

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 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:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF MCBRIDE ORTHOPEDIC HOSPITAL</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>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1972</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>73-0714291</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>405-232-0341</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>621111</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1972</u>		2b Employer Identification Number (EIN) <u>73-0714291</u>		2c Plan Sponsor's telephone number <u>405-232-0341</u>		2d Business code (see instructions) <u>621111</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>										
1c Effective date of plan <u>01/01/1972</u>											
2b Employer Identification Number (EIN) <u>73-0714291</u>											
2c Plan Sponsor's telephone number <u>405-232-0341</u>											
2d Business code (see instructions) <u>621111</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>MCBRIDE CLINIC, INC.</u> <u>9600 BROADWAY EXT</u> <u>OKLAHOMA CITY, OK 73114-7408</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	GREG GISLER
	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		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	835
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)	835
a(2) Total number of active participants at the end of the plan year		6a(2)	838
b Retired or separated participants receiving benefits.....		6b	4
c Other retired or separated participants entitled to future benefits		6c	193
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1035
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	1
f Total. Add lines 6d and 6e		6f	1036
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	812
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	30
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 2F 2G 2J 2K 2R			
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) ☐ 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 _____

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 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF MCBRIDE ORTHOPEDIC HOSPITAL	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 MCBRIDE CLINIC, INC.	D Employer Identification Number (EIN) 73-0714291	

Part I	Service Provider Information (see instructions)
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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
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

82 DEVON SHIRE STREET H11D
BOSTON, MA 02109-3614

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65 71	RECORDKEEPER	33108	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SOMERSET CPAS, P.C.

3925 RIVER CROSSING PARKWAY STE 300
INDIANAPOLIS, IN 46240

20-1717681

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT	8700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CROWE & DUNLEVY

324 N ROBINSON AVE
OKLAHOMA CITY, OK 73102

73-1055796

(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?
29	ATTORNEY	5384	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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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 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF MCBRIDE ORTHOPEDIC HOSPITAL	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 MCBRIDE CLINIC, INC.	D Employer Identification Number (EIN) 73-0714291	

Part I	Asset and Liability Statement
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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)	50034	
(2) Participant contributions.....	1b(2)	81660	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	485245	286448
(2) U.S. Government securities	1c(2)	138668	138787
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1023510	1726866
(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)	2056854	1870592
(9) Value of interest in common/collective trusts.....	1c(9)	6873735	6301029
(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)	85448692	94419250
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		1003

		(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	96158398 104743975
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	96158398 104743975

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	2267112
	(B) Participants	2a(1)(B)	3425645
	(C) Others (including rollovers).....	2a(1)(C)	729023
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	6421780
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	116
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	97661
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	97777
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	5103
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	4726908
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	4732011
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1593969
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1553046
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	40923
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	-361588
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-361588

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		74040
(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)		7706639
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		18711582
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	10035950	
(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)		10035950
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		42896
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	14084	
(2) Contract administrator fees.....	2i(2)	33075	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		47159
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10126005
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		8585577
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: **SOMERSET CPAS, P.C.**

(2) EIN: **20-1717681**

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n		X	
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ 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 _____.			



Independent Auditor's Report

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

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

We have performed an audit of the financial statements of the 401(K) Profit Sharing Plan for Employees of McBride Orthopedic Hospital (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C), which 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 then 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 audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan by a qualified institution, provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of December 31, 2021 and 2020, and for the year then ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Management is responsible for maintaining a current Plan instrument, including all Plan amendments. Management is also responsible for 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 of the Financial Statements* 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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 GAAP.

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

Other Matter - Supplemental Schedule Required by ERISA

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

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

In our opinion:

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

Somerset CPAs, PC

Indianapolis, Indiana

July 28, 2022

**401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF
MCBRIDE ORTHOPEDIC HOSPITAL**
Plan Number 002 – EIN 73-0714291 Form 5500, Schedule H, Line 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
December 31, 2021

(a)	(b) Identity of Items Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
*	Fidelity Registered Investment Companies		
	Participant-Directed Funds		
	Money Market Funds		
*	Fidelity Cash Government Retirement Treasury Fund	1,416,128.48 Shares	\$ 1,416,128
	Mutual Funds		
*	Fidelity Small Cap Index Fund	102,797.87 Shares	2,833,109
*	Fidelity International Index Fund	5,594.29 Shares	275,743
*	Fidelity 500 Index	33,476.65 Shares	5,534,360
*	Fidelity Extended Market Index Investor	19,240.44 Shares	232,617
*	Fidelity Mid Cap Index Fund	19,395.86 Shares	620,474
	Total Participant-Directed Funds		9,496,303
	Self-Directed Funds		
*	Common Stocks		1,726,866
*	Mutual Funds		129,275
*	Cash		157,173
*	External Fund		138,787
*	Rights/Warrants		1,003
*	Other Liabilities		(10)
	Total Self-Directed Funds		2,153,104

**401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF
MCBRIDE ORTHOPEDIC HOSPITAL**
Plan Number 002 – EIN 73-0714291 Form 5500, Schedule H, Line 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
December 31, 2021

(a)	(b) Identity of Items Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
Other Registered Investment Companies			
	Participant-Directed Funds		
	Hartford International Opportunities Fund R6	38,240.47 Shares	\$ 770,545
	T. Rowe Price Dividend Growth I	9,316.19 Shares	689,864
	Columbia Dividend Income I3	60,866.17 Shares	1,961,108
	JP Morgan Core Bond R6	100,542.03 Shares	1,189,412
	Janis Enterprise Fund N	3,521.64 Shares	561,878
	MFS Growth R6	12,963.85 Shares	2,535,729
	AS Special Small Cap Value fund class R6	7,808.58 Shares	341,547
	American Funds Balanced R6	24,014.66 Shares	804,011
	American Funds Target Date 2010	59,198.63 Shares	732,287
	American Funds Target Date 2020	510,697.52 Shares	7,313,189
	American Funds Target Date 2030	812,914.76 Shares	14,526,787
	American Funds Target Date 2040	323,196.02 Shares	6,696,622
	American Funds Target Date 2050	229,886.40 Shares	4,848,304
	American Funds Target Date 2015	152,394.18 Shares	1,996,364
	American Funds Target Date 2025	967,355.55 Shares	15,642,138
	American Funds Target Date 2035	723,871.46 Shares	14,202,358
	American Funds Target Date 2045	264,139.71 Shares	5,636,741
	American Funds Target Date 2055	97,166.03 Shares	2,583,645
	American Funds Target Date 2060	26,526.28 Shares	474,290
	Total Participant-Directed Funds		83,506,819
*	Fidelity Common / Collective Trust		
	Fidelity Advisor Stable Value Fund	6,301,029.24 Shares	6,301,029
*	Participant Loans	Interest rates of 3.25% - 5.50%	1,870,592
			\$ 104,743,975

* Represents party-in-interest with respect to the Plan.

SCHEDULE C SUPPLEMENTAL REPORT

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

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

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

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

SERVICE PROVIDER NAME <i>Part I, Line 2(a)</i>	EIN/ADDRESS *1 <i>Part I, Line 2(a)</i>	SERVICE CODE <i>Part I, Line 2(b)</i>	RELATIONSHIP TO ER, EE, ORG OR PERSON OF INTEREST <i>Part I, Line 2(c)</i>	DIRECT COMP PAID BY PLAN <i>Part I, Line 2(d)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	04-2647786	37 64 65 71	RECORDKEEPER	\$33,108
SOMERSET	20-1717681	10	ACCOUNTANT/AUDITOR	\$8,700
CROWE&DUNLEVY	73-1055796	29	ATTORNEY/LEGAL	\$5,384

Plan: 10903

401(k) Profit Sharing Plan for Employees of McBride Orthopedic Hospital

Run Date: 04/12/2022

SCHEDULE C SUPPLEMENTAL REPORT

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

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	MORGAN STANLEY GROWTH PORTFOLIO A	522 FIFTH AVENUE 4TH FLOOR NEW YORK NY US 10036	0.40%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0458	FID GOVT MMKT - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	SPAXX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	FUND MANAGEMENT	0.25%
2328	FID 500 INDEX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FXAIX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	FUND MANAGEMENT	0.01%
2344	FID EMRG MKTS IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FPADX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	FUND MANAGEMENT	0.07%
2352	FID MID CAP IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSMDX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	FUND MANAGEMENT	0.02%
2358	FID SM CAP IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSSNX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	FUND MANAGEMENT	0.02%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
2363	FID INTL INDEX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSPSX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	FUND MANAGEMENT	0.03%
4000	FA STABLE VALUE III		FIDELITY MANAGEMENT TRUST COMPANY	FUND MANAGEMENT	0.35%
OIDH	HTFD INTL OPPS R6 - HARTFORD FUNDS MANAGEMENT COMPANY, LLC	IHOVX	HARTFORD MUTUAL FUNDS	FUND MANAGEMENT	0.66%
OIPN	TRP DIV GROWTH I - T. ROWE PRICE ASSOCIATES, INC.	PDGIX	T. ROWE PRICE	FUND MANAGEMENT	0.49%
OK0S	AF TRGT DATE 2010 R6 - CAPITAL RESEARCH AND MANAGEMENT COMPANY	RFTTX	AMERICAN FUNDS	SEE NOTE *2	0.30%*4

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
OK0T	AF TRGT DATE 2020 R6 - CAPITAL RESEARCH AND MANAGEMENT COMPANY	RRCTX	AMERICAN FUNDS	SEE NOTE *2	0.31%*4
OK0U	AF TRGT DATE 2030 R6 - CAPITAL RESEARCH AND MANAGEMENT COMPANY	RFETX	AMERICAN FUNDS	SEE NOTE *2	0.35%*4
OK0V	AF TRGT DATE 2040 R6 - CAPITAL RESEARCH AND MANAGEMENT COMPANY	RFGTX	AMERICAN FUNDS	SEE NOTE *2	0.38%*4
OK0W	AF TRGT DATE 2050 R6 - CAPITAL RESEARCH AND MANAGEMENT COMPANY	RFITX	AMERICAN FUNDS	SEE NOTE *2	0.39%*4
OK41	AF TRGT DATE 2015 R6 - CAPITAL RESEARCH AND MANAGEMENT COMPANY	RFJTX	AMERICAN FUNDS	SEE NOTE *2	0.30%*4

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
OK42	AF TRGT DATE 2025 R6 - CAPITAL RESEARCH AND MANAGEMENT COMPANY	RFDTX	AMERICAN FUNDS	SEE NOTE *2	0.33%*4
OK43	AF TRGT DATE 2035 R6 - CAPITAL RESEARCH AND MANAGEMENT COMPANY	RFFTX	AMERICAN FUNDS	SEE NOTE *2	0.37%*4
OK44	AF TRGT DATE 2045 R6 - CAPITAL RESEARCH AND MANAGEMENT COMPANY	RFHTX	AMERICAN FUNDS	SEE NOTE *2	0.39%*4
OK45	AF TRGT DATE 2055 R6 - CAPITAL RESEARCH AND MANAGEMENT COMPANY	RFKTX	AMERICAN FUNDS	SEE NOTE *2	0.39%*4
OKR2	COL DIVIDEND INC I3 - COLUMBIA MGMT INVESTMENT ADVISERS, LLC	CDDYX	COLUMBIA THREADNEEDLE	FUND MANAGEMENT	0.53%

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
OSYP	JPM CORE BOND R6 - J.P. MORGAN INVESTMENT MANAGEMENT, INC.	JCBUX	JPMORGAN	FUND MANAGEMENT	0.28%
OU1M	J H ENTERPRISE N - JANUS CAPITAL MANAGEMENT LLC	JDMNX	JANUS HENDERSON	FUND MANAGEMENT	0.64%
OU8C	MFS GROWTH R6 - MASSACHUSETTS FINANCIAL SERVICES COMPANY	MFEKX	MFS	FUND MANAGEMENT	0.51%
OUBT	AF BALANCED R6 - CAPITAL RESEARCH AND MANAGEMENT COMPANY	RLBGX	AMERICAN FUNDS	FUND MANAGEMENT	0.22%
OV6C	AF TRGT DATE 2060 R6 - CAPITAL RESEARCH AND MANAGEMENT COMPANY	RFUTX	AMERICAN FUNDS	SEE NOTE *2	0.40%*4

Plan: 10903

401(k) Profit Sharing Plan for Employees of McBride Orthopedic Hospital

Run Date: 04/12/2022

SCHEDULE C SUPPLEMENTAL REPORT

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

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
OVP0	AS SPL SM CAP VAL R6 - ALLSPRING FUNDS MANAGEMENT LLC	ESPRX	ALLSPRING GLOBAL INVESTMENTS	FUND MANAGEMENT	0.79%

SCHEDULE C SUPPLEMENTAL REPORT

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

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

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

*4 Net Expense Ratio is displayed.

*5 Gross Expense Ratio is displayed.

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

Additional Information:

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

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

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

SCHEDULE C SUPPLEMENTAL REPORT

- If contributions are received by Fidelity in good order before the close of trading, Fidelity executes transactions in the investment options as of that day's closing price (the "transaction date" or "T"). Settlement of trades for most investment options occurs on the following business day ("T+1") or, in the case of certain securities including company stock, on T+2 (prior to September 5, 2017 the settlement period for certain securities including company stock was T+3).
- Exchange requests received by Fidelity in good order before the close of trading are processed in that day's nightly cycle. If investment options have identical settlement rules, exchanges between them generate no overnight balances, as money is received from one investment option and conveyed to another investment option on the same business day. If investment options have different settlement rules, balances attributable to exchanges may remain in the omnibus account for a few days if FMTC serves as trustee of the plan.
- Disbursement requests received in good order before the close of trading are processed in that day's nightly cycle, and reflected as debits from participant accounts as of that date ("T"). Proceeds attributable to disbursements are received from investment options or from the unaffiliated Plan trustee based on the settlement period for the investment options. Disbursements are made to participants on T+2 either through electronic funds transfers or by mailing a check. Disbursement proceeds distributed by check remain in the omnibus account until the check is presented for payment.

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

**FINANCIAL STATEMENTS
December 31, 2021**

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

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Independent Auditor's Report

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

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

We have performed an audit of the financial statements of the 401(K) Profit Sharing Plan for Employees of McBride Orthopedic Hospital (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C), which 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 then 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 audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan by a qualified institution, provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of December 31, 2021 and 2020, and for the year then ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Management is responsible for maintaining a current Plan instrument, including all Plan amendments. Management is also responsible for 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 of the Financial Statements* 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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 GAAP.

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

Other Matter - Supplemental Schedule Required by ERISA

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

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

In our opinion:

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

Somerset CPAs, PC

Indianapolis, Indiana

July 28, 2022

**401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF
MCBRIDE ORTHOPEDIC HOSPITAL
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2021 and 2020**

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments, at Fair Value		
Participant-directed funds	\$ 94,419,250	\$ 85,448,692
Self-directed funds	2,153,104	1,647,423
Investments, at Contract Value		
Common / collective trust	<u>6,301,029</u>	<u>6,873,735</u>
Total Investments	<u>102,873,383</u>	<u>93,969,850</u>
Receivables		
Employer contributions	-	50,034
Participants' contributions	-	81,660
Notes receivable - participants	<u>1,870,592</u>	<u>2,056,854</u>
Total Receivables	<u>1,870,592</u>	<u>2,188,548</u>
Net Assets Available for Benefits	<u><u>\$ 104,743,975</u></u>	<u><u>\$ 96,158,398</u></u>

See accompanying notes.

**401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF
MCBRIDE ORTHOPEDIC HOSPITAL
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2021**

Additions to Net Assets Attributed to:

Contributions:

Employer	\$ 2,267,112
Participants	3,425,645
Rollovers	729,023

Total Contributions	6,421,780
---------------------	-----------

Net appreciation in fair value of investments, including
realized gains and losses on sale of investments

7,397,156

Investment income, including interest from participant loans

4,895,022

Total Investment Income

12,292,178

Total Additions

18,713,958

Deductions from Net Assets Attributed to:

Benefits paid to participants

10,081,222

Administrative expenses

47,159

Total Deductions

10,128,381

Net Increase

8,585,577

Net Assets Available for Benefits, Beginning of Year

96,158,398

Net Assets Available for Benefits, End of Year

\$ 104,743,975

See accompanying notes.

**401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF
MCBRIDE ORTHOPEDIC HOSPITAL
NOTES TO FINANCIAL STATEMENTS
December 31, 2021**

NOTE 1 - DESCRIPTION OF PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a brief description of the 401(k) Profit Sharing Plan For Employees of McBride Orthopedic Hospital (the Plan). Participants should refer to the Plan document or Summary Plan Description for a more complete description of the Plan's provisions.

Participating Companies

The following Companies, which are related parties, are participating employers in the Plan:

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

Plan Amendments

Effective November 25, 2021, the Plan was amended to allow for in-plan Roth rollover contributions. The amendment also changed the ability of a participant to make after-tax employee contributions.

General

The Plan is a defined contribution plan covering all employees who have three months of employment with McBride Clinic, Inc. (the Companies), and are age 21 or older. An employee is eligible to enter the Plan on the first day of each month, immediately following completion of the eligibility requirements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The policy of the Companies is to absorb certain costs associated with administration of the Plan.

Contributions

Eligible employees may contribute up to 100% of their pretax or after-tax compensation for the Plan year. Participants may also contribute rollover amounts from other qualified plans. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Such contributions are subject to limitations imposed by the Internal Revenue Code. Such contributions are excluded from the participant's taxable income for federal income tax purposes until received as a withdrawal from the Plan. Total participant contributions in any calendar year are limited to the applicable limit under the Internal Revenue Code Section 402(g). The Plan also provides that certain limitations may be imposed on participants' contributions in order to comply with statutory requirements.

Each Plan year, the Companies designate, at its discretion, the percentage of each employee's elective contribution (the matching percentage) which the Companies will contribute to the Plan. To be eligible for the employer discretionary contribution, an employee must perform 1,000 hours of service within 12 months of employment for the Companies and be age 21 or older. For the Plan year ended December 31, 2021, the matching percentage was 100% of each employee's elective contribution, up to 7% of eligible compensation. Participants are not required to be employed on the last day of the Plan year to receive matching contributions.

**401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF
MCBRIDE ORTHOPEDIC HOSPITAL
NOTES TO FINANCIAL STATEMENTS
December 31, 2021**

NOTE 1 - DESCRIPTION OF PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Contributions (Continued)

In addition, the Companies may make a discretionary contribution allocated in the same ratio as each participant's compensation bears to the total compensation of all participants for that Plan year. A participant is required to be employed on the last day of the Plan year to receive discretionary contributions. For the Plan year ended December 31, 2021, the Companies did not make a discretionary contribution.

Participants Accounts

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

Vesting

Participants are immediately vested in their voluntary contributions, qualified matching contributions, qualified non-elective contributions and actual earnings thereon. Vesting of employer's matching contributions and discretionary contributions plus earnings thereon is based on years of continuous service. The vesting schedule is as follows:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 1 year	0%
At least 1 year, but less than 2	0%
At least 2 years, but less than 3	20%
At least 3 years, but less than 4	40%
At least 4 years, but less than 5	60%
5 years or more	100%

Participant Directed Investments

Upon enrollment in the Plan, a participant may direct contributions to a selection of mutual funds or elect to invest under a self-directed brokerage arrangement with the trustee of the Plan's investments. Participants may change the allocation of their account in the different funds and other investments at any time.

**401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF
MCBRIDE ORTHOPEDIC HOSPITAL
NOTES TO FINANCIAL STATEMENTS
December 31, 2021**

NOTE 1 - DESCRIPTION OF PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Participant Loans

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

Benefit Payments

Upon retirement, death, disability or termination of service, the participant's vested benefit will be paid to the participant in any manner permitted by the Plan and agreed upon by the participant and the Plan administrator. In addition, the Plan allows in-service distributions for hardship reasons and in-service distributions if the participant is 59 1/2 or older and if the participant meets service and participation requirements as defined in the Plan. Benefits are recorded when paid.

Plan Termination

Although they have not expressed any intent to do so, the Companies have 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.

Recently Issued Accounting Pronouncements

Recent accounting pronouncements issued by the Financial Accounting Standards Board ("FASB") (including technical corrections to the FASB's Accounting Standards Codification), and the American Institute of Certified Public Accountants did not, or are not, expected to have a material effect on the Plan's net assets available for benefits or changes in net assets available for benefits

Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Administrative Expenses

Administrative expenses recorded in the Plan represent professional fees as well as other recordkeeping fees paid directly from the Plan, which amounted to \$47,159 at December 31, 2021. Certain other administrative expenses are paid directly by the Plan sponsor.

**401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF
MCBRIDE ORTHOPEDIC HOSPITAL
NOTES TO FINANCIAL STATEMENTS
December 31, 2021**

NOTE 1 - DESCRIPTION OF PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Forfeitures

Forfeitures shall be used as elected by the employer to either (a) reduce future employer contributions, (b) reduce current period contributions by the employer or (c) offset Plan expenses. During 2021, approximately \$14,000 of forfeited nonvested accounts were used to pay administrative expenses. During 2021, approximately \$99,000 of forfeited nonvested accounts were used to reduce contributions by the employer. At December 31, 2021 and 2020, forfeited nonvested accounts amounted to approximately \$23,000 and \$41,000, respectively.

Basis of Accounting

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

Agreements

Fidelity Management Trust Company (the Trustee), under terms of an investment contract, serves as trustee and holds all the Plan's investment assets and executes transactions therein.

Investment Valuation and Income Recognition

Purchases and sales of investments are recorded on a trade-date basis. Dividends are recorded on the securities ex-dividend date. Interest income is recorded on the accrual basis. The Plan's investments are stated at fair value.

Fair Value Measurements

ASC 820, *Fair Value Measurements and Disclosures*, defines fair value, establishes a framework for measuring fair value and enhances disclosures about fair value measurements. Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (or exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. Valuation techniques used to measure fair value must maximize the use of observable inputs and minimize the use of unobservable inputs. Observable inputs are inputs that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Plan. Unobservable inputs are inputs that reflect the Plan's assumptions about the inputs that market participants would use in pricing the asset or liability and are developed based on the best information available in the circumstances.

**401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF
MCBRIDE ORTHOPEDIC HOSPITAL
NOTES TO FINANCIAL STATEMENTS
December 31, 2021**

NOTE 1 - DESCRIPTION OF PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value Measurements (Continued)

The fair value hierarchy input levels are as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

NOTE 2 - TAX STATUS

The Plan has adopted a non-standardized volume submitter plan and received a determination letter from the Internal Revenue Service dated March 31, 2014, stating that the volume submitter plan, as then designed, was acceptable under Section 401 of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter, however, the Plan administrator believes the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Authoritative accounting standards require the Plan to examine its tax positions for uncertain positions. Management is not aware of any tax positions that are more likely than not to change in the next 12 months or that would not sustain an examination by applicable taxing authorities.

The Plan's policy is to recognize penalties and interest as incurred in its statement of changes in net assets available for benefits, which totaled \$0 for the year ended December 31, 2021.

**401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF
MCBRIDE ORTHOPEDIC HOSPITAL
NOTES TO FINANCIAL STATEMENTS
December 31, 2021**

NOTE 3 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

Plan investments are held in a selection of mutual funds and personal choice investments by the Trustee. The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the Trustee:

	2021	2020
Investments, at fair value	\$ 102,873,383	\$ 93,969,850
Notes receivable - participants	1,870,592	2,056,854
Investment income	12,192,140	
Loan interest income	100,038	

NOTE 4 - RELATED PARTY TRANSACTIONS AND PARTIES-IN-INTEREST

Certain Plan investments are shares of mutual funds managed by the Trustee. Fidelity Management Trust Company is the trustee as defined by the Plan and, therefore, the related transactions qualify as party-in-interest. The Trustee provides to the Plan certain accounting and administrative services for which no fees are charged.

NOTE 5 - FAIR VALUE MEASUREMENTS

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021.

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

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

Registered investment companies: Valued at the net asset value ("NAV") of shares held by the Plan at year-end.

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

Common / collective trusts: Valued at fair value, using the practical expedient as provided by the FASB Accounting Standards Codification (ASC) 820. The Plan's investments in common and collective trusts calculate NAV per unit. Investments in common and collective trusts are market to market and priced daily.

**401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF
MCBRIDE ORTHOPEDIC HOSPITAL
NOTES TO FINANCIAL STATEMENTS
December 31, 2021**

NOTE 5 - FAIR VALUE MEASUREMENTS (CONTINUED)

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

There have been no changes in valuation methodologies at December 31, 2021, compared to December 31, 2020. The Company's policy is to recognize transfers between levels at the end of each reporting period, if applicable. There were no transfers between Level 1, 2 or 3 assets or liabilities during the year ended December 31, 2021.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

Assets at Fair Value as of December 31, 2021

	Level 1	Total
Registered investment companies	\$ 94,419,249	\$ 94,419,249
Self-directed funds	2,153,105	2,153,105
	<u>\$ 96,572,354</u>	<u>96,572,354</u>
Investments measured at net asset value: Common / collective trust *		<u>6,301,029</u>
Total assets at fair value		<u>\$ 102,873,383</u>

Assets at Fair Value as of December 31, 2020

	Level 1	Total
Registered investment companies	\$ 85,448,692	\$ 85,448,692
Self-directed funds	1,647,423	1,647,423
	<u>\$ 87,096,115</u>	<u>87,096,115</u>
Investments measured at net asset value: Common / collective trust *		<u>6,873,735</u>
Total assets at fair value		<u>\$ 93,969,850</u>

* The use of net asset value as fair value is deemed appropriate as the common/collective trust funds do not have finite lives, unfunded commitments relating to these type of investments, or significant restrictions on redemptions. Net asset value of the funds are calculated daily.

**401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF
MCBRIDE ORTHOPEDIC HOSPITAL
NOTES TO FINANCIAL STATEMENTS
December 31, 2021**

NOTE 6 - 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 the amounts reported in the statements of net assets available for benefits.

NOTE 7 - SUBSEQUENT EVENTS

Effective June 6, 2022, the Plan was amended to allow for matching employer contributions after 3 months of service.

The Plan has evaluated subsequent events through July 28, 2022, the date on which the financial statements were available to be issued.

**401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF
MCBRIDE ORTHOPEDIC HOSPITAL**
Plan Number 002 – EIN 73-0714291 Form 5500, Schedule H, Line 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
December 31, 2021

(a)	(b) Identity of Items Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
*	Fidelity Registered Investment Companies		
	Participant-Directed Funds		
	Money Market Funds		
*	Fidelity Cash Government Retirement Treasury Fund	1,416,128.48 Shares	\$ 1,416,128
	Mutual Funds		
*	Fidelity Small Cap Index Fund	102,797.87 Shares	2,833,109
*	Fidelity International Index Fund	5,594.29 Shares	275,743
*	Fidelity 500 Index	33,476.65 Shares	5,534,360
*	Fidelity Extended Market Index Investor	19,240.44 Shares	232,617
*	Fidelity Mid Cap Index Fund	19,395.86 Shares	620,474
	Total Participant-Directed Funds		9,496,303
	Self-Directed Funds		
*	Common Stocks		1,726,866
*	Mutual Funds		129,275
*	Cash		157,173
*	External Fund		138,787
*	Rights/Warrants		1,003
*	Other Liabilities		(10)
	Total Self-Directed Funds		2,153,104

**401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF
MCBRIDE ORTHOPEDIC HOSPITAL**
Plan Number 002 – EIN 73-0714291 Form 5500, Schedule H, Line 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
December 31, 2021

(a)	(b) Identity of Items Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
Other Registered Investment Companies			
	Participant-Directed Funds		
	Hartford International Opportunities Fund R6	38,240.47 Shares	\$ 770,545
	T. Rowe Price Dividend Growth I	9,316.19 Shares	689,864
	Columbia Dividend Income I3	60,866.17 Shares	1,961,108
	JP Morgan Core Bond R6	100,542.03 Shares	1,189,412
	Janis Enterprise Fund N	3,521.64 Shares	561,878
	MFS Growth R6	12,963.85 Shares	2,535,729
	AS Special Small Cap Value fund class R6	7,808.58 Shares	341,547
	American Funds Balanced R6	24,014.66 Shares	804,011
	American Funds Target Date 2010	59,198.63 Shares	732,287
	American Funds Target Date 2020	510,697.52 Shares	7,313,189
	American Funds Target Date 2030	812,914.76 Shares	14,526,787
	American Funds Target Date 2040	323,196.02 Shares	6,696,622
	American Funds Target Date 2050	229,886.40 Shares	4,848,304
	American Funds Target Date 2015	152,394.18 Shares	1,996,364
	American Funds Target Date 2025	967,355.55 Shares	15,642,138
	American Funds Target Date 2035	723,871.46 Shares	14,202,358
	American Funds Target Date 2045	264,139.71 Shares	5,636,741
	American Funds Target Date 2055	97,166.03 Shares	2,583,645
	American Funds Target Date 2060	26,526.28 Shares	474,290
	Total Participant-Directed Funds		83,506,819
*	Fidelity Common / Collective Trust		
	Fidelity Advisor Stable Value Fund	6,301,029.24 Shares	6,301,029
*	Participant Loans	Interest rates of 3.25% - 5.50%	1,870,592
			\$ 104,743,975

* Represents party-in-interest with respect to the Plan.

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.)
- 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) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II Basic Plan Information - enter all requested information

1a Name of plan 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF MCBRIDE ORTHOPEDIC HOSPITAL	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 01/01/1972
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MCBRIDE CLINIC, INC.	2b Employer Identification Number (EIN) 73-0714291
	2c Plan Sponsor's telephone number 405-232-0341
9600 BROADWAY EXT	2d Business code (see instructions) 621111
OKLAHOMA CITY OK 73114-7408	

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		01-26-2022	GREG GISLER
	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