

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>09/01/1988</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>16-1608040</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>716-250-9999</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>621111</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>09/01/1988</u>		2b Employer Identification Number (EIN) <u>16-1608040</u>		2c Plan Sponsor's telephone number <u>716-250-9999</u>		2d Business code (see instructions) <u>621111</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>09/01/1988</u>											
2b Employer Identification Number (EIN) <u>16-1608040</u>											
2c Plan Sponsor's telephone number <u>716-250-9999</u>											
2d Business code (see instructions) <u>621111</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>EXCELSIOR ORTHOPAEDICS LLP</u> <u>3925 SHERIDAN DRIVE</u> <u>AMHERST, NY 14226</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.	10/17/2022	PATRICK MATHEWS
	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.

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	623
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)	421
a(2) Total number of active participants at the end of the plan year		6a(2)	477
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	112
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	589
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	589
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	575
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	35
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: 2A 2E 2F 2G 2J 2K 2R 2S 2T 3D			
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) ☒ <u>2</u> 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 EXCELSIOR ORTHOPAEDICS LLP	D Employer Identification Number (EIN) 16-1608040

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

(a) Name of insurance carrier TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	342428-000	0	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 10482
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid P&A RETIREMENT PLAN SERVICES, INC. 17 COURT STREET, SUITE 500 BUFFALO, NY 14202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	10482	REVENUE SHARING	5

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **STABLE VALUE OPTION**

b	Balance at the end of the previous year	7b	603797
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c	Additions: (1) Contributions deposited during the year	7c(1)	412712	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	5112	
	(4) Transferred from separate account.....	7c(4)	311847	
	(5) Other (specify below)	7c(5)	84270	

▶ **EBA CREDITS 73,371; FORFEITURE 9,806; LOAN PRIN AND INT 1,093**

(6) Total additions	7c(6)	813941
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	1417738
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e Deductions:

	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1282029	
	(2) Administration charge made by carrier.....	7e(2)	0	
	(3) Transferred to separate account.....	7e(3)	786	
	(4) Other (specify below)	7e(4)	134923	

▶ **EBA WITHDRAWAL 60,395; FEES 48,877; FORFEITURE WITHDRAWAL 25,627; LOAN ISSUE 25**

(5) Total deductions	7e(5)	1417738
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 EXCELSIOR ORTHOPAEDICS LLP	D Employer Identification Number (EIN) 16-1608040

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

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	861105	589	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	1252077
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP PENSION FUNDING CONTRACT**

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	13721
(2) Dividends and credits.....	7c(2)	0
(3) Interest credited during the year.....	7c(3)	6630
(4) Transferred from separate account.....	7c(4)	1798
(5) Other (specify below)..... ▶ TRANSFERRED ASSETS FROM OTHER CARRIERS 1,265,317; INTERNAL TRANSFER 11,906; MISC. 122	7c(5)	1277345
(6) Total additions	7c(6)	1299494
d Total of balance and additions (add lines 7b and 7c(6))	7d	1299494
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1976
(2) Administration charge made by carrier.....	7e(2)	31735
(3) Transferred to separate account.....	7e(3)	0
(4) Other (specify below)..... ▶ FORFEITURE	7e(4)	13706
(5) Total deductions	7e(5)	47417
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	1252077

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 EXCELSIOR ORTHOPAEDICS LLP	D Employer Identification Number (EIN) 16-1608040	

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
TRANSAMERICA FINANCIAL LIFE INS CO
36-6071399

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VOYA RETIREMENT INS AND ANNUITY CO
71-0294708

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

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

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

KESTRA ADVISORY SERVICES, LLC

35-2552359

(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	NONE	67843	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAYMOND JAMES FINANCIAL SERVICES

1207 DELAWARE AVE, STE 108
BUFFALO, NY 14209

(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	NONE	16375	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

P&A RETIREMENT PLAN SERVICES, INC.

16-1533601

(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?
15	NONE	15417	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

PRATT COLLARD BUCK ADVISORY GROUP

120 WEST TUPPER ST, STE 205
BUFFALO, NY 14201

(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	NONE	13547	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VALIANT RETIRE INC.

87-1649469

(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?
15	NONE	9388	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

SANDHILL INVESTMENT MANAGEMENT

40 FOUNTAIN PLAZA, STE 1300
BUFFALO, NY 14202

(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	NONE	8895	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)

VOYA RETIREMENT INS AND ANNUITY CO

71-0294708

(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?
15 62 37 64 52 67	NONE	8479	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

RAYMOND JAMES & ASSOCIATES

468 DELAWARE AVE, STE 100
BUFFALO, NY 14202

(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	NONE	8257	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LUMSDEN & MCCORMICK

16-0765486

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	8100	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)

LANDMARK WEALTH MANAGEMENT

2410 NORTH FOREST ROAD, STE 101
GETZVILLE, NY 14068

(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	NONE	7934	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BURNS/NOWAKOWSKI GROUP

50 FOUNTAIN PLAZA, STE 1100
BUFFALO, NY 14202

(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	NONE	6299	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRANSAMERICA FINANCIAL LIFE INS CO

36-6071399

(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?
15 62 37 64 52 67	NONE	360	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EXCELSIOR ORTHOPAEDICS LLP</u>	D Employer Identification Number (EIN) <u>16-1608040</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AB SMALL CAP GRW PORT Z</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>				
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>713165</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMCEN MID CAP VALUE FUND R6</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>				
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>404104</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS AM BALANCED R6</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>				
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4272554</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS EUROPACIFIC R6</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>				
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1412259</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS NW PRSPCTV R6</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>				
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1231112</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BRANDYWINEGLOBAL HGH YLD FD IS</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>				
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>78481</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DFA US TARGETED VL PORT INS</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>				
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>241273</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: FID US BD ID FD		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55100

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY 500 INDEX FUND		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 895543

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADV GRW OPPORT FND Z		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41543

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY MID CAP IDX FD		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 118167

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY RL EST IND FD		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59631

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY SM CP IND FD		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 804052

a Name of MTIA, CCT, PSA, or 103-12 IE: INV DEV MRKTS FD R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 445795

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN LGCP GRW FND R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4715523

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INFL PROT SECS N		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 682030

a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND AGG 2035 FD R		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 393

a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND AGG 2055 FD R		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5300
a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND AGG RET FD R		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3225
a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND CNS 2025 F R		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 272
a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND CNS 2055 F R		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 199
a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND MOD 2025 FD R		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1104144
a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND MOD 2035 FD R		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2529795
a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND MOD 2045 FD R		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2190216
a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND MOD 2055 FD R		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294709-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4110626
a Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND MOD RET FD R		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294710-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 446216
a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN STRATEGIC INCOME FD R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294711-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 151542

a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM JENNISON MD CP GRW FD R6			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294712-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 419558	
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM JENNISON UTILITY FUND R6			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294713-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 239270	
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM TOTAL RETURN BOND FUND R6			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294714-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1175390	
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE NEW ERA FUND I			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294715-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2908	
a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA-CREF CORE PLUS BD FD INST			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294716-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29	
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD WINDSOR II FUND ADM			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294717-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2253507	
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GV MNY MKT F A			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294719-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17277	
a Name of MTIA, CCT, PSA, or 103-12 IE: AB HIGH INCOME			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-508	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY MID CAP VALUE			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-276	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BALANCED			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-228	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC GROWTH		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-076	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-255	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS WASHINGTON MUTUAL		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-231	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA US TARGETED VALUE PORTFOLIO		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-527	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN UTILITIES		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-263	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON TRITON		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-578	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN LARGE CAP GROWTH		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-580	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO OPPENHEIMER DEVELOPING MARK		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-471	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM JENNISON MID CAP GROWTH		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-542	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM TOTAL RETURN BOND		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-597	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RETURN			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-473	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SM CAP VAL IND			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-355	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MID CAP INDEX			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-355	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA SMARTCOURSE RETIREMENT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-480	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA SMARTCOURSE 2025			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-484	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA SMARTCOURSE 2030			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-485	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA SMARTCOURSE 2035			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-486	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA SMARTCOURSE 2040			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-487	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA SMARTCOURSE 2045			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-488	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA SMARTCOURSE 2050			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-489	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	

a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA SMARTCOURSE 2055](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY](#)

c EIN-PN 36-6071399-490	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA SMARTCOURSE 2060](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY](#)

c EIN-PN 36-6071399-742	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TA VANGUARD REAL ESTATE INDEX](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY](#)

c EIN-PN 36-6071399-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TEMPLETON GLOBAL BOND](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY](#)

c EIN-PN 36-6071399-350	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA PARTNERS STOCK INDEX](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY](#)

c EIN-PN 36-6071399-139	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VAN ECK GLOBAL HARD ASSETS](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY](#)

c EIN-PN 36-6071399-606	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [T. ROWE PRICE RETIREMENT BALANCED](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY](#)

c EIN-PN 36-6071399-491	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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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)
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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)
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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)
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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
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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

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>EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EXCELSIOR ORTHOPAEDICS LLP</u>	D Employer Identification Number (EIN) <u>16-1608040</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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1696565	1818590
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	291273	239399
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	415448	25309
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	25070	24007
(B) Common	1c(4)(B)	2656157	3951807
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	385699	277908
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	21034114	30820201
(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)	5186199	6391696
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	603797	1252077
(15) Other.....	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1) 0	0
(2)	Employer real property.....	1d(2) 0	0
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f 32294322	44800994
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 0	0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l 32294322	44800994

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
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 1818590	
	(B) Participants	2a(1)(B) 1996590	
	(C) Others (including rollovers).....	2a(1)(C) 6121734	
(2)	Noncash contributions.....	2a(2) 0	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	9936914
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A) 673	
	(B) U.S. Government securities	2b(1)(B) 0	
	(C) Corporate debt instruments	2b(1)(C) 8953	
	(D) Loans (other than to participants)	2b(1)(D) 0	
	(E) Participant loans.....	2b(1)(E) 21787	
	(F) Other	2b(1)(F) 0	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	31413
(2)	Dividends: (A) Preferred stock.....	2b(2)(A) 1055	
	(B) Common stock	2b(2)(B) 28781	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C) 216475	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	246311
(3)	Rents	2b(3)	0
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A) 0	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B) 0	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A) 0	
	(B) Other	2b(5)(B) 0	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		3705875
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		709477
c Other income.....	2c		611869
d Total income. Add all income amounts in column (b) and enter total.....	2d		15241859
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2555481	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		2555481
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	12338	
(2) Contract administrator fees.....	2i(2)	38213	
(3) Investment advisory and management fees.....	2i(3)	129093	
(4) Other.....	2i(4)	62	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		179706
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2735187
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		12506672
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

Part III Accountant's Opinion

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

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

(1) ☒ 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: LUMSDEN & MCCORMICK

(2) EIN: 16-0765486

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

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 EXCELSIOR ORTHOPAEDICS LLP	D Employer Identification Number (EIN) 16-1608040

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-6071399 71-0294708		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

**EXCELSIOR ORTHOPAEDICS, LLP
401(k) PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS
WITH ADDITIONAL INFORMATION**

DECEMBER 31, 2021

INDEPENDENT AUDITORS' REPORT

The Plan Administrator
Excelsior Orthopaedics, LLP 401(k) Profit Sharing Plan

Opinion

We have audited the financial statements of Excelsior Orthopaedics 401(k) Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020, and the changes in net assets available for benefits for the year ended December 31, 2021 in accordance with accounting principles generally accepted in the United States of America.

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 audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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 auditors' 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.

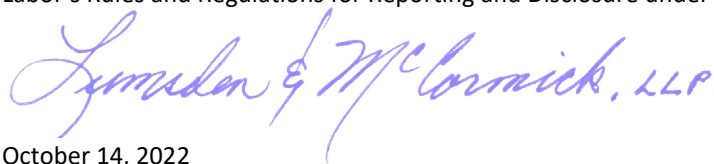
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held at end of year for the year ended December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



October 14, 2022

EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits

December 31,	2021	2020
Investments:		
Mutual funds	\$ 2,847,083	\$ 2,421,313
Exchange-traded funds	3,450,056	2,692,739
Common stock	3,951,807	2,656,157
Corporate bonds	49,316	440,518
Variable annuity contract, at contract value	1,252,077	603,797
Pooled separate accounts	30,802,924	21,034,114
Cash equivalents	351,232	311,237
Certificates of deposit	-	52,183
Total investments	<u>42,704,495</u>	<u>30,212,058</u>
Receivables:		
Employer contributions	1,818,590	1,696,565
Notes receivable from participants	277,908	385,699
	<u>2,096,498</u>	<u>2,082,264</u>
Net assets available for benefits	<u>\$ 44,800,993</u>	<u>\$ 32,294,322</u>

EXCELSIOR ORTHOPAEDICS, LLP 401(K) 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:

Investment income:

Net appreciation in fair value of investments	\$ 5,027,220
Interest and dividend income	255,937
	<u>5,283,157</u>

Interest income on notes receivable from participants	21,787
---	--------

Contributions:

Employer	1,818,590
Participants (including rollover contributions)	8,118,324
	<u>9,936,914</u>

Total additions	<u>15,241,858</u>
------------------------	-------------------

Deductions from net assets attributed to:

Benefits paid to participants	2,555,481
Administrative fees	179,706

Total deductions	<u>2,735,187</u>
-------------------------	------------------

Net change	12,506,671
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Net assets available for benefits:

Beginning	<u>32,294,322</u>
Ending	<u>\$ 44,800,993</u>

Notes to Financial Statements

1. Description of Plan:

The following description of Excelsior Orthopaedics, LLP 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan covering employees of Excelsior Orthopaedics, LLP (the Sponsor) and Buffalo Surgery Center, LLP, a controlled group (collectively the Organization), who have attained age 21 and have 3 months of service. All newly eligible participants are enrolled into the Plan immediately under the Plan's default investment option unless another permitted percentage or investment option is selected by the participant. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions:

Each year, participants may contribute up to 100% of pretax annual compensation, as defined in the Plan, provided total additions to the account of participating employees for any plan year shall not exceed the amount permitted by Internal Revenue Service regulations. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. The Sponsor may elect to make safe harbor contributions to the Plan. There was a safe harbor contribution of 3% of participants' eligible compensation made in 2021.

The Plan allows discretionary profit-sharing contributions, determined by the Sponsor's members, and allocates them to participants based on eligible compensation and participant classification. The discretionary profit-sharing contribution for 2021 was \$1,041,610.

The Plan also allows discretionary matching contributions. Amounts are determined by the Sponsor's members, and the contributions are based on a percentage of participants' elective deferrals. There were no matching contributions in 2021.

Participants direct their contributions and the corresponding employer contributions into various investment options offered by the Plan. The variable annuity contract and pooled separate accounts are proprietary investments offered by Voya Financial.

Participant Accounts:

Each participant's account is credited with the participant's contribution and allocations of (a) the Sponsor's contribution and (b) Plan earnings and charged with an allocation of administrative expenses. 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 vested account.

Vesting:

Participants are vested immediately in their contributions, the Sponsor's safe harbor contributions, plus actual earnings thereon. Vesting in the Sponsor's profit sharing and matching contribution portion of participant accounts is based on years of continuous service. A participant is 100% vested after 6 years of credited service.

Notes Receivable from Participants:

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest is paid ratably through monthly payroll deductions.

Payment of Benefits:

Upon termination of service due to death, disability, or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, annual installments, or annuity options. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeitures:

At December 31, 2021 and 2020, forfeited non-vested accounts totaled \$39,849 and \$12,400. These amounts are used to reduce future employer contributions. In 2021, employer contributions were reduced by \$39,849 from forfeited non-vested accounts.

2. Summary of Significant Accounting Policies:

Basis of Accounting:

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

Use of Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Investment Valuation and Income Recognition:

The Plan's investments are stated at fair value, except for the fully benefit-responsive variable annuity contract which is reported at contract value. Inputs to the valuation methodology of mutual funds, exchange-traded funds, common stock, corporate bonds, certificates of deposit and cash equivalents are unadjusted quoted prices in active markets. The pooled separate accounts are valued based on the net asset value per share without further adjustment. Net asset value is based on the aggregate fair values of the underlying investments. Participants may redeem shares at net asset value daily without restriction. Contract value for the variable annuity contract, as reported to the Plan by Voya without further adjustment, represents contributions made under the contract, plus interest, less participant withdrawals and administrative expenses. Participants may generally withdraw or transfer all or a portion of their investment at contract value unless Voya imposes a hold period at the contract level in the event of a full contract discontinuance or partial contract discontinuance.

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

Notes Receivable from Participants:

Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon terms of the plan document.

Payment of Benefits:

Benefits are recorded when paid.

Administrative Costs:

Various administrative costs were paid by the Sponsor.

Subsequent Events:

The Plan has evaluated events and transactions for potential recognition or disclosure in the financial statements through October 14, 2022 (the date the financial statements were available to be issued).

3. Fully Benefit-Responsive Investment Contract:

The Plan maintains a traditional fully benefit-responsive variable annuity contract with Voya Financial. Voya maintains the contributions in its general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is established prior to January 1st and July 1st.

Interest is credited, based upon the daily balance, at a rate that is the daily equivalent of the crediting interest rate applicable for the six month period. There is no stated minimum or maximum interest rate for the variable annuity contract.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events that cause a significant withdrawal from the Plan, or (4) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

4. Plan Termination:

Although it has no intent to do so, the Sponsor has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, Plan participants would become 100% vested in their employer contributions.

5. Tax Status:

The Internal Revenue Service has issued a favorable determination letter on the tax status of the Plan. Accordingly, no provision has been made for income taxes.

6. Risks and Uncertainties:

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

On January 31, 2020, the United States Secretary of Health and Human Services (HHS) declared a public health emergency related to the global spread of coronavirus COVID-19, and a pandemic was declared by the World Health Organization in February 2020. Efforts to fight the widespread disease included limiting or closing many businesses and resulted in a severe disruption of operations for many organizations. Financial markets also experienced significant fluctuations in value. The full extent of the impact of COVID-19 on the Plan's financial performance will depend on further developments, including the duration and spread of the outbreak, which cannot be predicted.

EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN

EIN: 16-1608040
Plan Number 001
Additional Information - Schedule H, Line 4i
Schedule of Assets (Held at End of Year)

December 31, 2021

(a)	(b) (c)	(e)
	Description	Current Value
	Mutual Funds:	
	American Mutual Fund Class A	\$ 110,525
	Baird Aggregate Bond Fund Class A	32,996
	Buffalo Discovery Fund	39,542
	Calamos Growth and Income Class A	109,573
	Cohen & Steers Realty CL	28,809
	Davis New York Venture Class A	111,263
	DFA Global Real Estate Sector Portfolio	30,120
	Dodge & Cox Balanced Fund N/L	19,382
	Dodge & Cox Income Fund N/L	126,476
	Dodge & Cox International Stock Fund N/L	23,329
	Doubleline Total Return Bond	114,111
	DWS Global Infrastructure FD-A	17,154
	Federated Hermes Institutional High Yield Bond	8,515
	Federated Hermes Short Term Income	12,604
	Fidelity Advisor Investment Grade Bond Class Z	56,446
	Fidelity International Index Fund	20,430
	Fidelity Strategic Income Fund	19,438
	Franklin Convertible Securities Fund Advisor Class	47,336
	Franklin Income Fund Class A	74,674
	Franklin Mutual Series Shares Class A	67,996
	FS KKR Capital Corp	628
	Goldman Sachs Emerging Markets Equity Insights I	32,986
	Guggenheim Total Return Bond CL P	59,781
	Harbor Cap Appreciation	53,234
	Invesco Oppenheimer International Small-Mid	35,467
	Lazard Global Listed Infrastructure Open	20,529
	Metropolitan West Total Return Bond Fund Class I	28,760
	MFS Emerging Markets Debt Fund	10,029
	MFS International Diversification FD A	19,337
	New World Fund Class A	77,464
	PGIM High Yield Fund	5,112
	PIMCO Income Institutional Fund	17,402
	PIMCO Low Duration Fund	8,398

EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN

EIN: 16-1608040
Plan Number 001
Additional Information - Schedule H, Line 4i
Schedule of Assets (Held at End of Year)

December 31, 2021

(a)	(b) (c)	(e)
	Description	Current Value
	Mutual Funds (Continued):	
	Schwab S&P 500 Index Fund	612,263
	T. Rowe Price Global Technology Fund	50,081
	T. Rowe Price Health Sciences Fund N/L	37,391
	Templeton Growth Fund Class A	42,623
	The Growth Fund of America Class A	244,007
	Thornburg Limited Term Income Fund Class I N/L	101,151
	Thornburg Limited Term US Government Fund Class I	66,101
	Transamerica High Yield Bond Fund	8,521
	Vanguard GNMA Fund Investor Class N/L	49,929
	Vanguard Inflation Protected Securities	57,223
	Vanguard Wellesley Income Fund Investor Class N/L	137,947
		<u>2,847,083</u>
	Exchange-Traded Funds (ETFs):	
	Ark Innovation ETF	946
	Comm Services Select	74,029
	Consumer Discretionary SPDR	88,318
	Fidelity Low Volatility Factor ETF	69,577
	Fidelity MSCI Utilities Index	3,428
	First Trust Cloud Computing	30,563
	First Trust Dow Jones	31,658
	Health Care Select SPDR	80,730
	Invesco QQQ Trust	77,111
	Ishares Core S&P 500	82,519
	Ishares Core S&P Mid-Cap	186,550
	Ishares Core S&P Small-CAP	137,641
	Ishares Core US	326,269
	Ishares Edge MSCI Min Vol Global ETF	26,204
	Ishares Edge USA Momentum Factor ETF	26,182
	Ishares Inc Core MSCI Emerging Mkts	97,751
	Ishares NASDAQ Biotech	25,335
	Ishares Russell 2000	35,072
	Ishares TR Broad USD Hight	36,824
	Global X Funds SHS	12,322

EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN

EIN: 16-1608040
Plan Number 001
Additional Information - Schedule H, Line 4i
Schedule of Assets (Held at End of Year)

December 31, 2021

(a)	(b) (c)	(e) Current Value
	Description	
Exchange-Traded Funds (ETFs) (Continued):		
	Ishares TR Core MSCI EAFE	247,208
	Ishares TR Core 1-5 Year USD	75,695
	Ishares TR MSCI Min Vol ETF	117,467
	Ishares TR USA Small-Cap Min	27,402
	Materials Select Sector	27,727
	Pacer Benchmark Data and Infrastructure	10,777
	ProShares Online Retail ETF	8,735
	Real Estate Select Secotr SDPR	10,984
	Sector SPDR Consumers STPL	29,919
	Sector SPDR Energy	28,916
	Sector SPDR Industrial	48,990
	SPDR S&P 500 ETF	308,724
	SPDR S&P 500 Growth ETF	116,542
	SPDR S&P Transportation ETF	8,585
	Ishares US Regional Banks ETF	15,996
	Vanguard Financials ETF	77,546
	Vanguard Mid-Cap ETF	42,037
	Vanguard Short Term Bond	8,406
	Vanguard Index Funds S&P 500 ETF	630,844
	Vanguard Information Tech EFT	158,527
		<u>3,450,056</u>
Common Stock:		
	10X Genomics Inc	4,469
	Abbott Labs	30,822
	Abbvie Incorporated	3,385
	Accenture PLC Class A	2,902
	ACI Worldwide Incorporated	1,943
	Addidas AG ADR	2,735
	Adobe Systems	31,188
	Advance Auto Parts Incorporated	2,879
	Adyen N V Unsponsored ADS	1,682
	Agilent Technologies Inc	23,149
	AIA Group Limited Sponsor ADR	3,428

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(a)	(b) (c)	(e) Current Value
Description		
Common Stock (Continued):		
	Air Liquid ADR	2,336
	Air Transport Services Group	3,408
	Airbnb Inc	2,997
	AKZO Nobel NV Sponsored ADS New	4,280
	Albemarle Corp	935
	Alight Incorporated Com Class A	1,427
	Allegion PLC	2,914
	Alphabet Incorporated Cap Stk Class A	2,897
	Alphabet Incorporated Cap Stk Class C	92,595
	Amadeus IT Group SA Unsponsored	3,256
	Amazon Com Incorporated	10,003
	American Eagle Outfitters	3,878
	American Equity Investment Life	2,063
	American Express Company	3,763
	American International Group Incorporated	2,104
	American Tower Corporation	4,095
	Amphenol Corp	21,165
	Ansys Incorporated	2,407
	AON PLC	2,705
	Apollo Global Management Incorporated	3,404
	App Harvest Inc	280
	Appian Corp	4,760
	Apple Incorporated	18,290
	Aptiv PLC	34,640
	Argan Incorporated	1,199
	Armstrong World Industries	2,206
	Aspen Technology Incorporated	2,587
	Atkore Incorporated	1,445
	Atlassian Corporation PLC Class A	1,525
	Avantor Incorporated	2,992
	Avaya Holdings Corporation	1,940
	Avery Dennison Corporation	1,949
	Axalta Coating Systems Limited	1,722

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(a)	(b) (c)	(e) Current Value
Description		
Common Stock (Continued):		
	Axis Cap Holdings	1,198
	Bank New York Mellon Corporation	2,730
	Bank of America Corp	6,718
	Bayer Ag Sponsored ADR	3,073
	Becton Dickinson & Company	3,018
	Bentley Systems Incorporated Com Class B	2,320
	Berkley WR Corporation	3,625
	Berkshire Hathaway	440,726
	Best Buy Incorporated	1,930
	Biontech SE Sponsored	516
	Bio-Techne Corp	46,043
	BJs Wholesale Club Holdings Incorporated	2,143
	Blackrock Incorporated	916
	Blackstone Incorporated	2,717
	Block Inc	4,845
	BNP Paribas Sponsored ADR	5,287
	Boeing Co	1,611
	Boston Properties Incorporated REIT	1,037
	Boston Scientific Corporation	1,189
	BP PLC	3,275
	Brambles Limited Sponsor ADR	1,113
	Bright Horizons Family	2,266
	British American	1,758
	Broadcom LTD	69,203
	CACI International Incorporated Class A	1,615
	Cadence Design System Incorporated	2,982
	Cannae Holdings Incorporated	2,988
	Catalent Inc	30,855
	CDK Global Incorporated	960
	CDW Corp	7,372
	Centennial Resource Development Incorporated	550
	Charles Riv Labs International	5,652
	Chemed Corporation	2,645

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(a)	(b) (c)	(e) Current Value
	Description	
Common Stock (Continued):		
	Chesapeake Energy Corporation	452
	Chevron Corp	950
	Chipotle Mexican Grill Incorporated	1,748
	Chubb Limited	2,513
	Cigna Corporation	2,756
	Cisco Systems Inc	27,756
	Citigroup Incorporated	2,416
	Clarivate Analytics PLC	34,786
	Cloudflare Inc	4,603
	CLP Holdings Limited	2,606
	CNA Financial Corporation	970
	Coca Cola Company	3,434
	Cognizant Technology Solutions Class A	3,194
	Colfax Corporation	781
	Colgate Palmolive	18,433
	Comcast Corporation	9,462
	Comfort Systems USA Incorporated	2,177
	Computer Programs & Systems Incorporated	674
	ConocoPhillips	2,093
	Constellation Brand	10,865
	Continental Resource	632
	Continental AG Sponsored ADS	688
	Cooper Companies Incorporated Com	3,770
	Copart Incorporated	3,791
	Corecivic Incorporated	1,117
	Costar Group Inc	21,338
	Costco Wholesale Co	56,909
	Coupang Inc	13,397
	Credit Suisse Group	2,747
	CRISPR Therapeutics F	758
	CrowdStrike Holdings Inc	7,166
	Curtiss Wright Corporation	1,387
	CVS Health Corporation	3,301

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(a)	(b) (c)	(e)
	Description	Current Value
	Common Stock (Continued):	
	D.R. Horton Incorporated	3,254
	Daikin Industries Limited	4,758
	Danaher Corporation DEL	59,880
	Danone Sponsored ADR	1,850
	Deckers Outdoor Company	2,198
	Deere & Company	2,400
	Dermtech Inc	10,333
	Dexcom Inc	3,759
	Diageo PLC Sponsored	5,504
	Digital Rlty TR Incorporated REIT	17,687
	Discover Financial Services	2,196
	Docusign Inc	5,940
	Dominion Res Incorporated VA New	17,205
	Dover Corporation	3,087
	DraftKings Inc	21,015
	Duck Creek Technologies Incorporated	1,265
	Duke Energy Corporation	2,623
	Dun & Bradstreet Holdings Incorporated	1,926
	Dupont De Nemours Incorporated	1,858
	DXC Technology Company	901
	Eaton Corporation	2,074
	Ecolab Incorporated	26,039
	Edison International	2,048
	Elanco Animal Health Inc	2,157
	Enbridge Incorporated	3,481
	ENI SpA Sponsored ADR	2,378
	Entegris Inc Com	35,338
	Entravision Communication	2,915
	Eplus Incorporated	1,616
	Equifax Incorporated	4,392
	Eversource Energy	1,638
	Experian PLC Sponsored	738
	Exponent Incorporated	2,218

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(a)	(b) (c)	(e) Current Value
	Description	
Common Stock (Continued):		
	Fair Isaac Corporation	1,735
	Fastenal Company	19,218
	Fidelity National Financial Group	1,878
	Fidelity National Information Services	1,637
	FMC Corp	28,022
	Ford Motor Company	10,437
	Fortinet Inc	34,502
	Fortune Brands Home & Security Incorporated	2,566
	Franco Nevada Corporation (Canada)	10,372
	Fujitsu Limited Un-sponsored	2,501
	Fulgent Genetics Inc	5,935
	Gaming & Leisure Incorporated	1,071
	General Motors Company	2,052
	Genworth Financial Incorporated Com	932
	Gilead Sciences Inc	11,262
	Glencore PLC Un-sponsored	2,275
	Global Payments Inc.	40,419
	GoHealth Incorporated	269
	Goldman Sachs Group	67,812
	GoodRX Holdings	980
	Graco Inc	30,233
	Graftech International Limited	1,585
	Haemonics Corporation	636
	Harsco Corporation	618
	HDFC Bank Limited	4,360
	Henry Jack & Associates Incorporated	2,004
	Hitachi Limited ADR	5,085
	HollyFrontier Corporation	1,016
	Home Depot Inc	26,442
	Honeywell International Inc	21,268
	Horizon Therapeutics	2,910
	Hostess Brands Incorporated Class A	2,185
	HubSpot Inc	3,955

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Description		
Common Stock (Continued):		
	Huntington Ingalls Industries	1,307
	Illinois Tool Incorporated (ITW)	2,221
	Illumina Inc	92,447
	Infineon Technologies	1,196
	Ing Group NV Sponsored	1,072
	Ingles Markets Incorporated Class A	1,122
	Insteel Industries	1,196
	Interactive Brokers Group Incorporated	3,097
	Interpublic Group Companies Incorporated	2,921
	Intuitive Surgical Incorporated	359
	Ituran Location and Control	453
	JD Com	911
	Johnson & Johnson	32,503
	JPMorgan Chase & Co	26,778
	KBC Group NV Unsponsored	1,588
	KDDI Corporation	2,876
	Kering SA Unsponsored	1,045
	Keurig Dr Pepper Inc	29,488
	Kimberly-Clark Corporation	3,001
	Kinsale Capital Group	1,430
	KKR & Company Incorporated	1,118
	Koninklijke Philips	2,911
	Kubota Corporation	5,100
	L3 Harris Technologies	32,626
	Lam Research Corporation	3,596
	Lauder Estee Companies Incorporated	1,851
	Lennox International Incorporated	2,919
	Liberty Latin America Limited Class A	385
	Liberty Latin America Limited Class C	638
	Life Storage Incorporated REIT	45,954
	Lilly Eli & Company	1,657
	Linde PLLC	48,156
	LKQ Corporation	3,662

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(a)	(b) (c)	(e)
	Description	Current Value
	Common Stock (Continued):	
	Lockheed Martin Corporation	1,066
	Lowes Companies Incorporated	1,809
	LPL Financial Holdings Incorporated	3,202
	Lululemon Athletica Incorporated	1,174
	LVMH Moet Hennessy Lou Vuitton	7,441
	M&T Bk Corporation	15,358
	Marriott International Incorporated	1,652
	Marsh & McLennan Companies Incorporated	1,912
	Marvell Tech Group	102,872
	Mastercard Incorporated Class A	28,455
	Match Group Incorporated	1,058
	McDonalds Corporation	26,807
	McKesson Corporation	1,491
	Mednax Incorporated	327
	Medtronic Incorporated	22,552
	Mercadolibre Inc	17,529
	Merck & Company	6,284
	Mercury Systems Inc	23,125
	Meta Platforms Incorporated Class A	4,373
	Metlife Incorporated	2,125
	Microchip Technology Incorporated	3,134
	Microsoft Corp	43,819
	Mitsubishi UFJ Group Incorporated Sponsored ADS	3,795
	Moderna Inc MRNA	3,048
	Molson Coors Beverage Company Class B	1,066
	Mondelelez International Incorporated Class A	5,437
	Mongoob Inc	3,705
	Morgan Stanley Com	5,497
	MSCI Incorporated	4,902
	Murphy USA Incorporated	2,789
	NASDAQ Inc	2,733
	NCR Corporation	2,492
	Nestle S A Sponsored ADR (Switzerland)	25,456

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(a)	(b) (c)	(e)
	Description	Current Value
	Common Stock (Continued):	
	Netease Incorporated	2,748
	Netflix Incorporated	45,183
	New Found Gold Corp	1,909
	Newmark Group Incorporated Class A	729
	Nextera Energy Incorporated Class B	4,481
	Nike Incorporated Class B	1,500
	Nordson Corp	4,084
	Norfolk Southern Corporation	2,084
	Northrop Grumman Corporation	5,032
	NortonLifeLock Inc	2,110
	Novartis AG Sponsored	1,400
	Novo-Nordisk A S ADR	6,048
	NUCOR Corp	9,169
	NVIDIA Corp	165,366
	NXP Semiconductors N V	1,367
	Oaktree Specialty Lending Corporation	821
	OGE Energy Corporation	729
	Okta Inc	4,483
	Oracle Corporation	2,180
	Otis Worldwide Corporation	697
	Palantir Technologies Inc	1,785
	Palo Alto Networks Inc	43,427
	Parker-Hannifin Corporation	2,227
	Patterson Companies Incorporation	939
	Paychex Inc	27,300
	Paypal Holdings Incorporated	12,446
	Pepsico Inc	38,979
	Pfizer Inc PFE	3,130
	Ping Insurance Group Company	490
	Pioneer Natural Resources Company	4,729
	Planet Fitness Inc	1,178
	PNC Financial Services	7,673
	Pool Corporation	5,660

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(a)	(b) (c)	(e)
	Description	Current Value
	Common Stock (Continued):	
	PPG Industries Incorporated	5,691
	Premier Incorporated Class A	2,841
	Proctor and Gamble Company	3,435
	Progressive Corporation	2,464
	Prologis Incorporated REIT	1,852
	Prosus N V Sponsored ADR	1,338
	PTC INC	31,620
	Public Service Enterprise Group Incorporated	1,535
	Qorvo Incorporated	2,189
	Quantumscape Corp	6,435
	Raytheon Technologies Corporation	4,647
	Reckitt Benckiser Group PLC	1,924
	Roblox Corporation	722
	Roche Hldg Limited Sponsorship ADR	17,423
	Roku Inc	23,505
	Rollins Incorporated	1,779
	Ryanair Holdings PLC	2,149
	S&P Global Inc	36,811
	Salesforce Com	24,396
	Schneider Electric	6,472
	Scotts Miracle-Gro Company Class A	4,830
	Sea LTD	3,356
	Sempra	2,778
	Sentinelone Inc	4,292
	Service Now Inc	2,596
	Seven & 1 Holdings Company Limited	1,405
	Shopify Inc	97,798
	SiteOne Landscape Supply Inc	31,012
	Skyworks Solutions	1,723
	SM Energy Company	590
	SMC Corporation	809
	Smith & Nephew PLC SPDN ADR New	3,462
	Snap Incorporated Class A	1,129

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(a)	(b) (c)	(e) Current Value
	Description	
	Common Stock (Continued):	
	Snowflake Inc	6,436
	Softbank Group Corporation	1,463
	Southern Company	2,675
	SP Plus Corporation	875
	Splunk Inc	20,830
	Spotify Technology	1,170
	Sprinkler Inc	1,000
	Stanley Black & Decker Incorporated	2,075
	Stryker Corp	33,428
	Symrise AG	4,742
	Syneos Health	2,875
	Taiwan Semiconductor	7,820
	Target Corporation	3,472
	TC Energy Corporation	2,189
	TE Connectivity Limited	2,259
	Techtronic Industries Limited	3,981
	Teledyne Technologies Incorporated	1,748
	Tencent Holdings Limited	1,348
	Teradyne Incorporated	5,069
	Tesla Incorporated	6,341
	Texas Instruments Incorporated	7,162
	The Trade Desk Inc	98,055
	Thermo Fisher Scientific Incorporated	2,002
	Thor Industries Incorporated	3,321
	Tilray Inc	759
	TJX Companies Incorporated	1,063
	Tractor Supply Company	1,202
	Trane Technologies	1,212
	Transmedics Group Inc	26,038
	TransUnion	44,586
	Travelers Companies Incorporated	18,146
	Trimas Corporation	444
	TTEC Holdings Inc	910

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(a)	(b) (c)	(e) Current Value
	Description	
	Common Stock (Continued):	
	Twilio Inc	25,281
	Uber Technologies Incorporated	1,719
	UBS Group	5,141
	UiPath Inc	1,078
	Unifirst Corporation	2,314
	Union Pacific Corp	7,060
	United Parcel Service Incorporated Class B	3,001
	UnitedHealth Group Incorporated	4,519
	Unity Software Inc	6,721
	Univar Solutions Incorporated	510
	Upstart Holdings Inc	7,716
	US Bancorp Del	1,854
	Verizon Communications Inc	18,030
	Vertiv Holdings Co Com	28,740
	Viad Corporation	300
	Visa Incorporated Com Class A	6,935
	Vistra Corporation	1,343
	Voyager Digital LTD	7,650
	Vulcan Materials Company	2,906
	Walmart Incorporated	2,170
	Walt Disney Co	39,807
	Waste Management Incorporated	2,670
	Western Digital Corp	6,521
	White Mountains Insurance Group	3,042
	Whole Earth Brands Incorporated	429
	Williams Companies Incorporated	4,323
	Workday Incorporated Class A	546
	World Fuel Services Corporation	582
	Wynn Resorts	4,167
	Xpeng Inc ADR	14,142
	Yum China Holdings Incorporated	2,442
	Zebra Technologies Corporation Class A	9,523
	Zimmer Biomet Mldgs	21,420

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(a)	(b) (c)	(e)
	Description	Current Value
	Common Stock (Continued):	
	Zoetis Corporation Class A	2,440
	Zoetis Inc	21,231
	ZoomInfo Technologies Inc	385
	Zscaler Inc	1,927
	Zurich Insurance Group	4,614
	Zynga Inc	614
		<u>3,951,807</u>
	Corporate Bonds:	
	Public Storage Dep, 5.4%, 1/20/21	24,007
	Wells Fargo & Company, 2.625%, 7/22/2022	25,309
		<u>49,316</u>
*	Variable Annuity Contract:	
	Voya Fixed Account	<u>1,252,077</u>
*	Voya Pooled Separate Accounts:	
	AllianceBernstein High Income	713,165
	American Century Mid Cap Value	404,104
	American Funds Balanced	4,272,554
	American Funds EuroPac Growth	1,412,259
	American Funds New Perspective	1,231,112
	Brandywine Global High Yield Fund	78,481
	Developing Markets Fund	445,795
	DFA US Targeted VI Port Ins	241,273
	Fidelity 500 Index Fund	895,543
	Fidelity Advanced Growth Opportunity Fund	41,543
	Fidelity Mid Cap Index Fund	118,167
	Fidelity RI EST Ind Fund	59,631
	Fidelity Small Cap Index Fund	804,052
	Fidelity US Bond Fund	55,100
	JPMorgan Large Cap Growth	4,715,523
	Loomis Sayles Inflation Protected	682,030
	MyCompass CNS 2025	272
	MyCompass Aggregate 2035	393

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(a)	(b) (c)	(e)
	Description	Current Value
*	Voya Pooled Separate Accounts (Continued):	
	MyCompass Aggregate 2055	5,300
	MyCompass Aggregate Retirement Fund	3,225
	MyCompass CNS 2055	200
	MyCompass Mod 2025	1,104,144
	MyCompass Mod 2035	2,529,795
	MyCompass Mod 2045	2,190,216
	MyCompass Mod 2055	4,110,626
	MyCompass Mod Retirement	446,216
	Nuveen Strategic Income Fund	151,542
	PGIM Jennison Mid Cap Growth Fund	419,558
	PGIM Jennison Utility Fund	239,270
	PGIM Total Return Bond Fund	1,175,390
	T. Rowe Price New Era Fund	2,908
	TIAA-CREF Core Plus Bond Fund	30
	Vanguard Windsor II Fund	2,253,507
		<u>30,802,924</u>
	Cash Equivalents:	
	BIF Money Market Fund	19,251
	FDIC Insured Deposit Account	58,152
	Fidelity Government Cash Reserves	49,915
	Raymond James Bank Sweep Account	170,971
	Schwab Money Market Fund Sweep Account	20,955
	FIMM Money Market Port Fund Inst Class	14,711
	Voya Government Money Market	17,277
		<u>351,232</u>
*	Notes receivable from participants (5.25% - 7.50%)	<u>277,908</u>
		<u>\$ 42,982,403</u>

* Investments are with parties-in-interest.

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	Description	Current Value
	Mutual Funds:	
	American Mutual Fund Class A	\$ 110,525
	Baird Aggregate Bond Fund Class A	32,996
	Buffalo Discovery Fund	39,542
	Calamos Growth and Income Class A	109,573
	Cohen & Steers Realty CL	28,809
	Davis New York Venture Class A	111,263
	DFA Global Real Estate Sector Portfolio	30,120
	Dodge & Cox Balanced Fund N/L	19,382
	Dodge & Cox Income Fund N/L	126,476
	Dodge & Cox International Stock Fund N/L	23,329
	Doubleline Total Return Bond	114,111
	DWS Global Infrastructure FD-A	17,154
	Federated Hermes Institutional High Yield Bond	8,515
	Federated Hermes Short Term Income	12,604
	Fidelity Advisor Investment Grade Bond Class Z	56,446
	Fidelity International Index Fund	20,430
	Fidelity Strategic Income Fund	19,438
	Franklin Convertible Securities Fund Advisor Class	47,336
	Franklin Income Fund Class A	74,674
	Franklin Mutual Series Shares Class A	67,996
	FS KKR Capital Corp	628
	Goldman Sachs Emerging Markets Equity Insights I	32,986
	Guggenheim Total Return Bond CL P	59,781
	Harbor Cap Appreciation	53,234
	Invesco Oppenheimer International Small-Mid	35,467
	Lazard Global Listed Infrastructure Open	20,529
	Metropolitan West Total Return Bond Fund Class I	28,760
	MFS Emerging Markets Debt Fund	10,029
	MFS International Diversification FD A	19,337
	New World Fund Class A	77,464
	PGIM High Yield Fund	5,112
	PIMCO Income Institutional Fund	17,402
	PIMCO Low Duration Fund	8,398

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	Description	Current Value
	Mutual Funds (Continued):	
	Schwab S&P 500 Index Fund	612,263
	T. Rowe Price Global Technology Fund	50,081
	T. Rowe Price Health Sciences Fund N/L	37,391
	Templeton Growth Fund Class A	42,623
	The Growth Fund of America Class A	244,007
	Thornburg Limited Term Income Fund Class I N/L	101,151
	Thornburg Limited Term US Government Fund Class I	66,101
	Transamerica High Yield Bond Fund	8,521
	Vanguard GNMA Fund Investor Class N/L	49,929
	Vanguard Inflation Protected Securities	57,223
	Vanguard Wellesley Income Fund Investor Class N/L	137,947
		<u>2,847,083</u>
	Exchange-Traded Funds (ETFs):	
	Ark Innovation ETF	946
	Comm Services Select	74,029
	Consumer Discretionary SPDR	88,318
	Fidelity Low Volatility Factor ETF	69,577
	Fidelity MSCI Utilities Index	3,428
	First Trust Cloud Computing	30,563
	First Trust Dow Jones	31,658
	Health Care Select SPDR	80,730
	Invesco QQQ Trust	77,111
	Ishares Core S&P 500	82,519
	Ishares Core S&P Mid-Cap	186,550
	Ishares Core S&P Small-CAP	137,641
	Ishares Core US	326,269
	Ishares Edge MSCI Min Vol Global ETF	26,204
	Ishares Edge USA Momentum Factor ETF	26,182
	Ishares Inc Core MSCI Emerging Mkts	97,751
	Ishares NASDAQ Biotech	25,335
	Ishares Russell 2000	35,072
	Ishares TR Broad USD Hight	36,824
	Global X Funds SHS	12,322

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	Description	Current Value
	Exchange-Traded Funds (ETFs) (Continued):	
	Ishares TR Core MSCI EAFE	247,208
	Ishares TR Core 1-5 Year USD	75,695
	Ishares TR MSCI Min Vol ETF	117,467
	Ishares TR USA Small-Cap Min	27,402
	Materials Select Sector	27,727
	Pacer Benchmark Data and Infrastructure	10,777
	ProShares Online Retail ETF	8,735
	Real Estate Select Secotr SDPR	10,984
	Sector SPDR Consumers STPL	29,919
	Sector SPDR Energy	28,916
	Sector SPDR Industrial	48,990
	SPDR S&P 500 ETF	308,724
	SPDR S&P 500 Growth ETF	116,542
	SPDR S&P Transportation ETF	8,585
	Ishares US Regional Banks ETF	15,996
	Vanguard Financials ETF	77,546
	Vanguard Mid-Cap ETF	42,037
	Vanguard Short Term Bond	8,406
	Vanguard Index Funds S&P 500 ETF	630,844
	Vanguard Information Tech EFT	158,527
		<u>3,450,056</u>
	Common Stock:	
	10X Genomics Inc	4,469
	Abbott Labs	30,822
	Abbvie Incorporated	3,385
	Accenture PLC Class A	2,902
	ACI Worldwide Incorporated	1,943
	Addidas AG ADR	2,735
	Adobe Systems	31,188
	Advance Auto Parts Incorporated	2,879
	Adyen N V Unsponsored ADS	1,682
	Agilent Technologies Inc	23,149
	AIA Group Limited Sponsor ADR	3,428

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(a)	(b) (c)	(e) Current Value
Description		
Common Stock (Continued):		
	Air Liquid ADR	2,336
	Air Transport Services Group	3,408
	Airbnb Inc	2,997
	AKZO Nobel NV Sponsored ADS New	4,280
	Albemarle Corp	935
	Alight Incorporated Com Class A	1,427
	Allegion PLC	2,914
	Alphabet Incorporated Cap Stk Class A	2,897
	Alphabet Incorporated Cap Stk Class C	92,595
	Amadeus IT Group SA Unsponsored	3,256
	Amazon Com Incorporated	10,003
	American Eagle Outfitters	3,878
	American Equity Investment Life	2,063
	American Express Company	3,763
	American International Group Incorporated	2,104
	American Tower Corporation	4,095
	Amphenol Corp	21,165
	Ansys Incorporated	2,407
	AON PLC	2,705
	Apollo Global Management Incorporated	3,404
	App Harvest Inc	280
	Appian Corp	4,760
	Apple Incorporated	18,290
	Aptiv PLC	34,640
	Argan Incorporated	1,199
	Armstrong World Industries	2,206
	Aspen Technology Incorporated	2,587
	Atkore Incorporated	1,445
	Atlassian Corporation PLC Class A	1,525
	Avantor Incorporated	2,992
	Avaya Holdings Corporation	1,940
	Avery Dennison Corporation	1,949
	Axalta Coating Systems Limited	1,722

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(a)	(b) (c)	(e) Current Value
Description		
Common Stock (Continued):		
	Axis Cap Holdings	1,198
	Bank New York Mellon Corporation	2,730
	Bank of America Corp	6,718
	Bayer Ag Sponsored ADR	3,073
	Becton Dickinson & Company	3,018
	Bentley Systems Incorporated Com Class B	2,320
	Berkley WR Corporation	3,625
	Berkshire Hathaway	440,726
	Best Buy Incorporated	1,930
	Biontech SE Sponsored	516
	Bio-Techne Corp	46,043
	BJs Wholesale Club Holdings Incorporated	2,143
	Blackrock Incorporated	916
	Blackstone Incorporated	2,717
	Block Inc	4,845
	BNP Paribas Sponsored ADR	5,287
	Boeing Co	1,611
	Boston Properties Incorporated REIT	1,037
	Boston Scientific Corporation	1,189
	BP PLC	3,275
	Brambles Limited Sponsor ADR	1,113
	Bright Horizons Family	2,266
	British American	1,758
	Broadcom LTD	69,203
	CACI International Incorporated Class A	1,615
	Cadence Design System Incorporated	2,982
	Cannae Holdings Incorporated	2,988
	Catalent Inc	30,855
	CDK Global Incorporated	960
	CDW Corp	7,372
	Centennial Resource Development Incorporated	550
	Charles Riv Labs International	5,652
	Chemed Corporation	2,645

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(a)	(b) (c)	(e) Current Value
	Description	
Common Stock (Continued):		
	Chesapeake Energy Corporation	452
	Chevron Corp	950
	Chipotle Mexican Grill Incorporated	1,748
	Chubb Limited	2,513
	Cigna Corporation	2,756
	Cisco Systems Inc	27,756
	Citigroup Incorporated	2,416
	Clarivate Analytics PLC	34,786
	Cloudflare Inc	4,603
	CLP Holdings Limited	2,606
	CNA Financial Corporation	970
	Coca Cola Company	3,434
	Cognizant Technology Solutions Class A	3,194
	Colfax Corporation	781
	Colgate Palmolive	18,433
	Comcast Corporation	9,462
	Comfort Systems USA Incorporated	2,177
	Computer Programs & Systems Incorporated	674
	ConocoPhillips	2,093
	Constellation Brand	10,865
	Continental Resource	632
	Continental AG Sponsored ADS	688
	Cooper Companies Incorporated Com	3,770
	Copart Incorporated	3,791
	Corecivic Incorporated	1,117
	Costar Group Inc	21,338
	Costco Wholesale Co	56,909
	Coupang Inc	13,397
	Credit Suisse Group	2,747
	CRISPR Therapeutics F	758
	CrowdStrike Holdings Inc	7,166
	Curtiss Wright Corporation	1,387
	CVS Health Corporation	3,301

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	Description	Current Value
	Common Stock (Continued):	
	D.R. Horton Incorporated	3,254
	Daikin Industries Limited	4,758
	Danaher Corporation DEL	59,880
	Danone Sponsored ADR	1,850
	Deckers Outdoor Company	2,198
	Deere & Company	2,400
	Dermtech Inc	10,333
	Dexcom Inc	3,759
	Diageo PLC Sponsored	5,504
	Digital Rlty TR Incorporated REIT	17,687
	Discover Financial Services	2,196
	Docusign Inc	5,940
	Dominion Res Incorporated VA New	17,205
	Dover Corporation	3,087
	DraftKings Inc	21,015
	Duck Creek Technologies Incorporated	1,265
	Duke Energy Corporation	2,623
	Dun & Bradstreet Holdings Incorporated	1,926
	Dupont De Nemours Incorporated	1,858
	DXC Technology Company	901
	Eaton Corporation	2,074
	Ecolab Incorporated	26,039
	Edison International	2,048
	Elanco Animal Health Inc	2,157
	Enbridge Incorporated	3,481
	ENI SpA Sponsored ADR	2,378
	Entegris Inc Com	35,338
	Entravision Communication	2,915
	Eplus Incorporated	1,616
	Equifax Incorporated	4,392
	Eversource Energy	1,638
	Experian PLC Sponsored	738
	Exponent Incorporated	2,218

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(a)	(b) (c)	(e) Current Value
Description		
Common Stock (Continued):		
	Fair Isaac Corporation	1,735
	Fastenal Company	19,218
	Fidelity National Financial Group	1,878
	Fidelity National Information Services	1,637
	FMC Corp	28,022
	Ford Motor Company	10,437
	Fortinet Inc	34,502
	Fortune Brands Home & Security Incorporated	2,566
	Franco Nevada Corporation (Canada)	10,372
	Fujitsu Limited Un-sponsored	2,501
	Fulgent Genetics Inc	5,935
	Gaming & Leisure Incorporated	1,071
	General Motors Company	2,052
	Genworth Financial Incorporated Com	932
	Gilead Sciences Inc	11,262
	Glencore PLC Un-sponsored	2,275
	Global Payments Inc.	40,419
	GoHealth Incorporated	269
	Goldman Sachs Group	67,812
	GoodRX Holdings	980
	Graco Inc	30,233
	Graftech International Limited	1,585
	Haemonics Corporation	636
	Harsco Corporation	618
	HDFC Bank Limited	4,360
	Henry Jack & Associates Incorporated	2,004
	Hitachi Limited ADR	5,085
	HollyFrontier Corporation	1,016
	Home Depot Inc	26,442
	Honeywell International Inc	21,268
	Horizon Therapeutics	2,910
	Hostess Brands Incorporated Class A	2,185
	HubSpot Inc	3,955

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(a)	(b) (c)	(e) Current Value
Description		
Common Stock (Continued):		
	Huntington Ingalls Industries	1,307
	Illinois Tool Incorporated (ITW)	2,221
	Illumina Inc	92,447
	Infineon Technologies	1,196
	Ing Group NV Sponsored	1,072
	Ingles Markets Incorporated Class A	1,122
	Insteel Industries	1,196
	Interactive Brokers Group Incorporated	3,097
	Interpublic Group Companies Incorporated	2,921
	Intuitive Surgical Incorporated	359
	Ituran Location and Control	453
	JD Com	911
	Johnson & Johnson	32,503
	JPMorgan Chase & Co	26,778
	KBC Group NV Unsponsored	1,588
	KDDI Corporation	2,876
	Kering SA Unsponsored	1,045
	Keurig Dr Pepper Inc	29,488
	Kimberly-Clark Corporation	3,001
	Kinsale Capital Group	1,430
	KKR & Company Incorporated	1,118
	Koninklijke Philips	2,911
	Kubota Corporation	5,100
	L3 Harris Technologies	32,626
	Lam Research Corporation	3,596
	Lauder Estee Companies Incorporated	1,851
	Lennox International Incorporated	2,919
	Liberty Latin America Limited Class A	385
	Liberty Latin America Limited Class C	638
	Life Storage Incorporated REIT	45,954
	Lilly Eli & Company	1,657
	Linde PLLC	48,156
	LKQ Corporation	3,662

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(a)	(b) (c)	(e)
	Description	Current Value
	Common Stock (Continued):	
	Lockheed Martin Corporation	1,066
	Lowes Companies Incorporated	1,809
	LPL Financial Holdings Incorporated	3,202
	Lululemon Athletica Incorporated	1,174
	LVMH Moet Hennessy Lou Vuitton	7,441
	M&T Bk Corporation	15,358
	Marriott International Incorporated	1,652
	Marsh & McLennan Companies Incorporated	1,912
	Marvell Tech Group	102,872
	Mastercard Incorporated Class A	28,455
	Match Group Incorporated	1,058
	McDonalds Corporation	26,807
	McKesson Corporation	1,491
	Mednax Incorporated	327
	Medtronic Incorporated	22,552
	Mercadolibre Inc	17,529
	Merck & Company	6,284
	Mercury Systems Inc	23,125
	Meta Platforms Incorporated Class A	4,373
	Metlife Incorporated	2,125
	Microchip Technology Incorporated	3,134
	Microsoft Corp	43,819
	Mitsubishi UFJ Group Incorporated Sponsored ADS	3,795
	Moderna Inc MRNA	3,048
	Molson Coors Beverage Company Class B	1,066
	Mondelelez International Incorporated Class A	5,437
	Mongoob Inc	3,705
	Morgan Stanley Com	5,497
	MSCI Incorporated	4,902
	Murphy USA Incorporated	2,789
	NASDAQ Inc	2,733
	NCR Corporation	2,492
	Nestle S A Sponsored ADR (Switzerland)	25,456

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(a)	(b) (c)	(e)
	Description	Current Value
	Common Stock (Continued):	
	Netease Incorporated	2,748
	Netflix Incorporated	45,183
	New Found Gold Corp	1,909
	Newmark Group Incorporated Class A	729
	Nextera Energy Incorporated Class B	4,481
	Nike Incorporated Class B	1,500
	Nordson Corp	4,084
	Norfolk Southern Corporation	2,084
	Northrop Grumman Corporation	5,032
	NortonLifeLock Inc	2,110
	Novartis AG Sponsored	1,400
	Novo-Nordisk A S ADR	6,048
	NUCOR Corp	9,169
	NVIDIA Corp	165,366
	NXP Semiconductors N V	1,367
	Oaktree Specialty Lending Corporation	821
	OGE Energy Corporation	729
	Okta Inc	4,483
	Oracle Corporation	2,180
	Otis Worldwide Corporation	697
	Palantir Technologies Inc	1,785
	Palo Alto Networks Inc	43,427
	Parker-Hannifin Corporation	2,227
	Patterson Companies Incorporation	939
	Paychex Inc	27,300
	Paypal Holdings Incorporated	12,446
	Pepsico Inc	38,979
	Pfizer Inc PFE	3,130
	Ping Insurance Group Company	490
	Pioneer Natural Resources Company	4,729
	Planet Fitness Inc	1,178
	PNC Financial Services	7,673
	Pool Corporation	5,660

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(a)	(b) (c)	(e)
	Description	Current Value
	Common Stock (Continued):	
	PPG Industries Incorporated	5,691
	Premier Incorporated Class A	2,841
	Proctor and Gamble Company	3,435
	Progressive Corporation	2,464
	Prologis Incorporated REIT	1,852
	Prosus N V Sponsored ADR	1,338
	PTC INC	31,620
	Public Service Enterprise Group Incorporated	1,535
	Qorvo Incorporated	2,189
	Quantumscape Corp	6,435
	Raytheon Technologies Corporation	4,647
	Reckitt Benckiser Group PLC	1,924
	Roblox Corporation	722
	Roche Hldg Limited Sponsorship ADR	17,423
	Roku Inc	23,505
	Rollins Incorporated	1,779
	Ryanair Holdings PLC	2,149
	S&P Global Inc	36,811
	Salesforce Com	24,396
	Schneider Electric	6,472
	Scotts Miracle-Gro Company Class A	4,830
	Sea LTD	3,356
	Sempra	2,778
	Sentinelone Inc	4,292
	Service Now Inc	2,596
	Seven & 1 Holdings Company Limited	1,405
	Shopify Inc	97,798
	SiteOne Landscape Supply Inc	31,012
	Skyworks Solutions	1,723
	SM Energy Company	590
	SMC Corporation	809
	Smith & Nephew PLC SPDN ADR New	3,462
	Snap Incorporated Class A	1,129

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(a)	(b) (c)	(e) Current Value
	Description	
Common Stock (Continued):		
	Snowflake Inc	6,436
	Softbank Group Corporation	1,463
	Southern Company	2,675
	SP Plus Corporation	875
	Splunk Inc	20,830
	Spotify Technology	1,170
	Sprinkler Inc	1,000
	Stanley Black & Decker Incorporated	2,075
	Stryker Corp	33,428
	Symrise AG	4,742
	Syneos Health	2,875
	Taiwan Semiconductor	7,820
	Target Corporation	3,472
	TC Energy Corporation	2,189
	TE Connectivity Limited	2,259
	Techtronic Industries Limited	3,981
	Teledyne Technologies Incorporated	1,748
	Tencent Holdings Limited	1,348
	Teradyne Incorporated	5,069
	Tesla Incorporated	6,341
	Texas Instruments Incorporated	7,162
	The Trade Desk Inc	98,055
	Thermo Fisher Scientific Incorporated	2,002
	Thor Industries Incorporated	3,321
	Tilray Inc	759
	TJX Companies Incorporated	1,063
	Tractor Supply Company	1,202
	Trane Technologies	1,212
	Transmedics Group Inc	26,038
	TransUnion	44,586
	Travelers Companies Incorporated	18,146
	Trimas Corporation	444
	TTEC Holdings Inc	910

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(a)	(b) (c)	(e) Current Value
	Description	
	Common Stock (Continued):	
	Twilio Inc	25,281
	Uber Technologies Incorporated	1,719
	UBS Group	5,141
	UiPath Inc	1,078
	Unifirst Corporation	2,314
	Union Pacific Corp	7,060
	United Parcel Service Incorporated Class B	3,001
	UnitedHealth Group Incorporated	4,519
	Unity Software Inc	6,721
	Univar Solutions Incorporated	510
	Upstart Holdings Inc	7,716
	US Bancorp Del	1,854
	Verizon Communications Inc	18,030
	Vertiv Holdings Co Com	28,740
	Viad Corporation	300
	Visa Incorporated Com Class A	6,935
	Vistra Corporation	1,343
	Voyager Digital LTD	7,650
	Vulcan Materials Company	2,906
	Walmart Incorporated	2,170
	Walt Disney Co	39,807
	Waste Management Incorporated	2,670
	Western Digital Corp	6,521
	White Mountains Insurance Group	3,042
	Whole Earth Brands Incorporated	429
	Williams Companies Incorporated	4,323
	Workday Incorporated Class A	546
	World Fuel Services Corporation	582
	Wynn Resorts	4,167
	Xpeng Inc ADR	14,142
	Yum China Holdings Incorporated	2,442
	Zebra Technologies Corporation Class A	9,523
	Zimmer Biomet Mldgs	21,420

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(a)	(b) (c)	(e)
	Description	Current Value
	Common Stock (Continued):	
	Zoetis Corporation Class A	2,440
	Zoetis Inc	21,231
	ZoomInfo Technologies Inc	385
	Zscaler Inc	1,927
	Zurich Insurance Group	4,614
	Zynga Inc	614
		<u>3,951,807</u>
	Corporate Bonds:	
	Public Storage Dep, 5.4%, 1/20/21	24,007
	Wells Fargo & Company, 2.625%, 7/22/2022	25,309
		<u>49,316</u>
*	Variable Annuity Contract:	
	Voya Fixed Account	<u>1,252,077</u>
*	Voya Pooled Separate Accounts:	
	AllianceBernstein High Income	713,165
	American Century Mid Cap Value	404,104
	American Funds Balanced	4,272,554
	American Funds EuroPac Growth	1,412,259
	American Funds New Perspective	1,231,112
	Brandywine Global High Yield Fund	78,481
	Developing Markets Fund	445,795
	DFA US Targeted VI Port Ins	241,273
	Fidelity 500 Index Fund	895,543
	Fidelity Advanced Growth Opportunity Fund	41,543
	Fidelity Mid Cap Index Fund	118,167
	Fidelity RI EST Ind Fund	59,631
	Fidelity Small Cap Index Fund	804,052
	Fidelity US Bond Fund	55,100
	JPMorgan Large Cap Growth	4,715,523
	Loomis Sayles Inflation Protected	682,030
	MyCompass CNS 2025	272
	MyCompass Aggregate 2035	393

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(a)	(b) (c)	(e) Current Value
	Description	
*	Voya Pooled Separate Accounts (Continued):	
	MyCompass Aggregate 2055	5,300
	MyCompass Aggregate Retirement Fund	3,225
	MyCompass CNS 2055	200
	MyCompass Mod 2025	1,104,144
	MyCompass Mod 2035	2,529,795
	MyCompass Mod 2045	2,190,216
	MyCompass Mod 2055	4,110,626
	MyCompass Mod Retirement	446,216
	Nuveen Strategic Income Fund	151,542
	PGIM Jennison Mid Cap Growth Fund	419,558
	PGIM Jennison Utility Fund	239,270
	PGIM Total Return Bond Fund	1,175,390
	T. Rowe Price New Era Fund	2,908
	TIAA-CREF Core Plus Bond Fund	30
	Vanguard Windsor II Fund	2,253,507
		<u>30,802,924</u>
	Cash Equivalents:	
	BIF Money Market Fund	19,251
	FDIC Insured Deposit Account	58,152
	Fidelity Government Cash Reserves	49,915
	Raymond James Bank Sweep Account	170,971
	Schwab Money Market Fund Sweep Account	20,955
	FIMM Money Market Port Fund Inst Class	14,711
	Voya Government Money Market	17,277
		<u>351,232</u>
*	Notes receivable from participants (5.25% - 7.50%)	<u>277,908</u>
		<u>\$ 42,982,403</u>

* Investments are with parties-in-interest.