

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 single-employer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final 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 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
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>FORT WAYNE ORTHOPAEDICS, LLC, PROFIT SHARING PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
1c	Effective date of plan <u>01/01/1970</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>FORT WAYNE ORTHOPAEDICS, LLC</u> <u>7601 W JEFFERSON BLVD</u> <u>FORT WAYNE, IN 46804-4133</u>
2b	Employer Identification Number (EIN) <u>35-1893082</u>
2c	Plan Sponsor's telephone number <u>260-436-8686</u>
2d	Business code (see instructions) <u>621111</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2022	LISA N. WESTON
	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.

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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	200
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)	200
a(2) Total number of active participants at the end of the plan year		6a(2)	205
b Retired or separated participants receiving benefits.....		6b	2
c Other retired or separated participants entitled to future benefits		6c	83
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	290
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	
f Total. Add lines 6d and 6e		6f	290
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	289
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			
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 FORT WAYNE ORTHOPAEDICS, LLC, PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FORT WAYNE ORTHOPAEDICS, LLC	D Employer Identification Number (EIN) 35-1893082	

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

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?
64 65 71	RECORDKEEPER	42097	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	6242	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 ☐

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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
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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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
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
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**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 <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>FORT WAYNE ORTHOPAEDICS, LLC, PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FORT WAYNE ORTHOPAEDICS, LLC</u>	D Employer Identification Number (EIN) <u>35-1893082</u>	

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		11808
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	49147	89602
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1959558	1912537
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1183038	322013
(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)		
(9) Value of interest in common/collective trusts.....	1c(9)	860557	1468410
(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)	40529299	40662943
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	44581599 44467313
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	44581599 44467313

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)	1332774
	(B) Participants	2a(1)(B)	1213069
	(C) Others (including rollovers).....	2a(1)(C)	63257
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	2609100
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	190
	(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)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	190
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	14661
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2200395
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	2215056
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2514806
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	2362209
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	152597
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	-101775
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-101775

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		14190
(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)		3502698
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		8392056
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	8458991	
(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)		8458991
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	6242	
(4) Other.....	2i(4)	41109	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		47351
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		8506342
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-114286
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?		X	
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?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
4n		X	

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

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

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

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



Independent Auditor's Report

**To the Plan Administrator
Fort Wayne Orthopaedics, LLC Profit Sharing Plan
Fort Wayne, Indiana**

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

We have performed an audit of the financial statements of Fort Wayne Orthopaedics, LLC Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C), which comprise the statement 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 2021 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 on the Financial Statements

In our opinion, based on our audit and the procedures performed as described in the *Auditor's 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 audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our 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 audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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).

Summit CPAs, P.C.

Indianapolis, Indiana
July 28, 2022

FORT WAYNE ORTHOPAEDICS, LLC PROFIT SHARING PLAN
PLAN NUMBER 001, EIN 35-1893082
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES, AT END OF YEAR
SCHEDULE H, LINE 4i
December 31, 2021

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
Money Market Funds			
*	Fidelity Retirement Money Market	113.73 Shares	\$ 114
*	Fidelity Government Money Market	5,913.40 Shares	5,913
			<u>6,027</u>
Registered Investment Companies			
	Vanguard Balanced Index Fund	25,337.24 Shares	1,242,031
	Loomis Sayles Core Plus Bond Fund	83,583.69 Shares	1,134,230
	Conestoga Small Cap Fund	6,570.77 Shares	571,000
	Transamerica International Equity Fund	79,117.40 Shares	1,689,156
	Carillon Eagle Mid Cap Growth Fund	8,692.02 Shares	855,643
	T. Rowe Price Retirement I 2005	881.19 Shares	11,482
	T. Rowe Price Retirement I 2010	7,888.72 Shares	106,261
	T. Rowe Price Retirement I 2015	20,139.55 Shares	284,370
	T. Rowe Price Retirement I 2020	7,326.16 Shares	108,793
	T. Rowe Price Retirement I 2025	56,563.64 Shares	905,018
	T. Rowe Price Retirement I 2030	83,179.24 Shares	1,391,589
	T. Rowe Price Retirement I 2035	22,930.71 Shares	401,746
	T. Rowe Price Retirement I 2040	100,636.57 Shares	1,815,484
	T. Rowe Price Retirement I 2045	86,651.96 Shares	1,604,794
	T. Rowe Price Retirement I 2050	97,297.12 Shares	1,798,051
	T. Rowe Price Retirement I 2055	57,321.72 Shares	1,071,916
	T. Rowe Price Retirement I 2060	12,118.62 Shares	228,315
	T. Rowe Price Retirement I Balanced Fund	208.74 Shares	2,710
	T. Rowe Price Large-Cap Value Fund	67,667.14 Shares	1,879,117
	American Beacon Small Cap Value Fund	41,185.28 Shares	1,180,370
	Allspring Special Mid Cap Value Fund	15,597.59 Shares	789,238
	Harbor Capital Appreciation Fund	43,453.77 Shares	4,384,485
*	Fidelity Inflation-Protected Bond Index Fund	27,324.43 Shares	304,941
*	Fidelity 500 Index Fund	25,965.54 Shares	4,292,624
*	Fidelity Extended Market Index Fund	5,397.71 Shares	470,734
*	Fidelity U.S. Bond Index Fund	204,997.76 Shares	2,455,873
*	Fidelity Global Ex U.S. Index Fund	64,791.28 Shares	990,659
			<u>31,970,630</u>
*	Self-directed Cash		<u>1,918,318</u>
*	Self-directed Investments		<u>9,014,326</u>
Common / Collective Trust			
*	Managed Income Portfolio Fund	1,468,409.81 Shares	<u>1,468,410</u>
			<u>\$ 44,377,711</u>

* Represents party-in-interest 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	64 65 71	RECORDKEEPER	\$42,097
STRATEGIC ADVISORS, INC.	04-2654524	27	ADVISOR	\$6,242

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	AB LARGE CAP GROWTH ADVISOR CLASS	8000 IH 10 WEST SUITE 1400 14TH F SAN ANTONIO TX US 78230	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	AMERICAN MUTUAL FUND CL F2	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	BBH LIMITED DURATIONFUND CLASS N	140 BROADWAY NEW YORK NY US 10005	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	BAIRD AGGREGATE BOND FUND INSTL	777 E. WISCONSIN AVE 18TH FL MILWAUKEE WI US 53202	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	BAIRD AGGREGATE BONDFUND INVESTOR C	777 E. WISCONSIN AVE 18TH FL MILWAUKEE WI US 53202	0.27%

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	BLACKROCK EMERGING MARKETS FD INC I	40 EAST 52ND STREET NEW YORK NY US 10022	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	BLACKROCK STRATEGIC INCOME OPPRTSI	40 EAST 52ND STREET NEW YORK NY US 10022	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	BUFFALO DISCOVERY FUND	615 E. MICHIGAN STREET MILWAUKEE WI US 53202	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	CALAMOS MARKET NEUTRAL INCOME CL A	2020 CALAMOS COURT NAPERVILLE IL US 60563	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	AMERICAN CAPITAL WORLD GRWTH & INC	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.37%

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	AMERICAN CAPITAL WORLD GR & INC CL	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	CARILLON REAMS UNCONSTRAINED BOND I	P. O. BOX 33022 ST PETERSBURG FL US 337338022	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	COHEN & STEERS PREF SECURITIES INCO	280 PARK AVENUE 10TH FLOOR NEW YORK NY US 10017	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	COHEN & STEERS LOW DUR PREF & INCOM	280 PARK AVENUE 10TH FLOOR NEW YORK NY US 10017	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	COLUMBIA DIVIDEND OPPORTUNITY CL A	225 FRANKLIN ST BX25 10320 BOSTON MA US 02110	0.40%

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	CS FLOATING RATE HIGH INCOME CL A	ONE MADISON AVENUE 10TH FLOOR NEW YORK NY US 10010	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	DFA EMERGING MRKTS CORE EQU PORTF	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	DFA US MICRO CAP PRTF INSTL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	DIMENSIONAL EMERGING MKTS VAL PRTF	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	DFA ONE YEAR FIXED INCOME PRTF INST	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%

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	DFA INT'L SMALL CAP VALUE	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	DFA US SMALL CAP VALUE PRTF INSTL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	DFA US LARGE CAP VALUE PRTF INSTL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	DFA REAL ESTATE SEC PRTF INSTL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	DFA FIVE YEAR GLBL FIXED INC PRTF I	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%

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	DFA U.S. LARGE CAP GROWTH PORT INST	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	DFA GLOBAL REAL ESTATE SEC PORTFOLI	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	DFA GLB SUSTAINABLTY FIXED INCOME I	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	DFA EMERGING MARKETS SUSTAIN CORE 1	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	DFA SHORT DURATION REAL RETURN INST	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%

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	DFA INTERNATIONAL VALUE PRTF INSTL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	DIMENSIONAL GLOBAL ALL 60/40 PRTF I	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	DIMENSIONAL GLOBAL EQUITY PORT INST	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	DOUBLELINE TOTAL RETURN BOND FD CL	777 EAST WISCONSIN AVENUE MILWAUKEE WI US 53202	0.06%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	DOUBLELINE TOTAL RT BOND FD CL N	777 EAST WISCONSIN AVENUE MILWAUKEE WI US 53202	0.40%

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	EATON VANCE SHORT DURATION GOV INC	TWO INTERNATIONAL PLACE BOSTON MA US 02110	\$16.00
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	FPA NEW INCOME	11601 WILSHIRE BLVD SUITE 1200 LOS ANGELES CA US 90025	0.08%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	FIRST EAGLE GLOBAL CLASS A	1345 AVENUE OF THE AMERICAS 48TH FL NEW YORK NY US 10105	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	GOTHAM ENHANCED RETURN FUND INSTL	535 MADISON AVE 30TH FLR NEW YORK NY US 10022	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	AMERICAN GROWTH FUNDOF AMERICA CL F	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.15%

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	OAKMARK INTL INVESTOR CL	111 SOUTH WACKER DR. CHICAGO IL US 60606	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	OAKMARK FUND ADVISOR CLASS	111 SOUTH WACKER DR. CHICAGO IL US 60606	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	JOHCM INTERNATIONAL SELECT INSTL	14 Ryder Street Ryder Court Groun LONDON GB GB SW1Y 6QB	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	JOHN HANCOCK DISCIPLINED VALUE MID	601 CONGRESS ST. 9TH FL. BOSTON MA US 02210	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	JPMORGAN EUROPE DYNAMIC CLASS L	1111 POLARIS PARKWAY COLUMBUS OH US 43240	0.08%

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	LORD ABBETT SHORT DURATION INCOME C	90 HUDSON STREET 10TH FLOOR JERSEY CITY NJ US 07302	0.37%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	MFS GROWTH FUND CLASS A	111 HUNTINGTON AVE BOSTON MA US 021997632	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	MATTHEWS ASIA DIVIDEND FUND	4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO CA US 94111	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	METROPOLITAN WEST TOTAL RETURN CLAS	865 SOUTH FIGUEROA ST. #1400 LOS ANGELES CA US 90017	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	EVENTIDE GILEAD FUND CLASS N	80 ARKAY SUITE 110 HAUPPAUGE NY US 11788	0.40%

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	NEUBERGER BERMAN GENESIS TRUST CLAS	1290 AVENUE OF THE AMERICAS 22ND F NEW YORK NY US 10104002	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	PARNASSUS CORE EQUITY INVESTOR	ONE MARKET STREET STEUART TOWER SUI SAN FRANCISCO CA US 94105	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	T ROWE PRICE SMALL CAP VALUE FUND	4515 PAINTERS MILL RD OWINGS MILLS MD US 21117	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	SIT US GOVT SECS	80 SOUTH 8TH STREET MINNEAPOLIS MN US 55402	0.35%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	60	\$0	THOMPSON BOND FUND	1255 FOURIER DR STE 200 MADISON WI US 53717	0.25%

Plan: 48717

Fort Wayne Orthopaedics, L.L.C. Profit Sharing Plan

Run Date: 04/17/2022

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	AMERICAN WASHINGTON MUTUAL INVESTOR	3500 WISEMAN BLVD SAN ANTONIO TX US 782514321	0.15%

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%
2326	FID US BOND IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FXNAX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	FUND MANAGEMENT	0.02%
2328	FID 500 INDEX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FXAIX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	FUND MANAGEMENT	0.01%
2348	FID GLB EX US IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSGGX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	FUND MANAGEMENT	0.05%
2365	FID EXTD MKT IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSMAX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	FUND MANAGEMENT	0.03%

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)
2418	FID INFL PR BD IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FIPDX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	FUND MANAGEMENT	0.05%
3067	FID GOVT MMKT K6 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FNBXX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC	FUND MANAGEMENT	0.25%
3704	MIP CL 2		FIDELITY MANAGEMENT TRUST COMPANY	FUND MANAGEMENT	0.35%
OIES	TRP RETIRE I BAL I - T. ROWE PRICE ASSOCIATES, INC.	TRPTX	T. ROWE PRICE	FUND MANAGEMENT	0.34%
OIET	TRP RETIRE I 2005 I - T. ROWE PRICE ASSOCIATES, INC.	TRPFX	T. ROWE PRICE	FUND MANAGEMENT	0.34%

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)
OIEU	TRP RETIRE I 2010 I - T. ROWE PRICE ASSOCIATES, INC.	TRPAX	T. ROWE PRICE	FUND MANAGEMENT	0.34%
OIEV	TRP RETIRE I 2015 I - T. ROWE PRICE ASSOCIATES, INC.	TRFGX	T. ROWE PRICE	FUND MANAGEMENT	0.36%
OIEW	TRP RETIRE I 2020 I - T. ROWE PRICE ASSOCIATES, INC.	TRBRX	T. ROWE PRICE	FUND MANAGEMENT	0.37%
OIEX	TRP RETIRE I 2025 I - T. ROWE PRICE ASSOCIATES, INC.	TRPHX	T. ROWE PRICE	FUND MANAGEMENT	0.39%
OIEY	TRP RETIRE I 2030 I - T. ROWE PRICE ASSOCIATES, INC.	TRPCX	T. ROWE PRICE	FUND MANAGEMENT	0.41%

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)
OIEZ	TRP RETIRE I 2035 I - T. ROWE PRICE ASSOCIATES, INC.	TRPJX	T. ROWE PRICE	FUND MANAGEMENT	0.42%
OIFA	TRP RETIRE I 2040 I - T. ROWE PRICE ASSOCIATES, INC.	TRPDX	T. ROWE PRICE	FUND MANAGEMENT	0.43%
OIFB	TRP RETIRE I 2045 I - T. ROWE PRICE ASSOCIATES, INC.	TRPKX	T. ROWE PRICE	FUND MANAGEMENT	0.44%
OIFC	TRP RETIRE I 2050 I - T. ROWE PRICE ASSOCIATES, INC.	TRPMX	T. ROWE PRICE	FUND MANAGEMENT	0.45%
OIFD	TRP RETIRE I 2055 I - T. ROWE PRICE ASSOCIATES, INC.	TRPNX	T. ROWE PRICE	FUND MANAGEMENT	0.46%

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)
OIFE	TRP RETIRE I 2060 I - T. ROWE PRICE ASSOCIATES, INC.	TRPLX	T. ROWE PRICE	FUND MANAGEMENT	0.46%
OIQX	HARBOR CAP APP RET - HARBOR CAPITAL ADVISORS INC	HNACX	HARBOR	FUND MANAGEMENT	0.60%
OIU7	TA INTL EQUITY R6 - TRANSAMERICA ASSET MANAGEMENT, INC	TAINX	TRANSAMERICA	FUND MANAGEMENT	0.71%
OLSS	TRP LARGE-CAP VAL I - T. ROWE PRICE ASSOCIATES, INC.	TILCX	T. ROWE PRICE	FUND MANAGEMENT	0.55%
OQNC	VANG BAL INDEX ADM - VANGUARD GROUP INC	VBIAX	VANGUARD	FUND MANAGEMENT	0.06%

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)
OS4T	LOOMIS CORE PL BD N - LOOMIS, SAYLES & COMPANY LP	NERNX	NATIXIS FUNDS	FUND MANAGEMENT	0.32%
OSF5	CRLN E MID CAP GR R6 - CARILLON TOWER ADVISERS, INC.	HRAUX	CARILLON FAMILY OF FUNDS	FUND MANAGEMENT	0.51%
OVJY	AS SPL MID CP VAL R6 - ALLSPRING FUNDS MANAGEMENT LLC	WFPRX	ALLSPRING GLOBAL INVESTMENTS	FUND MANAGEMENT	0.67%
OVUD	CONESTOGA SM CAP IS - CONESTOGA CAPITAL ADVISORS, LLC	CCALX	CONESTOGA CAPITAL ADVISORS	FUND MANAGEMENT	0.90%
OVYP	ABF SM CAP VALUE R6 - AMERICAN BEACON ADVISORS INC	AASRX	AMERICAN BEACON	FUND MANAGEMENT	0.73%

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.

**FORT WAYNE ORTHOPAEDICS, LLC
PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS
December 31, 2021**

FORT WAYNE ORTHOPAEDICS, LLC PROFIT SHARING PLAN

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Independent Auditor's Report

**To the Plan Administrator
Fort Wayne Orthopaedics, LLC Profit Sharing Plan
Fort Wayne, Indiana**

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

We have performed an audit of the financial statements of Fort Wayne Orthopaedics, LLC Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C), which comprise the statement 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 2021 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 on the Financial Statements

In our opinion, based on our audit and the procedures performed as described in the *Auditor's 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 audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our 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 audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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).

Somnath CPA's, P.C.

Indianapolis, Indiana
July 28, 2022

FORT WAYNE ORTHOPAEDICS, LLC PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments, at fair value		
Money market funds	\$ 6,027	\$ 387,081
Registered investment companies	31,970,630	31,339,055
Common / collective trust	1,468,410	860,557
Self-directed cash and cash equivalents	1,918,318	1,572,477
Self-directed investments	<u>9,014,326</u>	<u>10,373,282</u>
 Total Investments	 <u>44,377,711</u>	 <u>44,532,452</u>
 Receivables		
Employer contributions	<u>89,602</u>	<u>49,147</u>
 Net Assets Available for Benefits	 <u><u>\$ 44,467,313</u></u>	 <u><u>\$ 44,581,599</u></u>

See accompanying notes.

FORT WAYNE ORTHOPAEDICS, LLC PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2021

Additions to Net Assets Attributed to:	
Interest and dividends	\$ 1,747,518
Net appreciation in fair value of participant-directed investments, including realized gains and losses on sale of investments	2,754,656
Net appreciation in fair value of self-directed investments, including realized gains and losses on sale of investments	<u>1,280,782</u>
Total Investment Income	<u>5,782,956</u>
Contributions:	
Employer contributions	1,332,774
Participant contributions	1,213,069
Rollover contributions	<u>63,257</u>
Total Contributions	<u>2,609,100</u>
Total Additions	<u>8,392,056</u>
Deductions from Net Assets Attributed to:	
Benefits paid to participants	8,458,991
Administrative expenses	<u>47,351</u>
Total Deductions	<u>8,506,342</u>
Net Decrease in Net Assets Available for Benefits	(114,286)
Net Assets Available for Benefits, Beginning of Year	<u>44,581,599</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 44,467,313</u></u>

See accompanying notes.

FORT WAYNE ORTHOPAEDICS, LLC PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021

NOTE 1 - PLAN DESCRIPTION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a description of the Fort Wayne Orthopaedics, LLC Profit Sharing Plan (the "Plan"). Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined-contribution plan sponsored by Fort Wayne Orthopedics, LLC (the "Company"), for the benefit of its employees who are not considered "on-call" or "casual" employees. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

Full-time and part-time employees are eligible to make voluntary contributions immediately upon meeting the eligibility requirements. Employees are eligible to receive safe harbor match contributions and profit sharing contributions on the first day of employment.

Contributions

The Plan permits eligible employees to make annual contributions of up to 60% of eligible compensation through a salary reduction election, capped by allowable limits established by the Internal Revenue Service (IRS). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions pursuant to IRS limits. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. After 30 days following date of hire, participants will be automatically enrolled at a 4% deferral rate with a 1% annual increase up to 6%.

The Plan allows for employer match contributions, in which the Plan has elected safe harbor status. The safe harbor contribution was 3% of eligible employees' annual compensation for the year ended December 31, 2021. The Plan also permits profit sharing contributions by the Company and are discretionary as determined by the Company's Board of Directors. For the year ended December 31, 2021, the Company contributed \$815,943 of profit sharing contributions.

Forfeitures

Forfeitures are used to reduce future Company contributions or administrative fees. The Plan used \$27,964 of forfeitures to reduce employer contributions for the year ended December 31, 2021. Forfeitures available for future use amounted to \$2,376 and \$2,005 at December 31, 2021 and 2020, respectively.

Participant Accounts

Each participant's account is credited with the participant's contribution, allocation of the Company's contribution and Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

FORT WAYNE ORTHOPAEDICS, LLC PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021

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

Vesting

Participants are immediately vested in their voluntary contributions and safe harbor contribution, plus the earnings thereon. Vesting in the Company's profit sharing contributions is based upon years of service and is determined as follows:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 2 years	0%
2 years but less than 3	25%
3 years but less than 4	50%
4 years but less than 5	75%
5 years or more	100%

Investment Options

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 investments. Participants may change the allocation of their account in the different funds and other investments at any time.

Benefit Payments

Upon the termination of service, participants may elect to receive a lump-sum amount or installments equal to the value of their accounts. Withdrawals other than for termination are permitted under certain circumstances provided by the Plan. Benefit payments are recorded when paid.

Plan Termination

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

Administrative Expenses

Administrative expenses paid from the Plan represent recordkeeping and other administrative fees, which amounted to approximately \$47,000 for the year ended December 31, 2021. The Company also absorbs certain administrative costs associated with the maintenance of the Plan. These costs are primarily for accounting and consulting services. Expenses paid by the Company amounted to approximately \$31,000 for the year ended December 31, 2021.

FORT WAYNE ORTHOPAEDICS, LLC PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021

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

Basis of Accounting

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

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.

Valuation of Investments and Income Recognition

Investments in participant and self-directed funds are valued at current market value as provided by the Plan's Trustee, based on quoted market prices. Net changes in the fair value of investments consist of the unrelated appreciation or depreciation of investments held during the year and the realized gain or loss on investments sold during the year. Purchases and sales of investments are recorded on a trade-date basis.

Agreements

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

Fair Value Measurements

Accounting Standards Codification (ASC) 820 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 Company.

Unobservable inputs are inputs that reflect the Company'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.

FORT WAYNE ORTHOPAEDICS, LLC PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021

NOTE 1 - PLAN DESCRIPTION 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.

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.

Management Evaluation of Subsequent Events

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

NOTE 2 - TAX STATUS

The Plan adopted a non-standardized safe harbor prototype plan and received a determination letter dated June 30, 2020, stating the prototype plan, as then designed, was acceptable under Section 401 of the Internal Revenue Code. The Plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, the Plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

FORT WAYNE ORTHOPAEDICS, LLC PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021

NOTE 2 - TAX STATUS (CONTINUED)

Authoritative accounting standards require the Plan to examine its tax positions for uncertain positions. The Plan 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.

NOTE 3 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

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

	<u>2021</u>	<u>2020</u>
Investments, at fair value	\$ 44,377,711	\$ 44,532,452
Investment gain	5,782,956	

NOTE 4 - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Fidelity. Fidelity is the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Fidelity provides to the Plan certain accounting and administrative services for which no fees are charged. Fidelity charges Plan participants for certain administrative services performed. These fees amounted to \$47,351 for the year ended December 31, 2021.

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. There were also no transfers of financial instruments into or out of Level 3.

FORT WAYNE ORTHOPAEDICS, LLC PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021

NOTE 5 - FAIR VALUE MEASUREMENTS (CONTINUED)

Money market funds: Valued at the daily closing price as reported by the underlying fund, which is traded on a national exchange.

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

Cash and cash equivalents: Valued at the NAV of shares held by the Plan at year end.

Self-directed investments: Valued at the NAV of shares held by the Plan at year end.

Common / collective trust: Valued at fair value, using the practical expedient as provided by the Financial Accounting Standard Board's (FASB) ASC 820. The Plan's investments in common and collective trusts, which invest in fixed income securities, guaranteed investment contracts, and a money market fund, calculate NAV per unit. Investments in common and collective trusts are market to market and priced daily. The fund provides for daily redemptions by the Plan at reported net asset value per share, with no notification requirements. The fund managers may limit withdrawals in order to maintain sufficient liquidity.

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.

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

Investments at Fair Value as of December 31, 2021

	Level 1	Total Fair Value at December 31, 2021
Money market funds	\$ 6,027	\$ 6,027
Registered investment companies	31,970,630	31,970,630
Self-directed cash and cash equivalents	1,918,318	1,918,318
Self-directed investments	9,014,326	9,014,326
	<u>\$ 42,909,301</u>	<u>42,909,301</u>
Investments measured at NAV:		
Common / collective trust*		<u>1,468,410</u>
Total assets at fair value		<u><u>\$ 44,377,711</u></u>

FORT WAYNE ORTHOPAEDICS, LLC PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021

NOTE 5 - FAIR VALUE MEASUREMENTS (CONTINUED)

Common / collective trust (continued):

Investments at Fair Value as of December 31, 2020

	Level 1	Total Fair Value at December 31, 2020
Money market funds	\$ 387,081	\$ 387,081
Registered investment companies	31,339,055	31,339,055
Self-directed cash and cash equivalents	1,572,477	1,572,477
Self-directed investments	10,373,282	10,373,282
	<u>\$ 43,671,895</u>	<u>43,671,895</u>
Investments measured at NAV:		
Common / collective trust*		<u>860,557</u>
Total assets at fair value		<u>\$ 44,532,452</u>

* Certain investments that are measured at fair value using the net asset value (NAV) per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented on these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the net assets available for benefits.

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 February 1, 2022, the Plan was amended to increase the maximum automatic deferral increase limit from 6% to 10%. Additionally, the Plan was also amended to allow for in-Plan Roth conversions.

Effective April 1, 2022, the Plan was restated in its entirety.

FORT WAYNE ORTHOPAEDICS, LLC PROFIT SHARING PLAN
PLAN NUMBER 001, EIN 35-1893082
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES, AT END OF YEAR
SCHEDULE H, LINE 4i
December 31, 2021

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
Money Market Funds			
*	Fidelity Retirement Money Market	113.73 Shares	\$ 114
*	Fidelity Government Money Market	5,913.40 Shares	5,913
			<u>6,027</u>
Registered Investment Companies			
	Vanguard Balanced Index Fund	25,337.24 Shares	1,242,031
	Loomis Sayles Core Plus Bond Fund	83,583.69 Shares	1,134,230
	Conestoga Small Cap Fund	6,570.77 Shares	571,000
	Transamerica International Equity Fund	79,117.40 Shares	1,689,156
	Carillon Eagle Mid Cap Growth Fund	8,692.02 Shares	855,643
	T. Rowe Price Retirement I 2005	881.19 Shares	11,482
	T. Rowe Price Retirement I 2010	7,888.72 Shares	106,261
	T. Rowe Price Retirement I 2015	20,139.55 Shares	284,370
	T. Rowe Price Retirement I 2020	7,326.16 Shares	108,793
	T. Rowe Price Retirement I 2025	56,563.64 Shares	905,018
	T. Rowe Price Retirement I 2030	83,179.24 Shares	1,391,589
	T. Rowe Price Retirement I 2035	22,930.71 Shares	401,746
	T. Rowe Price Retirement I 2040	100,636.57 Shares	1,815,484
	T. Rowe Price Retirement I 2045	86,651.96 Shares	1,604,794
	T. Rowe Price Retirement I 2050	97,297.12 Shares	1,798,051
	T. Rowe Price Retirement I 2055	57,321.72 Shares	1,071,916
	T. Rowe Price Retirement I 2060	12,118.62 Shares	228,315
	T. Rowe Price Retirement I Balanced Fund	208.74 Shares	2,710
	T. Rowe Price Large-Cap Value Fund	67,667.14 Shares	1,879,117
	American Beacon Small Cap Value Fund	41,185.28 Shares	1,180,370
	Allspring Special Mid Cap Value Fund	15,597.59 Shares	789,238
	Harbor Capital Appreciation Fund	43,453.77 Shares	4,384,485
*	Fidelity Inflation-Protected Bond Index Fund	27,324.43 Shares	304,941
*	Fidelity 500 Index Fund	25,965.54 Shares	4,292,624
*	Fidelity Extended Market Index Fund	5,397.71 Shares	470,734
*	Fidelity U.S. Bond Index Fund	204,997.76 Shares	2,455,873
*	Fidelity Global Ex U.S. Index Fund	64,791.28 Shares	990,659
			<u>31,970,630</u>
*	Self-directed Cash		<u>1,918,318</u>
*	Self-directed Investments		<u>9,014,326</u>
Common / Collective Trust			
*	Managed Income Portfolio Fund	1,468,409.81 Shares	<u>1,468,410</u>
			<u>\$ 44,377,711</u>

* Represents party-in-interest to the Plan.

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 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 FORT WAYNE ORTHOPAEDICS, LLC, PROFIT SHARING PLAN	1b Three-digit plan number (PN) ►	001	
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) FORT WAYNE ORTHOPAEDICS, LLC 7601 W JEFFERSON BLVD FORT WAYNE IN 46804-4133	1c Effective date of plan 01/01/1970	2b Employer Identification Number (EIN) 35-1893082	
		2c Plan Sponsor's telephone number 260-436-8686	
		2d Business code (see instructions) 621111	

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

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

SIGN HERE		7/28/22	LISA N. WESTON
	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