) Other	2b(1)(F)	26327	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		199976
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	288929	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	643925	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		932854
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	9332745	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	7705931	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1626814
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	2864675	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		2864675

		(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		
d Total income. Add all income amounts in column (b) and enter total.....	2d		7050371
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1500253	
(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)		1500253
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)	138915	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		138915
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1639168
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		5411203
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 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?	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?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.		X	
4n		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, 2021 AND 2020

ELLIS AND BADENHAUSEN ORTHOPAEDICS, P.S.C. 401(K) PROFIT SHARING PLAN
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INDEPENDENT AUDITOR'S REPORT

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

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

We have performed audits of the accompanying financial statements of Ellis and Badenhausen Orthopaedics, P.S.C. 401(k) Profit Sharing 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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Ellis and Badenhausen Orthopaedics, P.S.C. 401(k) Profit Sharing 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 of information related to assets held for investment of the Plan 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.

Management has obtained certifications from a qualified institution as of December 31, 2021 and 2020, and for the year ended December 31, 2021 stating that the certified investment information, as described in Note C 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-

1. 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.
2. 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 Ellis Badenhausen Orthopaedics, P.S.C. 401(k) Profit Sharing 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 Ellis and Badenhausen Orthopaedics, P.S.C. 401(k) Profit Sharing 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:

1. Exercise professional judgment and maintain professional skepticism throughout the audit.
2. 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.

3. 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 Ellis Badenhausen Orthopaedics, P.S.C. 401(k) Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
4. 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.
5. Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Ellis Badenhausen Orthopaedics, P.S.C. 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) and reportable transactions for the year ended December 31, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, 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 schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our Opinion-

1. The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA.

2. The information in the supplemental schedules 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)

Welenken CPAs

Welenken CPA's

Louisville, Kentucky
July 25, 2022

ELLIS AND BADENHAUSEN ORTHOPAEDICS, P.S.C. 401(K) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
INVESTMENTS AT FAIR VALUE	\$ 40,960,073	\$ 35,571,779
RECEIVABLES		
Notes receivable from participants	13,425	20,475
Employer contributions: Less forfeitures of 5,508 and 11,832 in 2021 and 2020, respectively	81,940	51,981
	<u>95,365</u>	<u>72,456</u>
Total assets	<u>41,055,438</u>	<u>35,644,235</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 41,055,438</u>	<u>\$ 35,644,235</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, 2021

Additions:

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 4,491,492
Interest	199,976
Dividends	932,853
Other	0
	<u>5,624,321</u>

Contributions:

Employer	844,409
Employee	581,641
	<u>1,426,050</u>

Total additions	<u>7,050,371</u>
-----------------	------------------

Deductions:

Deductions from net assets attributed to:

Benefits paid to participants	1,500,253
Administrative expenses	138,915
Total deductions	<u>1,639,168</u>

Net increase	5,411,203
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Net assets available for benefits:

Beginning of year	35,644,235
End of year	<u><u>\$ 41,055,438</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 Badenhausen 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, 2021 and 2020, forfeited nonvested accounts totaled \$5,508 and \$11,832, 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, 2021 or 2020.

**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 July 20, 2022 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, 2021 and 2020:

Investments at Fair Value
December 31, 2021

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
General Account	\$ 77,364	\$ -	\$ -	\$ 77,364
Mutual Funds	18,444,340	69,617	-	18,513,957
Common Stocks	15,016,855	-	-	15,016,855
Corporate Bonds	-	6,880,886	-	6,880,886
Government Bonds	<u>-</u>	<u>471,011</u>	<u>-</u>	<u>471,011</u>
Total investments at fair value	<u>\$ 33,538,559</u>	<u>\$ 7,421,514</u>	<u>\$ -</u>	<u>\$ 40,960,073</u>

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>

**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 01/01/21 - 12/31/21

(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	\$ 27,438	\$ 27,248
*	Empower Retirement	American Century One Choice 2025 I	1,759,518	1,886,639
*	Empower Retirement	American Century One Choice 2030 I	501,001	545,265
*	Empower Retirement	American Century One Choice 2035 I	411,435	462,320
*	Empower Retirement	American Century One Choice 2040 I	507,422	573,529
*	Empower Retirement	American Century One Choice 2045 I	1,351,873	1,555,577
*	Empower Retirement	American Century One Choice 2050 I	113,627	131,657
*	Empower Retirement	American Century One Choice 2055 I	411,696	492,230
*	Empower Retirement	American Century One Choice in Ret I	983,209	1,043,784
*	Empower Retirement	American Funds Europacific Gr R5	121,269	133,029
*	Empower Retirement	DFA Intermediate Govt Fixed-Income I	205,004	198,404
*	Empower Retirement	DFA US Large Cap Value I	252,633	312,570
*	Empower Retirement	DFA US Small Cap	11,634	16,015
*	Empower Retirement	DFA US Targeted Value I	4,379	4,424
*	Empower Retirement	Dodge & Cox Income	172,868	172,571
*	Empower Retirement	Pimco Commodity Real Ret Strat Instl	41,482	43,713
*	Empower Retirement	Putnam Dynamic Asset Allocation Bal Y	144,526	159,918
*	Empower Retirement	Putnam Dynamic Asset Allocation Con Y	6,115	6,187
*	Empower Retirement	Putnam Dynamic Asset Allocation Growth Y	69,493	81,143
*	Empower Retirement	T. Rowe Price Qm US Small Cap Growth Eq	83,485	91,558
*	Empower Retirement	T. Rowe Price Real Estate	75,649	70,246
*	Empower Retirement	Vanguard 500 Index Admiral	396,157	582,871
*	Empower Retirement	Vanguard Emerging Mkts Stock Idx Adm	32,801	34,568
*	Empower Retirement	Vanguard Ftse All-Wld Ex-US Inx Admiral	136,756	153,570
*	Empower Retirement	Vanguard Growth Index Adm	835,605	1,317,135
*	Empower Retirement	Vanguard Interm-Term Investment-Grade Ad	314,340	309,590
*	Empower Retirement	Vanguard Mid Cap Index Fund Admiral	82,427	110,396
*	Empower Retirement	Vanguard Mid Cap Growth Fund Admiral	74,367	118,795
*	Empower Retirement	Vanguard Selected Value Inv	108,858	128,203
*	Empower Retirement	Vanguard Small Cap Value Index Admiral	52,576	76,690
*	Empower Retirement	Vanguard Total Stock Mkt Idx Adm	274,035	436,349
*	Empower Retirement	Virtus Vontobel Emerging Markets Opp R6	31,315	29,427
*	Empower Retirement	Guaranteed Interest Fund	65,909	69,617
*	Hilliard Lyons Trust	Carmax Inc	194,161	415,434
*	Hilliard Lyons Trust	Home Depot Inc	140,144	1,149,578
*	Hilliard Lyons Trust	O'Reilly Automotive Inc	145,741	547,328
*	Hilliard Lyons Trust	TJX Cos Inc New	97,431	358,722
*	Hilliard Lyons Trust	Bank of America Corp	177,307	294,524
*	Hilliard Lyons Trust	Berkshire Hathaway Inc Del Cl B	299,716	813,280
*	Hilliard Lyons Trust	JPMorgan Chase & Co	300,314	899,428
*	Hilliard Lyons Trust	Progressive Corp	225,331	771,928
*	Hilliard Lyons Trust	Schwab Charles Corp	319,669	764,049
*	Hilliard Lyons Trust	US Bancorp	194,557	358,468
*	Hilliard Lyons Trust	Wells Fargo & Co	153,653	250,935
*	Hilliard Lyons Trust	Johnson & Johnson	483,781	720,205
*	Hilliard Lyons Trust	Pfizer Inc	178,685	451,733
*	Hilliard Lyons Trust	Expeditors Intl Wash Inc	110,832	379,369
*	Hilliard Lyons Trust	Fastenal Co	179,237	546,112
*	Hilliard Lyons Trust	General Electric Co	493,514	430,770
*	Hilliard Lyons Trust	Union Pac Corp	170,309	429,541
*	Hilliard Lyons Trust	Te Connectivity Ltd	123,442	641,327
*	Hilliard Lyons Trust	Apple Inc	122,455	1,042,336
*	Hilliard Lyons Trust	Cisco Sys Inc	85,221	281,046
*	Hilliard Lyons Trust	Microsoft Corp	286,154	1,123,309
*	Hilliard Lyons Trust	Alphabet Inc Cap Stk Cl C	192,828	940,417
*	Hilliard Lyons Trust	Disney Walt Co	266,181	667,576
*	Hilliard Lyons Trust	Meta Platform, Inc	256,123	403,620
*	Hilliard Lyons Trust	Omnicom Group Inc	255,178	335,824
*	Hilliard Lyons Trust	Harbor Small Cap Value Fd	439,785	678,161
*	Hilliard Lyons Trust	Janus Henderson Small Cap Value Fund	624,578	734,218
*	Hilliard Lyons Trust	Artisan International Fund	1,383,026	1,459,327
*	Hilliard Lyons Trust	Oakmark International Fund	1,428,971	1,727,473
*	Hilliard Lyons Trust	Virtus Vontobel Emerging Markets Opportunities Fund	931,689	888,673
*	Hilliard Lyons Trust	Allspring Emerging Markets Equity Institutional	698,222	876,571
*	Hilliard Lyons Trust	KY Higher Ed Student Ln Taxable Sr Bd 06/01/23, 3.69%, \$150,000	158,694	155,752
*	Hilliard Lyons Trust	KY Hsg St Ppty & Bldgs Commn Rev Bds 05/01/25, 3.307%, \$150,000	150,000	159,519
*	Hilliard Lyons Trust	Louisville KY Regl Arpt Auth A Rev Ref Bd 07/01/23, 3.483%, \$150,000	150,255	155,740
*	Hilliard Lyons Trust	AT&T Inc Sr Gbl Nt 01/15/25, 3.95%, \$175,000	179,036	190,191
*	Hilliard Lyons Trust	Altria Group Inc Sr Gbl Nt 01/31/24, 4.00%, \$175,000	185,826	187,719
*	Hilliard Lyons Trust	Apple Inc Sr Gbl Nt 05/06/24, 3.45%, \$150,000	155,465	159,432
*	Hilliard Lyons Trust	Bank of Amer Corp 04/19/26, 3.50%, \$200,000	212,874	216,838
*	Hilliard Lyons Trust	Berkshire Hathaway Inc Del Sr Nt 01/31/22, 3.40%, \$175,000	183,692	177,900

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 01/01/21 - 12/31/21

(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	Catholic Health Initiatives Tax Bd 08/01/23, 4.20%, \$150,000	158,849	159,482
*	Hilliard Lyons Trust	Cummins Inc Sr Gbl Nt 10/01/23, 3.65%, \$150,000	158,991	157,540
*	Hilliard Lyons Trust	Home Depot Inc Sr Nt 02/15/24, 3.75%, \$175,000	181,966	186,938
*	Hilliard Lyons Trust	Intel Corp Sr Gbl 07/29/25, 3.70%, \$175,000	184,313	191,566
*	Hilliard Lyons Trust	International Business Machs Sr Gbl Nt 02/12/24, 3.625%, \$150,000	156,861	160,211
*	Hilliard Lyons Trust	JPMorgan Chase & Co Sr Nt 07/15/25, 3.90%, \$175,000	178,089	192,546
*	Hilliard Lyons Trust	Microsoft Corp Sr Gbl 08/08/26, 2.40%, \$100,000	106,880	105,601
*	Hilliard Lyons Trust	Northern Tr Corp Sub Nt 10/30/25, 3.95%, \$150,000	160,020	164,927
*	Hilliard Lyons Trust	O'Reilly Automotive Inc New Sr Nt 09/01/22, 3.80%, \$150,000	153,674	153,869
*	Hilliard Lyons Trust	Omnicom Group Inc Sr Gbl 04/15/26, 3.60%, \$200,000	211,563	215,944
*	Hilliard Lyons Trust	Oracle Corp Sr Nt 07/15/23, 3.625%, \$175,000	182,817	184,262
*	Hilliard Lyons Trust	Union Pac Corp Sr Nt 07/15/22, 4.163%, \$150,000	162,904	154,354
*	Hilliard Lyons Trust	Wells Fargo Co New Sr Nt 10/23/26, 3.00%, \$200,000	215,084	211,251
*	Hilliard Lyons Trust	Abbvie Inc Sr Gbl 11/21/29, 3.20%, \$200,000	215,098	214,549
*	Hilliard Lyons Trust	Blackrock Inc Sr Gbl 04/30/30, 2.40%, \$100,000	107,080	103,376
*	Hilliard Lyons Trust	Comcast Corp New Gbl Nt 02/01/30, 2.65%, \$175,000	188,351	183,425
*	Hilliard Lyons Trust	Disney Walt Co Sr Gbl Nt 01/13/31, 2.65%, \$175,000	188,679	184,204
*	Hilliard Lyons Trust	Johnson & Johnson Sr Gbl 01/15/28, 2.90%, \$200,000	215,160	215,924
*	Hilliard Lyons Trust	Kimberly Clark Corp Sr Gbl 03/26/30, 3.10%, \$200,000	218,951	217,134
*	Hilliard Lyons Trust	Merck & Co Inc Sr Gbl 03/07/29, 3.40%, \$175,000	193,043	192,263
*	Hilliard Lyons Trust	Pepsico Inc Sr Gbl 03/19/30, 2.75%, \$175,000	191,173	186,094
*	Hilliard Lyons Trust	Pfizer Inc Sr Gbl Nt 03/15/29, 3.45%, \$175,000	190,027	194,360
*	Hilliard Lyons Trust	Progressive Corp Ohio Sr Gbl Nt 01/15/27, 2.45%, \$200,000	211,828	209,425
*	Hilliard Lyons Trust	Schwab Charles Corp Sr Gbl 01/25/28, 3.20%, \$250,000	273,024	272,209
*	Hilliard Lyons Trust	3M Co Fr 09/14/28, 3.625%, \$225,000	247,596	251,956
*	Hilliard Lyons Trust	United Parcel Svcs Inc Sr Nt 11/15/27, 3.05%, \$250,000	271,381	267,874
*	Hilliard Lyons Trust	US Bancorp Mtns Bk Ent Fr 07/30/29, 3.00%, \$200,000	213,580	213,741
*	Hilliard Lyons Trust	Verizon Communications Inc Sr Gbl Nt 03/16/27, 4.125%, \$250,000	261,846	280,890
*	Hilliard Lyons Trust	Hsbc Hldgs PLC Sr Nt 03/30/22, 4.00%, \$150,000	160,201	152,853
*	Hilliard Lyons Trust	Schlumberger Invt Sa Sr Nt 12/01/23, 3.65%, \$175,000	187,048	183,316
*	Hilliard Lyons Trust	Statoil Asa Sr Nt 03/01/24, 3.70%, \$175,000	182,360	186,720
*	Hilliard Lyons Trust	Johnson Institutional Intermediate Bond Fund	800,000	774,295
*	Hilliard Lyons Trust	Goldman Sachs Financial Square Treasury Solutions Fund	77,362	77,364
			\$ 28,800,775	\$ 40,960,073

* Represents a party-in-interest

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)	(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	\$ 3,530,937	N/A	N/A	N/A	\$ 3,530,937	\$ 3,530,937	-
*	Goldman Sachs Financial Square	N/A	\$ 4,062,711	N/A	N/A	\$ 4,062,711	\$ 4,062,711	-

* Hilliard Lyons Trust

Form 5500Department 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. 1210 - 0110
1210 - 0089**2021****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2021 or fiscal plan year beginning **01/01/2021** and ending **12/31/2021**

- 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.)
- ☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
- ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ☐
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
- ☐ special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II Basic Plan Information - enter all requested information

1a Name of plan ELLIS AND BADENHAUSEN ORTHOPAEDICS, P.S.C. 401(K) PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 02/01/1969
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) ELLIS, BADENHAUSEN ORTHOPAEDICS, P.S.C. 13151 MAGISTERIAL DRIVE, SUITE 200 LOUISVILLE KY 40223-4103	2b Employer Identification Number (EIN) 61-0678573 2c Plan Sponsor's telephone number 502-587-1236 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 <input checked="" type="checkbox"/> <i>John Ellis</i>	7-27-22	JOHN ELLIS
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		
Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

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

5 Total number of participants at the beginning of the plan year	5	141
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)	105
a (2) Total number of active participants at the end of the plan year	6a(2)	101
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	43
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	144
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	144
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	142
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	3
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 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:

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 _____

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

GA

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

01-JAN-21 to 31-DEC-21

18-JAN-22 08:48:48

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
IATTIX	106,773.19	7,736.512629	144	(320,782.14)	(22,696.621919)	56	(289,235.25)	SERIES
IARWFX	208,280.05	13,465.974409	301	(157,720.09)	(10,231.212146)	85	(144,476.24)	SERIES
IARCSX	80,253.93	5,788.070783	324	(37,801.03)	(2,716.709795)	50	(33,468.09)	SERIES
IARLIX	48,916.01	2,781.266684	179	(520,118.11)	(30,308.802955)	58	(461,559.58)	SERIES
IARDSX	61,134.90	4,122.723077	126	(2,700.49)	(179.848056)	36	(2,303.07)	SERIES
IAOOIX	198,315.93	10,397.129705	539	(45,589.31)	(2,354.188941)	107	(37,768.66)	SERIES
IARFSX	22,450.21	1,410.657325	119	(613.28)	(38.302185)	44	(511.27)	SERIES
IARENX	81,185.17	4,532.542557	581	(2,178.98)	(122.102723)	108	(1,751.61)	SERIES
IPAGYX	22,014.98	1,110.220422	164	(32,375.32)	(1,456.568141)	63	(23,938.95)	SERIES
IPABYX	25,327.73	1,490.104208	116	(733.38)	(41.786708)	16	(626.82)	SERIES
IPACYX	3,778.99	324.043338	30	(21.52)	(1.820391)	8	(20.93)	SERIES
IAAIEX	11,717.23	613.633666	2715	(1,358.69)	(66.849193)	770	(1,180.47)	SERIES
IRERFX	67,713.49	980.810056	3339	(19,856.07)	(285.514094)	1447	(18,417.17)	SERIES
IVEMAX	17,767.47	414.939442	2666	(2,856.66)	(64.899237)	988	(2,349.04)	SERIES
IVFWAX	59,269.50	1,551.701625	2441	(33,804.41)	(882.868067)	1880	(29,034.75)	SERIES
IVREMX	6,972.90	661.330557	180	(153.88)	(11.551494)	28	(125.69)	SERIES
IPCRIX1	16,446.60	2,665.411390	2101	(3,118.67)	(489.543637)	1791	(2,854.34)	SERIES
ITRREX	22,299.26	1,140.006440	2278	(10,502.64)	(526.797253)	1915	(11,585.45)	SERIES
IDFSTX	3,582.55	80.964880	510	(7,816.23)	(170.003700)	523	(6,117.60)	SERIES
IDFFVX	5,021.13	168.734164	725	(3,284.42)	(109.799559)	377	(2,670.89)	SERIES
IPRDSX	39,084.75	808.845877	2281	(18,024.34)	(351.145594)	1708	(14,667.35)	SERIES
IVSIAX	18,398.03	252.869947	2124	(24,676.59)	(338.198662)	1854	(17,683.81)	SERIES
IVMGMX	20,244.35	196.077073	1288	(20,197.02)	(192.945163)	419	(15,042.30)	SERIES
IVIMAX	40,583.03	138.192729	2618	(27,914.83)	(95.477995)	1710	(20,853.38)	SERIES
IVASVX	49,840.38	1,625.841669	2488	(11,964.95)	(390.566140)	1071	(11,903.98)	SERIES
IDFLVX	49,468.54	1,107.987038	2951	(4,346.28)	(102.177180)	1059	(3,444.51)	SERIES
IVFIAX	96,104.76	243.453346	2750	(59,859.90)	(146.652556)	2160	(43,725.99)	SERIES
IVIGAX	467,300.76	3,519.324110	1390	(22,502.26)	(147.379086)	272	(13,292.89)	SERIES
IVTSAX	44,077.34	431.066085	112	(26,988.52)	(243.658351)	22	(23,342.79)	SERIES
IDFIGX	35,001.49	2,666.905348	366	(32,256.81)	(2,480.652963)	212	(32,985.54)	SERIES
IDODIX	77,112.24	5,357.717085	3464	(35,173.16)	(2,449.708948)	1163	(35,666.92)	SERIES
IVFIDX	51,555.54	5,108.447603	2976	(28,299.29)	(2,786.741879)	1280	(28,214.12)	SERIES
IGWGIF	29,885.31	0.000000	363	(28,435.29)	0.000000	161	(28,435.29)	SERIES

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TRANSACTIONS FOR REVIEW (5% REPORTABLE)

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Ellis and Badenhausen Orthopaedics, P.S.C. 401k Profit Sharing Plan**01-JAN-21 to 31-DEC-21****18-JAN-22 08:48:48**

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
1ARCSX	American Century One Choice 2030 I	1ARLIX	American Century One Choice 2035 I
1ARDSX	American Century One Choice 2040 I	1AOOIX	American Century One Choice 2045 I
1ARFSX	American Century One Choice 2050 I	1ARENX	American Century One Choice 2055 I
1PAGYX	Putnam Dynamic Asset Allocation Growth Y	1PABYX	Putnam Dynamic Asset Allocation Bal Y
1PACYX	Putnam Dynamic Asset Allocation Con Y	1AAIEX	American Beacon Intl Equity R5
1RERFX	American Funds EuroPacific Gr R5	1VEMAX	Vanguard Emerging Mkts Stock Idx Adm
1VFWAX	Vanguard FTSE All-Wld ex-US Inx Admiral	1VREMX	Virtus Vontobel Emerging Markets Opp R6
1PCRIX1	PIMCO Commodity Real Ret Strat Instl	1TRREX	T. Rowe Price Real Estate
1DFSTX	DFA US Small Cap	1DFFVX	DFA US Targeted Value I
1PRDSX	T. Rowe Price QM US Small-Cap Growth Eq	1VSIAX	Vanguard Small Cap Value Index Admiral
1VMGMX	Vanguard Mid-Cap Growth Index Admiral	1VIMAX	Vanguard Mid Cap Index Fund - Admiral
1VASVX	Vanguard Selected Value Inv	1DFLVX	DFA US Large Cap Value I
1VFIAX	Vanguard 500 Index Admiral	1VIGAX	Vanguard Growth Index Adm
1VTSAX	Vanguard Total Stock Mkt Idx Adm	1DFIGX	DFA Intermediate Govt Fixed-Income I
1DODIX	Dodge & Cox Income	1VFIDX	Vanguard Interm-Term Investment-Grade Ad
1GWGIF	Guaranteed Interest Fund		

Ellis & Badenhausen Psc P/S Plan Agt
Account Number: 93-0006-01-0
Statement Period: 01/01/21 through 12/31/21
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	134	.00	.00	1.000	3,530,937.42	3,530,937.42	.00
Sales	38	.00	.00	1.000	4,062,711.02	4,062,711.02	.00

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

