

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>COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST</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>COLUMBIA ORTHOPAEDIC GROUP LLP</u> <u>1 SOUTH KEENE STREET</u> <u>COLUMBIA, MO 65201</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>01/01/1987</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>43-1427548</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>573-876-8651</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>01/01/1987</u>		2b Employer Identification Number (EIN) <u>43-1427548</u>		2c Plan Sponsor's telephone number <u>573-876-8651</u>		2d Business code (see instructions) <u>621111</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
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2c Plan Sponsor's telephone number <u>573-876-8651</u>											
2d Business code (see instructions) <u>621111</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	ANDREW LOVEWELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	199
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)	161
a(2) Total number of active participants at the end of the plan year		6a(2)	151
b Retired or separated participants receiving benefits.....		6b	8
c Other retired or separated participants entitled to future benefits		6c	39
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	198
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	198
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	193
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	6
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 2T 3D 3H			
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>1</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 COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 COLUMBIA ORTHOPAEDIC GROUP LLP	D Employer Identification Number (EIN) 43-1427548

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 JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

(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
01-0233346	65838	128022	2	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	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	1226174

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 ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

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 COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 COLUMBIA ORTHOPAEDIC GROUP LLP	D Employer Identification Number (EIN) 43-1427548	

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
JOHN HANCOCK LIFE INSURANCE COMPANY
01-0233346

(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)

CENTRAL TRUST COMPANY

720 EAST BROADWAY 4TH FLOOR
COLUMBIA, MO 65201

(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?
21 26 27 28 38 50 51	NONE	66816	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB

94-1737782

(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?
19 28 33	NONE	24585	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASCENSUS LLC

11-3665754

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 99 60 15 19	NONE	19497	Yes ☒ No ☐	Yes ☐ No ☒	239	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)

CETERA

200 N MARTINGALE RD
SCHAUMBURG, IL 60173

(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?
21 26 27 28 38 50 51	NONE	15832	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NMIS

52-2114207

(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?
57 72	NONE	12822	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

SIMMONS BANK

801 EAST BROADWAY
COLUMBIA, MO 65205

(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?
28 71 68 19	NONE	9661	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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>COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST</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>COLUMBIA ORTHOPAEDIC GROUP LLP</u>	D Employer Identification Number (EIN) <u>43-1427548</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>AMERICAN CENTURY HERITAGE</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</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>36264</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DFA EMERGING MARKETS VALUE</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</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>13813</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DFA U.S. SMALL CAP FUND</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</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>23343</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO SMALL CAP GROWTH</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</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>28672</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMORGAN MIDCAP VALUE FUND</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</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>66477</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MID CAP GROWTH</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</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>39699</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>THE GROWTH FUND OF AMERICA</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</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>111415</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD MID-CAP GROWTH ETF**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 137545
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD SMALL CAP GROW INDEX**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32159
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD SMALL CAP VALUE INDEX**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56263
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a Name of MTIA, CCT, PSA, or 103-12 IE: **500 INDEX FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 208323
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MUTUAL GLOBAL DISCOVERY**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9782
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FUNDAMENTAL INVESTORS**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 101049
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JOHN HANCOCK DISCIPLINED VALUE**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63014
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a Name of MTIA, CCT, PSA, or 103-12 IE: **AMERICAN BALANCED FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 234036
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INVESCO INTERNATIONAL BOND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27455
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FEDERATED HIGH YIELD BOND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36865
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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
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**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>COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COLUMBIA ORTHOPAEDIC GROUP LLP</u>	D Employer Identification Number (EIN) <u>43-1427548</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	23908	19687
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1255996	1192655
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	7895	7650
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2089684	1836746
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	65254	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	6972901	7958658
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	204348	182732
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	30170830	33234082
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	612126	798247

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	41402942 45230457
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	41402942 45230457

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1195048
	(B) Participants	2a(1)(B)	831240
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	2026288
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1530
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	349
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	8893
	(F) Other	2b(1)(F)	2466
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	13238
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	81395
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	577736
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	659131
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	38435298
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	38602207
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	-166909
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	992554
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	992554

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		4375982
c Other income.....	2c		26
d Total income. Add all income amounts in column (b) and enter total.....	2d		7900310
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3923203	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		3923203
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	16332	
(3) Investment advisory and management fees.....	2i(3)	133260	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		149592
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4072795
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		3827515
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **EVERS & COMPANY, CPAS, LLC**

(2) EIN: **43-1121359**

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		19681

	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.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 COLUMBIA ORTHOPAEDIC GROUP LLP		D Employer Identification Number (EIN) 43-1427548
Part I	Distributions	
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): 20-3874538 45-0404698		
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.)	
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	
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		
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.	
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 _____

**COLUMBIA ORTHOPÆDIC
GROUP PROFIT SHARING
PLAN AND TRUST**

Columbia, Missouri

INDEPENDENT AUDITORS' REPORT

December 31, 2021 and 2020

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Evers & Company, CPA's, L.L.C.

Certified Public Accountants and Consultants

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Dale A. Siebeneck
Wendy M. Renner
Eldon H. Becker, Jr.
Jessica L. Bridges
Bobbie J. Redmon-Murray
Kevin B. Johnson
Theresa E. Price

INDEPENDENT AUDITORS' REPORT

Elmer L. Evers, Emeritus
Jerome L. Kauffman, Emeritus
Keith L. Taylor, Emeritus
Bruce A. Vanderveld, Emeritus
Jo L. Moore, Emeritus

To the Plan Trustees
**Columbia Orthopaedic Group Profit
Sharing Plan and Trust**
Columbia, Missouri:

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

We have performed an audit of the accompanying financial statements of Columbia Orthopaedic Group Profit Sharing Plan and Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- 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 Columbia Orthopaedic Group Profit Sharing Plan and Trust'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 Columbia Orthopaedic Group Profit Sharing Plan and Trust's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

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

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Evers & Company, CPA's, LLC

EVERS & COMPANY, CPA'S, L.L.C.
Jefferson City, Missouri

October 14, 2022



Evers & Company, CPA's, L.L.C.

Certified Public Accountants and Consultants

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Jo L. Moore, Emeritus

To the Plan Trustees
**Columbia Orthopaedic Group Profit
Sharing Plan and Trust**
Columbia, Missouri:

We were engaged to audit the accompanying statement of net assets available for benefits of Columbia Orthopaedic Group Profit Sharing Plan and Trust as of December 31, 2020, and the related notes to the financial statement.

Management's Responsibility for the Financial Statement

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

Auditors' Responsibility

Our responsibility is to express an opinion on the 2020 financial statement based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2020 financial statement. Accordingly, we do not express an opinion on the 2020 financial statement.

Report on Form and Content in Compliance With DOL Rules and Regulations for 2020 Financial Statement

The form and content of the information included in the 2020 financial statement, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Evers & Company, CPA's, LLC

EVERS & COMPANY, CPA'S, L.L.C.
Jefferson City, Missouri

October 14, 2022

COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST

Columbia, Missouri

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2021 and 2020

	2021	2020
ASSETS		
Investments		
Investments at fair value	\$ 43,827,733	\$ 39,910,795
Non-interest bearing cash	19,687	23,908
Total investments	<u>43,847,420</u>	<u>39,934,703</u>
Receivables:		
Employer contributions	1,192,655	1,255,996
Notes Receivable from participants	182,732	204,348
Other	7,650	7,895
Total receivables	<u>1,383,037</u>	<u>1,468,239</u>
Net assets available for benefits	<u>\$ 45,230,457</u>	<u>\$ 41,402,942</u>

See accompanying notes to the financial statements.

COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST

Columbia, Missouri

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2021

	<u>2021</u>
Additions to net assets attributed to:	
Investment income:	
Net appreciation (depreciation) in fair value of investments	\$ 5,201,626
Interest and dividend income	672,370
Other income (loss)	<u>26</u>
Total investment income (loss)	<u>5,874,022</u>
Contributions:	
Employers	1,195,048
Employees	<u>831,240</u>
Total contributions	<u>2,026,288</u>
Total additions	<u>7,900,310</u>
 Deductions from net assets attributed to:	
Benefits paid to participants	3,923,203
Administration expense	<u>149,592</u>
Total deductions	<u>4,072,795</u>
Net increase (decrease)	3,827,515
Net assets available for benefits, beginning of year	<u>41,402,942</u>
Net assets available for benefits, end of year	<u><u>\$ 45,230,457</u></u>

See accompanying notes to the financial statements.

COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST

Columbia, Missouri

NOTES TO THE FINANCIAL STATEMENTS

For the Years Ended December 31, 2021 and 2020

NOTE 1 - DESCRIPTION OF THE PLAN:

The following description of The Columbia Orthopaedic Group Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the plan agreement for a more comprehensive description of the Plan's provisions.

General: The Plan is a defined contribution plan covering substantially all employees of Columbia Orthopaedic Group L.L.P., Mark A. Adams, M.D., P.C., Thomas J. Aleto, M.D., P.C. Alan G. Anz, M.D., P.C., Kurt T. Bormann, M.D., P.C., Peter K. Buchert, M.D., P.C., Christopher D. Farmer, M.D., P.C., Joshua C. Hamann, M.D., P.C., Thomas R. Highland, M.D., P.C., David E. Hockman, M.D., P.C., Benjamin T. Holt, M.D., P.C., Tyler Jenkins, M.D., P.C., Matthew L. Jones, M.D., P.C., Brian D. Kleiber, M.D., P.C., Jason T. Koreckij, M.D., P.C., S. Craig Meyer, M.D., P.C., John D. Miles, M.D., P.C., James C. Newton, M.D., P.C., Jeffrey W. Parker, M.D., P.C., Michael Robertson, M.D., P.C., Shawn Sahota, M.D., P.C., Patrick A. Smith, M.D., P.C., Byron R. Tarbox, M.D., P.C., Matt E. Thornburg, M.D., P.C., Tameem Yehyaw, M.D., P.C.(The Employers).

The Plan was established January 1, 1987, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility Requirements: Employees who have completed one year of service and have attained the age of 21 are eligible to participate in the Plan.

Contributions: Participants contribute to the Plan in accordance with a participant salary deferral agreement. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Employers contribute a safe harbor nonelective contribution equal to 3% of compensation. The Employer may also contribute a discretionary matching contribution and a discretionary profit sharing contribution. A discretionary profit sharing contribution was made in 2021 and 2020. Participants direct the investment of contributions into various investment options offered by the Plan.

Participant Accounts: Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contributions, if any, (b) Plan earnings, and (c) forfeitures of terminated participants' nonvested accounts and charged with an allocation of administrative expenses, if any. 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.

COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST

Columbia, Missouri

NOTES TO THE FINANCIAL STATEMENTS

For the Years Ended December 31, 2021 and 2020

NOTE 1 - DESCRIPTION OF THE PLAN: (Cont'd)

Vesting: Participants are automatically 100% vested in the portion of their accounts resulting from participant salary deferrals, rollovers, and safe harbor nonelective contributions. Participants vest in employer matching and discretionary contributions at 0% for less than 2 years of service, 20% for 2 years of service, 40% for 3 years of service, 60% for 4 years of service, 80% for 5 years of service and 100% for 6 years or more of service. Vesting service is defined as the sum of years of service. A participant has one year of service for each one year period in which he or she has worked 1,000 hours or more. Participants become automatically 100% vested in employer matching and discretionary contributions upon attaining age 55.

Forfeitures: Forfeitures may be used to reduce employer contributions, reallocate as additional employer contributions, or to pay Plan expenses, and may be used in the year of forfeiture or the year following forfeiture. The 2021 forfeiture balance will be used to pay administrative expenses in 2021. Unused forfeitures totaled \$12,230 and \$0 at December 31, 2021 and 2020, respectively.

Distributions to participants: On termination of service for any reason other than death, a participant may elect to receive a lump sum payment, installments, or such amounts and at such time as the participant elects. Death benefits may be distributed in a lump sum payment or installments.

Participant loans (notes receivable): Participants may borrow from their fund accounts up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at a rate published in the Wall Street Journal plus 1% per year. Principal and interest are payable through payroll deductions.

Administration: Williams-Keepers LLC acts as the Plan's third-party administrator and Ascensus as record-keeper for participant accounts. Ascensus Trust Company was the Plan custodian for Ascensus participant accounts for the years 2021 and 2020. Ascensus provides general professional and administrative services related to the Plan and acts as the record-keeper for Ascensus participant accounts. In addition, Ascensus reports to the Plan Administrator and Plan participants. Central Trust and Investment Company is trustee of the Plan. Certain administrative and record-keeping costs are being absorbed by the Employers.

COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST

Columbia, Missouri

NOTES TO THE FINANCIAL STATEMENTS

For the Years Ended December 31, 2021 and 2020

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES:

Basis of accounting: The financial statements of the Plan are prepared under the accrual basis of accounting.

Valuation of investments and Income Recognition: Investments are recorded at fair value based upon quoted market prices, as determined by the custodian of the Plan's assets. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Interest income is recorded on the accrual basis.

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent notes receivable are reclassified as distributable events with respect to the default amount. No allowance for credit losses has been recorded as of December 31, 2021 and 2020.

Expenses: Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employers. Expenses that are paid by the Employers are excluded from these financial statements. Certain administrative functions are performed by officers and employees of the Employers. No officer or employee receives compensation from the Plan for these services. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

Payment of benefits: Benefits are recorded when paid.

Estimates: The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Reclassification: Certain amounts in the prior year financial statements have been reclassified for comparative purposes to conform to presentation in the current year financial statements. The overall reclassification has no impact on previously reported net assets available for benefits.

Subsequent events: Events that have occurred subsequent to December 31, 2021, have been evaluated through October 14, 2022, which represents that date the Plan's financial statements were available to be issued.

COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST

Columbia, Missouri

NOTES TO THE FINANCIAL STATEMENTS

For the Years Ended December 31, 2021 and 2020

NOTE 3 - TERMINATED PARTICIPANTS:

Net assets available for benefits at December 31, 2021 and 2020 include \$3,016,987 and \$5,566,778 respectively, allocated to the accounts of individuals who, as of or prior to that date, had withdrawn from actively participating in the earnings and operations of the Plan, generally as a result of terminating employment. These amounts may be paid within the next year, at the request of the participant. These participants receive no further contributions but do receive allocations of investment income and Plan expenses.

NOTE 4 - TAX STATUS:

The Internal Revenue Service (IRS) has determined and informed CCH Incorporated DBA FTWilliam.com by a letter dated March 31, 2014, that the volume submitter profit sharing plan with CODA as amended through that date is in a form acceptable under section 401 of the Internal Revenue Code (IRC). The Company adopted this volume submitter plan effective January 1, 2016. The Company may rely on the opinion letter issued by the IRS for this volume submitter plan as evidence that the plan is qualified to the extent provided by the IRS in Rev. Proc 2011-49 and 2011-44 I.R.B.

Although the Plan has been amended since receiving the opinion letter, the plan administrator believes that the Plan is designed and is currently operated in compliance with the applicable requirements of the IRC. Therefore, the plan administrator believes that the plan is qualified as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognizes a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 5 - RISKS AND UNCERTAINTIES:

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

COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST

Columbia, Missouri

NOTES TO THE FINANCIAL STATEMENTS

For the Years Ended December 31, 2021 and 2020

NOTE 6 - PLAN TERMINATION:

Although they have not expressed any interest to do so, the Employers have the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants remain 100% vested in their accounts.

NOTE 7 – INVESTMENTS:

Plan investments are held in various regulated financial institutions, and are unsecured. All investments are participant-directed. The following summarizes the investments at December 31, 2021 and 2020.

	<u>2021</u>	<u>2020</u>
Investments at fair value:		
Interest-bearing cash accounts	\$ 1,836,746	\$ 2,089,684
Corporate Bonds	-	65,254
Corporate Stocks	7,958,658	6,972,901
Mutual Funds	33,234,082	30,170,830
Other (Municipal Bonds and Group Annuity Contract)	798,247	612,126
Total investments	<u>\$ 43,827,733</u>	<u>\$ 39,910,795</u>

During 2021, the Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) in value and earned investment income as follows.

	<u>2021</u>
Interest income	
Group Annuity Contract	\$ 8,666
Self-directed brokerage accounts	4,998
Dividend income	
Mutual Funds	167,513
Self-directed brokerage accounts	491,193
Total interest and dividend income	<u>\$ 672,370</u>
Net appreciation (depreciation) in fair value of investments:	
Mutual Funds	\$ 2,305,799
Self-directed brokerage accounts	2,895,827
Total net appreciation (depreciation)	<u>\$ 5,201,626</u>

COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST

Columbia, Missouri

NOTES TO THE FINANCIAL STATEMENTS

For the Years Ended December 31, 2021 and 2020

NOTE 8 – INVESTMENTS CERTIFIED BY CUSTODIAN:

The plan management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the custodian, Ascensus Trust Company.

	<u>2021</u>	<u>2020</u>
Investments, at fair value		
Mutual Funds	\$ 17,311,621	\$ 15,031,890
Total investments, at fair value	<u>17,311,621</u>	<u>15,031,890</u>
Note receivable from participants	182,732	204,348
Total assets, at fair value	<u><u>\$ 17,494,353</u></u>	<u><u>\$ 15,236,238</u></u>

During 2021, the Plan's investments (including investments bought, sold, and held during the year) appreciated in value and earned investment income as follows:

	<u>2021</u>
Net Appreciation in mutual funds	\$ 2,305,799
Interest and dividend income	<u>176,179</u>
	<u><u>\$ 2,481,978</u></u>

NOTE 9 - FAIR VALUE OF FINANCIAL INSTRUMENTS:

The Plan reports fair value of financial investments in accordance with FASB ASC 820 (Statement of Financial Accounting Standards No. 157, *Fair Value Measurements*). FASB ASC 820 defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements. FASB ASC 820 applies to reported balances that are required or permitted to be measured at fair value under existing accounting pronouncements; accordingly, the standard does not require any new fair value measurements of reported balances.

COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST

Columbia, Missouri

NOTES TO THE FINANCIAL STATEMENTS

For the Years Ended December 31, 2021 and 2020

NOTE 9 - FAIR VALUE OF FINANCIAL INSTRUMENTS: (Cont'd)

That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to the unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to the unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- | | |
|---------|---|
| Level 1 | Valuation is based upon quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access. |
| Level 2 | Valuation is based upon quoted prices for similar assets or liabilities in active markets, quoted market prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, or inputs that are derived principally from or corroborated by observable market data by correlation or other means. Observable inputs may include interest rates, foreign exchange rates, and yield curves that are observable at commonly quoted intervals. |
| Level 3 | Valuation is based on methodologies that are unobservable and significant to the fair value measure. These may be generated from model-based techniques that use at least one significant assumption based on unobservable inputs for the asset or liability, which are typically based on an entity's own assumptions, as there is little, if any, related market activity. |

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment, and considers factors specific to the asset or liability. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in methodologies used at December 31, 2021 and 2020.

The following is a description of valuation methodologies used for assets recorded at fair value.

U.S. Government securities: Valued at the closing price reported in the market in which the individual security is traded.

Municipal bonds: Valued at the closing price reported in the market in which the individual security is traded.

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Columbia, Missouri

NOTES TO THE FINANCIAL STATEMENTS

For the Years Ended December 31, 2021 and 2020

NOTE 9 - FAIR VALUE OF FINANCIAL INSTRUMENTS: (Cont'd)

Corporate bonds: Certain corporate bonds are valued at the closing price reported in the inactive market in which the bond is traded. Other corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximized observable inputs such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

Common stocks: Valued at quoted market prices available on an active market. The closely-held common stocks are valued at best estimate of fair market value available, as there is no established market.

Registered Investment Companies (mutual funds): Valued at quoted market prices available on an active market.

Closed-end funds: Valued at quoted market prices available on an active market.

Annuity contracts: Valued at contract accumulation value, which totals all premiums paid and interest credited to the account before deductions for any expenses, loans or surrenders.

Pooled Separate Accounts: Valued at the closing price reported in the market in which the individual security is traded.

Unit Investment Trust: Valued at the closing price reported in the market in which the individual security is traded.

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

The table below presents the Plan's assets measured at fair value on a recurring basis as of December 31, 2021 and 2020, aggregated by the level in the fair value hierarchy within which those measurements fall:

COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST

Columbia, Missouri

NOTES TO THE FINANCIAL STATEMENTS

For the Years Ended December 31, 2021 and 2020

NOTE 9 - FAIR VALUE OF FINANCIAL INSTRUMENTS: (Cont'd)

	Level 1	Level 2	Level 3	Total
2021				
Closed end equity	\$ 1,312,759	\$ -	\$ -	\$ 1,312,759
Common stock	7,958,658	-	-	7,958,658
Municipal bonds	91,729	-	-	91,729
Mutual funds	31,725,707	-	-	31,725,707
Group annuity contract	706,518	-	-	706,518
Pooled separate accounts	195,617	-	-	195,617
Total investments	<u>\$ 41,990,988</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 41,990,988</u>
2020				
Closed end equity	\$ 950,594	\$ -	\$ -	\$ 950,594
Common stock	6,972,901	-	-	6,972,901
Corporate bonds	65,254	-	-	65,254
Municipal bonds	128,947	-	-	128,947
Mutual funds	29,049,998	-	-	29,049,998
Group annuity contract	483,179	-	-	483,179
Unit investment trust	170,238	-	-	170,238
Total investments	<u>\$ 37,821,111</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 37,821,111</u>

The table below reconciles the Investments at fair value to the total investments per the financial statements:

	2021	2020
Investments, at fair value	\$ 41,990,988	\$ 37,821,111
Cash	95,105	122,250
Money market	1,761,327	1,991,342
Total investments per financial statements	<u>\$ 43,847,420</u>	<u>\$ 39,934,703</u>

COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST

Columbia, Missouri

NOTES TO THE FINANCIAL STATEMENTS

For the Years Ended December 31, 2021 and 2020

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500:

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	<u>2021</u>	<u>2020</u>
Net Assets available for benefits per the financial statements and 5500	<u>\$ 45,230,457</u>	<u>\$41,402,942</u>

The following is a reconciliation of benefits paid per the financial statements for the year ended December 31, 2021 to Schedule H of Form 5500:

Benefits paid to participants per the financial statements and 5500	<u>\$ 3,923,203</u>
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NOTE 11 - PARTY IN INTEREST TRANSACTIONS:

Central Trust and Investment Company serves as the trustee of the Plan and manages certain plan investments. Ascensus Trust Company serves as the custodian for Ascensus Participant Accounts. Therefore, these transactions qualify as party in interest transactions and are denoted as such on the Schedule H – Assets Held for Investment Purposes at the end of the year is included as a supplemental schedule.

NOTE 12 – SUBSEQUENT EVENT:

Domestic and international capital markets have experienced significant volatility with respect to a broad range of securities. As a result, significant fluctuations in the fair value of investments may have occurred subsequent to December 31, 2021.

SUPPLEMENTAL SCHEDULES

COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST
Columbia, Missouri

EIN: 43-1453096, Plan Number 001

SCHEDULE H LINE 4i – ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2021

(a)	(b) Identity of issuer	(c) Description of investment	(d) Current value
	Cash and cash equivalents:		
	Ameritrade	FDIC Insured Deposit Account	\$ 6,000
	CBBC	Cash	3,140
	CBBC	FDIC Insured Money Market Program	1,733,484
	Central Investment	Cash	75
	Central Trust	Wells Fargo Bank Cert Dep	35,237
	Cetera	Cash	97
	Cetera	Federated Hermes Treas Obl Cap	27,487
	Charles Schwab	Cash	14,442
	Fidelity	Cash Reserves	502
	Hilltop Securities	Cash	1,933
	Merrill Lynch	FedFund Cash Reserve	6,200
	Northwestern Mutual Investment Services	FDIC Insured Deposit Program	27,480
	Vanguard	Federal Money Mkt Fund	356
	Total cash and cash equivalents		<u>\$ 1,856,433</u>
	Municipal Bonds:		
*	Indiana St Bond Bnk	Severence Ser C	\$ 15,154
*	Norwich CT	Ser B DTD 03/01/2016	25,454
*	Temple TX	CTFS Oblig DTD 11/01/2012	25,273
*	Wyandotte Cnty Kansas City	Unif Govt Txbl Ser C	25,848
			<u>\$ 91,729</u>
	Common Stocks:		
*	Abbott Labs		\$ 9,711
*	Abbvie Inc		3,791
*	Adobe Inc		49,334
*	Advanced Micro Devices Inc		26,478
*	Air Products & Chemicals Inc		11,866
	Alpha and Omega Semi F		13,444
*	Alphabet Inc Cl A		202,793
*	Amazon.Com Inc		243,407
*	American Tower Corp Com		32,175
*	Amgen Inc		3,824
*	Apple Inc		232,617
*	Appollo Global Management Inc		65,187
*	Arbor Realty Trust REIT		54,502
*	Arthur J Gallagher & Co		85,174
*	ASML Holding NV		27,865
*	Assured Guaranty Ltd		81,324
*	Atkore Intl Group Inc		47,256
*	Automatic Data Processing Inc		17,754
*	Avantor Inc		26,590
*	Baker Hughes A GE Co		53,702
*	Bank of America Corp		19,576
*	Berkshire Hathaway Inc Cl B		40,963
*	Blackrock Inc		11,902
	Blackstone Inc		649,797
*	Bloomin Brands Inc		72,297
*	Boeing Co		6,241
*	Bristol Myers Squibb Co		3,367
*	Broadcom Ltd		6,654
*	Brunswick Corp		66,683
*	Canopy Growth Corp		1,746
*	Caterpillar Inc		3,928
*	CF Industries Holdings Inc		65,684
*	Charter Communications Inc		9,780
*	Chesapeake Energy Corp		32,325
*	Chevron Corporation		8,332
	Chubb Corp		15,271
*	Cisco Systems Inc		9,505

COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST

Columbia, Missouri

EIN: 43-1453096, Plan Number 001**SCHEDULE H LINE 4i – ASSETS HELD FOR INVESTMENT PURPOSES**

December 31, 2021

* Citigroup Inc	17,332
* Cleveland Cliffs Inc	18,178
* Comcast Corp Cl A	7,046
* ConocoPhillips	23,314
* Constellation Brands Inc	16,062
Corbus Pharmaceuticals Hldgs Inc Com	4,975
* Corning Inc	48,399
* Costar Group Inc	4,584
* Costco Wholesale Corp	45,416
* Crown Holdings Inc	82,965
* Cummins Engine	10,034
* Diamondback Energy Inc	20,599
* DraftKings Inc	6,758
* Draganfly Inc Com New	2,709
* Edwards Lifesciences Corp	6,737
* Enbridge Inc	781
* Estee Lauder Companies Cl A	29,986
* Everest RE Group Ltd	63,002
* Exelon Corp	69,312
* Federal Realty Investment Trust REIT	70,887
* Flower Foods Inc	78,290
* FMC Corp	85,604
* Foot Locker	69,109
* General Motors Co	86,655
Genworth Finl Inc	7,630
* Goldman Sachs Group Inc	4,973
Grayscale Bitcoin Tr BTC Shs	161,694
Grayscale Ethereum Tr Eth Shrs	425,470
* Hain Celestial Group Inc	74,567
* Hanes Brands Inc	82,764
Hawthorn Bancshars Inc Com	26,510
* HDFC Bank Ltd ADR	2,212
* Healthpeak Properties Inc	77,593
* Hess Corp	62,185
* Hologic Inc	120,812
* Home Depot Inc	30,296
* Honeywell International Inc	23,979
* Horizon Therapeutics	158,084
* Huntington Bancshares Inc	84,810
* Intel Corp	6,747
* Intercontinental Exchange Inc	32,962
* ITT Inc	20,131
* J P Morgan Chase & Co	65,874
* Jazz Pharmaceuticals PLC	17,836
* JD.com Inc ADR	5,676
* Johnson & Johnson	20,871
* Kimberly-Clark Corp	3,573
* Kla-Tencor Corp	21,505
* Laboratory Corp of America Holdings	123,485
* Lincoln National Corp	54,949
* Linde PLC	12,818
* Lockheed Martin Corp	29,499
* Marathon Petroleum Corp	5,759
* Mastercard Inc	52,820
* McDonalds Corp	10,455
* McKesson Corp	11,434

COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST

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EIN: 43-1453096, Plan Number 001

SCHEDULE H LINE 4i – ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2021

* Meta Platforms Inc Cl A	139,249
* Microchip Tech Inc	41,092
* Micron Technology Inc	128,547
* Microsoft Corp	151,680
* Moderna Inc	39,875
* Mondelez International Cl A	1,658
* Moodys Corp	26,950
* Morgan Stanley	21,006
* MP Materials Corp	18,168
* Mueller Water Products Inc	61,272
* NCR Corp	81,606
* Netflix Inc	15,061
* Nextera Energy Inc	16,432
* Nike Inc	16,667
* Norfolk Southern Corp	5,954
* Nvidia Corp	55,292
Odyne Corporation	1
* Owens Corning Inc	74,210
* Packaging Corp of America	4,765
* Palantir Technologies Inc	13,476
* Paypal Holdings Inc	17,161
* Pepsico Inc	3,474
* Pioneer Natural Resources Co	26,373
* Procter & Gamble Co	21,429
* Prologis Inc	15,152
* Pulte Homes Inc	87,340
* Qorvo Inc	18,610
* Qualcomm Inc	47,912
* Raytheon Co	40,018
* Regeneron Pharmaceuticals	11,999
Res Corp Com	4,614
* Rio Tinto PLC Spons ADR	16,400
Roku Inc Ser A	515,276
* Royal Caribbean Cruises Ltd	6,844
* S&P Global Inc	37,282
S&T Bancorp Inc	13,531
* Salesforce.Com Inc	27,954
* Schlumberger Ltd	7,398
* Shopify Inc	45,454
* Snowflake Inc Class A	9,824
* SoFi Technologies Inc	18,767
* SPDR Consumer Staples	7,326
* SPDR Real Estate Select Sector Fund ETF	23,366
* SPDR Utilities Select Sector	7,158
* Square Inc	9,852
* Starbucks Corp	2,339
* Suralign Holdings Inc	10,661
* Synovus Financial Corp	95,644
* Taiwan Semiconductor Mfg Co Ltd	2,045
* Teck Resources Ltd	27,264
* Thermo Fisher Scientific Inc	87,408
* Tilray Inc	844
* TJX Companies Inc	18,373
* T-Mobile US Inc	6,379
* United Rentals Inc	65,461
* UnitedHealth Group Inc	49,712
* Valley National Bancorp	75,350
* Valvoline Inc	89,496
* Verizon Communications	10,392

COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST

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SCHEDULE H LINE 4i – ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2021

* Vertex Pharmaceuticals Inc	4,611
* Vertiv Holdings Co	12,760
* Viacomcbs Inc	21,217
* Visa Inc Cl A	39,008
* Vonage Holdings Corp	126,174
* Voya Financial Inc	66,509
* Wal Mart Stores Inc	58,889
* Walt Disney Company	16,573
* Western Digital Corp	54,516
* William Cos Inc	17,603
* Zoetis Inc	24,403
Total Common Stocks	<u>\$ 7,958,658</u>
Mutual Funds:	
Akre	Focus Fd Inst \$ 52,932
American	Balanced Fund 234,036
American Century	Heritage 36,264
American Century	Real Estate R6 438,602
* American Funds	Growth & Income Port Cl A 143,680
* American Funds	Growth Portfolio Cl R3 187,089
* American Funds	New Perspective R6 339,081
* AQR	Large Cap Defensive Style Fd Cl I 33,946
* Blackrock	Commodity Strategies Fund 92,653
* Blackrock	Emerging Markets Fund Cl I 4,693
* Blackrock	Health Sciences Portfolio 530,631
* Blackrock	High Yield Bond Institutional 415,212
* Blackrock	Income Fund Inst Class 18,896
* Blackrock	Low Duration Bond Fund 94,702
* Blackrock	Strategic Income Opp Fd Cl K 114,451
* BNY Mellon	Global Return Fd Cl I 170,387
Brown Capital Management	Small Company Fund 24,737
* Calvert	Flexible Bond Fd R6 50,098
Capital World	Bond Fund Class F-2 23,227
* Carillon Eagle	Growth & Income R6 959,956
* Chartwell	Income Fund 826,274
* Chartwell	Short Duration High Yield Cl I 777,805
Cohen & Steers	Real Estate Securities Fund 54,790
* Columbia	Strategic Income Fd Cl I2 79,242
Delaware	Emerging Markets Fd Cl I 16,359
Delaware	Small Cap Core Fund 56,876
DFA	Emerging Markets Core Equity 186,305
DFA	Emerging Markets Value 13,813
DFA	Global Real Estate 77,788
DFA	International Core Equity Fd 256,847
DFA	Intl Hi Relatv Profitability 50,142
DFA	International Small Cap Value Port 73,849
DFA	Intl Value III Port Inst 18,154
DFA	International Value Port 57,608
DFA	Intrmd Govt Fixed Income Port I 279,324
DFA	Investment Grade 355,828
DFA	Large Cap Intl Port 26,910
DFA	One Year Fixed Incm 8,544
DFA	Short Duration Real Return Port 36,816
DFA	Short Term Extended Quality Port 171,491

COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST

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SCHEDULE H LINE 4i – ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2021

DFA	US Core Eqty 2 Port	334,272
DFA	US High Relative Profitability Port Inst	117,169
DFA	US Large Cap Value	51,756
DFA	US Large Cap Value III	24,098
DFA	US Micro Cap Port Inst	18,257
DFA	US Small Cap Portfolio	59,375
DFA	US Small Cap Value	9,469
DFA	US Targeted Value	80,296
Dimensional Fund Advisors	Intl Sm Cap Value Inst	7,915
Dimensional Fund Advisors	Intl Value Inst	11,102
Dodge & Cox	Stock Fund	47,589
* Driehaus	Emerging Markets Growth	50,318
* Eaton Vance	Emerging Markets Debt Opportunities Fund	56,147
* Eaton Vance	Floating Rate Advantage Fd Cl I	5,980
* Eaton Vance	Floating Rate Fd Cl R6	149,044
* Eaton Vance	Global Macro Absolute Return Adv Fd Cl R6	54,089
* Fam	Dividend Focus Fund Inv Shrs	18,961
* Federated Hermes	High Yield Bond Fd Instl	42,853
* Federated Hermes	Instl High Yield Bond Fd Cl R6	49,238
* Federated Hermes	Ultra Short Bond Fd Cl R6	41,983
* Fidelity	500 Index Fund	600,842
* Fidelity	Advisor Balanced Z	1,157,540
* Fidelity	Advisor Diversified International Fund	1,688
Fidelity	Advisor Total Bond Fund	41,034
* Fidelity	Blue Chip Growth	141,082
* Fidelity	Contrafund Inc	26,734
* Fidelity	Emerging Markets Index Fd	29,237
* Fidelity	Inflation Protected Bond Index	7,658
* Fidelity	Intermediate Treas Bond Ind	193,878
* Fidelity	Mid Cap Index Fd	5,000
* First Trust	Long Short Equity ETF	1,043
* FMI	International Fund Institutional	92,475
* Franklin	Small Cap Growth Fd Cl R6	17,981
Franklin	Small-Cap Value Fund Advisor	4,655
Franklin	Templeton ETF Tr LivertyQ Global	8,801
Fundamental	Investors	101,049
* Glenmede	Secured Options Portfolio Inst	14,813
Goldman Sachs	International Small Cap Insights Fund Class I	52,654
* Grayscale	Ethereum Trust	582
Harbor	Small Cap Growth Fund	1,652
Harding Loevner	Intl Equity Instl Z	35,446
* Hartford	Growth Opptys Cl R3	25,285
* Invesco	Developing Markets Fund	1,043
Invesco	International Bond	27,455
* Invesco	Intl Small Mid Company Cl Y	45,892
* Invesco	QQQ Trust Series I	3,978
* Invesco	S&P 500 Equal Weight	2,604
Invesco	Small Cap Growth	28,672
* Ishares	0-5 Year Tips Bond ETF	6,353
Ishares	Gold Tr Ishares	35,471
Ishares	MSCI Eurozone ETF	51,003
Ishares	MSCI Emerging Markets ex China ETF	606
Ishares	S&P 500	1,078,319
Ishares	TR Cohen & Steers REIT ETF	7,228
Ishares	TR Core High Divid ETF	11,210
Ishares	TR Core S&P 500 ETF	365,846
Ishares	TR Core S&P Mid-Cap ETF	54,662
Ishares	TR Core S&P Small-Cap ETF	121,273
Ishares	TR MSCI Eafe Value ETF	36,684
Ishares	TR MSCI USA Value Factor ETF	40,062
Ishares	TR Select Divid ETF Fd	9,562
Ishares	Trust National Mun ETF	30,920

COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST

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SCHEDULE H LINE 4i – ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2021

John Hancock	500 Index Fund	208,323
John Hancock	Disciplined Value	121,903
John Hancock	Mid Cap Growth	39,699
John Hancock	Mutual Global Discovery	9,782
JP Morgan	ETF ActiveBldrs Emer	1,490
JP Morgan	ETF BetaBuilders EUR	1,075
JP Morgan	ETF BetaBuilders I	3,160
JP Morgan	ETF BetaBuilders US	7,671
JP Morgan	ETF BetaBuilders MSCI	333
JP Morgan	ETF Core Plus Bd ETF	597
JP Morgan	ETF High Yld Resrch	518
JP Morgan	ETF Internl GST	153
JP Morgan	ETF US Aggregate ETF	1,079
JP Morgan	ETF US Quality Fctr	1,365
JP Morgan	ETF US Value Fctr	1,921
JP Morgan	Emerging Markets Equity Fd Cl R6	231,402
JP Morgan	Hedged Equity Fd Cl R6	168,014
JP Morgan	Income Fund R6	34,276
JP Morgan	Large Cap Growth Fd Cl R6	60,270
JP Morgan	Mid Cap Value Fund	66,476
JP Morgan	Small Cap Growth Fd R6	23,966
* Longleaf	Partners Fund	6,149
Lord Abbett	Emerging Markets Corporate Debt Fund	16,158
Lord Abbett	High Yield Fund Class F	22,958
Lord Abbett	Short Duration Income Fd Class F	24,500
Metropolitan West	Total Return Bond Fund	29,327
MFS	Growth Fund Class I	16,078
* MFS	Intl Growth Fd Cl R6	397,937
* Neuberger & Berman	Genesis Fd Instl Shrs	29,636
New World	Fund Class F2	55,324
Oakmark	Select Fund Investor Class	95,914
Parnassus	Mid Cap Fund Institutional Class	64,588
PIMCO	Commodities Plus Strategy Fund	49,451
* PIMCO	Commodity Real Return Strategy Fd Cl I	41,234
* PIMCO	Emerging Markets Local Currency & Bond Fd	4,975
PIMCO	Income Fd I	13,063
PIMCO	Income Fund Class I-2	69,850
PIMCO	Total Return Fd Cl I	10,701
* PIMCO	Trends Managed Futures Strategy Fd	3,895
Principal	Midcap Fund Cl R6	6,922
Principal	Real Estate Securities	49,489
Proshares	MSCI Emerging Mkts	5,157
Proshares	Russell 2000 Divid Growers ETF	8,828
* Putnam	Growth Opportunities Y	1,836,383
* Royce	Intl Premier Fund Instl Cl	28,875
* Schwab	International Small-Cap Equity ETF	737
Schwab	Strategic TR Emerging Mkts Equity	3,939
Schwab	Strategic TR Intl Equity ETF	113,598
* Schwab	US Dividend Equity ETF	2,829
SPDR	S&P Divid ETF	9,168
SPDR	Spdr Series Trust Portfolio Ln Tsr ETF	6,860
* T Rowe Price	Blue Chip Growth Inv	2,403,829
T Rowe Price	Emerging Markets	34,419
T Rowe Price	QM US Small Cap Growth Fd	11,146
* T Rowe Price	Retirement 2020	89,497
* T Rowe Price	Retirement 2025	982,211
* T Rowe Price	Retirement 2030	371,714
* T Rowe Price	Retirement 2035	365,849
* T Rowe Price	Retirement 2040	249,146
* T Rowe Price	Retirement 2045	292,745
* T Rowe Price	Retirement 2050	413,407
* T Rowe Price	Retirement 2055	1,505,903
* T Rowe Price	Retirement 2060	44,623

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SCHEDULE H LINE 4i – ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2021

*	T Rowe Price	Retirement Balanced I	806,707
*	T Rowe Price	Small Cp Value Fd	25,943
	The Growth Fund	The Growth Fund of America	111,416
*	Tortoise	All Cap Value Fd CI C	9,880
	Tweedy Brown	Global Value Fd	13,565
	Vanguard	Small Cap Value	9,300
	Vanguard	BD Index Fds Vanguard Total	166,629
*	Vanguard	Energy Adm	163,845
	Vanguard	FTSE Developed Markets ETF	15,573
	Vanguard	FTSE Emerging Markets ETF	22,942
	Vanguard	FTSE Smcap ETF	29,305
	Vanguard	Growth Idx Fd Admiral	3,703
	Vanguard	Index Fds Vanguard Growth ETF	9,627
	Vanguard	Index Fds Vanguard Mid-Cap ETF	3,567
	Vanguard	Index Fds Vanguard Small-Cap	40,957
	Vanguard	Index Fds Vanguard Value ETF	48,841
	Vanguard	Information Tech Index Adm	540,831
	Vanguard	Institutional Index Fund Inst Shares	27,371
	Vanguard	Inter Term Treas ETF	15,652
	Vanguard	Intl Equity Index Fds	51,284
	Vanguard	Intl Growth Fd Adm Shrs	81,267
	Vanguard	Int-term Corp ETF	28,369
*	Vanguard	Malvern Fds Short-Term Inflation Protected	49,776
	Vanguard	Mid-Cap Growth ETF	29,106
	Vanguard	S&P 500 ETF Shs	20,671
	Vanguard	Short Term Corp Bd Index Adm	436,562
*	Vanguard	Short Term Inflation Projected ADM	287,664
	Vanguard	Sm Cp Val ETF	66,645
	Vanguard	Small Cap ETF	32,639
	Vanguard	Small Cap Grow Index	32,159
*	Vanguard	Small Cap Index Fd Adm Shrs	815,433
	Vanguard	Small Cap Value Index	56,263
	Vanguard	Star Fd Vanguard Total Intl	105,117
	Vanguard	Tax-Exempt Bond Index Fd ETF Shs	29,055
	Vanguard	Total Stock Market ETF	35,250
	Vanguard	Total Stock Market Index Fd Inv Shrs	3,076,670
	Vanguard	Ultra Short Term Bond Fd Adm	160,661
	Vanguard	Value Idx Fd Adm CI	48,856
	Vanguard	Value ETF	100,452
*	WCM	Focused Intl Growth Fd CI I	119,392
	Western Asset	Core Bond Fund Class I	77,485
	WisdomTree	Tr Intl Equity Fd	5,463
*	Wisdom Tree Trust	US Midcap Fund	1,407
	Total Mutual Funds		<u>\$ 31,725,706</u>

COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST

Columbia, Missouri

EIN: 43-1453096, Plan Number 001

SCHEDULE H LINE 4i – ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2021

Group Annuity Contract		
* * MetLife	GAC-25053 Class 0	\$ 706,518
Total Group Annuity Contract		<u>\$ 706,518</u>
Closed-End Funds:		
* Fidelity	Blue Chip Growth ETF	\$ 51,910
* First Trust	Long Short Equity ETF	1,304
* Invesco	QQQ Trust Series 1	1,989
* Invesco	S&P 500 Equal Weight	3,255
* Ishares	Core MSCI Emerging Markets ETF	7,842
* Ishares	Core S&P Small Cap ETF	110,617
* Ishares	Core S&P Total US Stock Mkt ETF	1,819
* Ishares	MSCI Emerging Markets ex China ETF	727
* Ishares	S&P Mid Cap ETF	48,124
* Nuveen	ESG Mid Cap Growth ETF	65,324
* Schwab	International Small Cap Equity ETF	900
* Schwab	US Dividend Equity ETF	160,690
* SPDR	Gold Trust	8,206
* Sprott	Physical Gold and Silver Trust	178,287
* Sprott	Physical Gold Trust	164,724
* Sprott	Physical Silver Trust	132,057
* Vanguard	Growth ETF	51,344
* Vanguard	Growth Vipers	69,956
* Vanguard	Mid Cap ETF	24,712
* Vanguard	Mid Cap Growth ETF	108,439
* Vanguard	Small Cap ETF	23,957
* Vanguard	Total Stock Market ETF	94,887
* Wisdomtree	US Midcap Earnings ETF	1,689
Total Closed-End Funds		<u>\$ 1,312,759</u>
Unit Investment Trusts		
First Trust	9023 Aerospace & Defense Port Ser 30	\$ 33,323
First Trust	Unit 8953 Health Care Select Port Ser 60	39,924
First Trust	Unit 8969 Financials Select Port Ser 74	44,345
First Trust	Unit 8987 Cloud Computing Port Ser 31	36,056
First Trust	Unit 9007 Innovative Technology Port Ser 29	41,968
		<u>\$ 195,617</u>
Total Investments		<u><u>\$ 43,847,420</u></u>
Notes Receivable from Participants	Interest Rate = 4.25%-6%	<u><u>\$ 182,732</u></u>

* Represents a party in interest to the plan

COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST

Columbia, Missouri

EIN: 43-1453096, Plan Number 001**SCHEDULE H LINE 4A – SCHEDULE OF DELINQUENT PARTICIPANT
CONTRIBUTIONS**

December 31, 2021

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 19,681	\$ -	\$ 19,681	\$ -	\$ -

There were unintentional delays in submitting certain employee deferrals and loan payments totaling \$19,681 to the plan. The Employer remitted the employee deferrals to the plan in March 2021 and paid 21.84 in missed earnings to the plan in May 2022.



COLUMBIA ORTHOPAEDIC GROUP

Authorization of Practitioner to Electronically Sign and File For the 2021 Form 5500/Form 5500-SF

The undersigned plan sponsor/plan administrator hereby authorizes Williams-Keepers LLC to electronically sign and file the plan sponsor's 2021 Form 5500 through EFAST2.

I understand that in granting this authority:

- I must manually sign and date page 1 of the form 5500 or Form 5500-SF and provide a scanned copy of that signature page to Williams-Keepers LLC before the electronic filing can be initiated,
- Williams-Keepers LLC will retain a copy of this written authorization in its records,
- Williams-Keepers LLC will notify the individual signing below as plan sponsor/plan administrator about any inquiries and information it receives from EFAST2, DOL, IRS or PBGC regarding this annual return/report, and
- A copy of my signature, as it appears on page 1 of the Form 5500 or Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- Williams-Keepers LLC shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

The authorization is applicable only to the filing for the 2021 filing year

Plan Sponsor's Company Name: Columbia Orthopaedic Group

By: 

Print Name: Andrew H. Lawrence
Plan Sponsor/Plan Administrator

Date: 10/17/2022

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 Columbia Orthopaedic Group Profit Sharing Plan And Trust	1b Three-digit plan number (PN) ▶	001
1c Effective date of plan 01/01/1987		
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) Columbia Orthopaedic Group LLP 1 South Keene Street Columbia MO 65201	2b Employer Identification Number (EIN) 43-1427548	2c Plan Sponsor's telephone number 573-876-8651
2d Business code (see instructions) 621111		

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

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

SIGN HERE		<u>10/17/2022</u>	Andrew Lovewell
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 201209

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		5 199
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) 161
a(2) Total number of active participants at the end of the plan year		6a(2) 151
b Retired or separated participants receiving benefits.....		6b 8
c Other retired or separated participants entitled to future benefits		6c 39
d Subtotal. Add lines 6a(2), 6b, and 6c.....		6d 198
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e.....		6f 198
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 193
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 6
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 2T 3D 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ ¹ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST

Columbia, Missouri

EIN: 43-1453096, Plan Number 001**SCHEDULE H LINE 4A – SCHEDULE OF DELINQUENT PARTICIPANT
CONTRIBUTIONS**

December 31, 2021

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 19,681	\$ -	\$ 19,681	\$ -	\$ -

There were unintentional delays in submitting certain employee deferrals and loan payments totaling \$19,681 to the plan. The Employer remitted the employee deferrals to the plan in March 2021 and paid 21.84 in missed earnings to the plan in May 2022.

COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST
Columbia, Missouri

EIN: 43-1453096, Plan Number 001

SCHEDULE H LINE 4i – ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2021

(a)	(b) Identity of issuer	(c) Description of investment	(d) Current value
	Cash and cash equivalents:		
	Ameritrade	FDIC Insured Deposit Account	\$ 6,000
	CBBC	Cash	3,140
	CBBC	FDIC Insured Money Market Program	1,733,484
	Central Investment	Cash	75
	Central Trust	Wells Fargo Bank Cert Dep	35,237
	Cetera	Cash	97
	Cetera	Federated Hermes Treas Obl Cap	27,487
	Charles Schwab	Cash	14,442
	Fidelity	Cash Reserves	502
	Hilltop Securities	Cash	1,933
	Merrill Lynch	FedFund Cash Reserve	6,200
	Northwestern Mutual Investment Services	FDIC Insured Deposit Program	27,480
	Vanguard	Federal Money Mkt Fund	356
	Total cash and cash equivalents		<u>\$ 1,856,433</u>
	Municipal Bonds:		
*	Indiana St Bond Bnk	Severence Ser C	\$ 15,154
*	Norwich CT	Ser B DTD 03/01/2016	25,454
*	Temple TX	CTFS Oblig DTD 11/01/2012	25,273
*	Wyandotte Cnty Kansas City	Unif Govt Txbl Ser C	25,848
			<u>\$ 91,729</u>
	Common Stocks:		
*	Abbott Labs		\$ 9,711
*	Abbvie Inc		3,791
*	Adobe Inc		49,334
*	Advanced Micro Devices Inc		26,478
*	Air Products & Chemicals Inc		11,866
	Alpha and Omega Semi F		13,444
*	Alphabet Inc Cl A		202,793
*	Amazon.Com Inc		243,407
*	American Tower Corp Com		32,175
*	Amgen Inc		3,824
*	Apple Inc		232,617
*	Appollo Global Management Inc		65,187
*	Arbor Realty Trust REIT		54,502
*	Arthur J Gallagher & Co		85,174
*	ASML Holding NV		27,865
*	Assured Guaranty Ltd		81,324
*	Atkore Intl Group Inc		47,256
*	Automatic Data Processing Inc		17,754
*	Avantor Inc		26,590
*	Baker Hughes A GE Co		53,702
*	Bank of America Corp		19,576
*	Berkshire Hathaway Inc Cl B		40,963
*	Blackrock Inc		11,902
	Blackstone Inc		649,797
*	Bloomin Brands Inc		72,297
*	Boeing Co		6,241
*	Bristol Myers Squibb Co		3,367
*	Broadcom Ltd		6,654
*	Brunswick Corp		66,683
*	Canopy Growth Corp		1,746
*	Caterpillar Inc		3,928
*	CF Industries Holdings Inc		65,684
*	Charter Communications Inc		9,780
*	Chesapeake Energy Corp		32,325
*	Chevron Corporation		8,332
	Chubb Corp		15,271
*	Cisco Systems Inc		9,505

COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST

Columbia, Missouri

EIN: 43-1453096, Plan Number 001**SCHEDULE H LINE 4i – ASSETS HELD FOR INVESTMENT PURPOSES**

December 31, 2021

* Citigroup Inc	17,332
* Cleveland Cliffs Inc	18,178
* Comcast Corp Cl A	7,046
* ConocoPhillips	23,314
* Constellation Brands Inc	16,062
Corbus Pharmaceuticals Hldgs Inc Com	4,975
* Corning Inc	48,399
* Costar Group Inc	4,584
* Costco Wholesale Corp	45,416
* Crown Holdings Inc	82,965
* Cummins Engine	10,034
* Diamondback Energy Inc	20,599
* DraftKings Inc	6,758
* Draganfly Inc Com New	2,709
* Edwards Lifesciences Corp	6,737
* Enbridge Inc	781
* Estee Lauder Companies Cl A	29,986
* Everest RE Group Ltd	63,002
* Exelon Corp	69,312
* Federal Realty Investment Trust REIT	70,887
* Flower Foods Inc	78,290
* FMC Corp	85,604
* Foot Locker	69,109
* General Motors Co	86,655
Genworth Finl Inc	7,630
* Goldman Sachs Group Inc	4,973
Grayscale Bitcoin Tr BTC Shs	161,694
Grayscale Ethereum Tr Eth Shrs	425,470
* Hain Celestial Group Inc	74,567
* Hanes Brands Inc	82,764
Hawthorn Bancshars Inc Com	26,510
* HDFC Bank Ltd ADR	2,212
* Healthpeak Properties Inc	77,593
* Hess Corp	62,185
* Hologic Inc	120,812
* Home Depot Inc	30,296
* Honeywell International Inc	23,979
* Horizon Therapeutics	158,084
* Huntington Bancshares Inc	84,810
* Intel Corp	6,747
* Intercontinental Exchange Inc	32,962
* ITT Inc	20,131
* J P Morgan Chase & Co	65,874
* Jazz Pharmaceuticals PLC	17,836
* JD.com Inc ADR	5,676
* Johnson & Johnson	20,871
* Kimberly-Clark Corp	3,573
* Kla-Tencor Corp	21,505
* Laboratory Corp of America Holdings	123,485
* Lincoln National Corp	54,949
* Linde PLC	12,818
* Lockheed Martin Corp	29,499
* Marathon Petroleum Corp	5,759
* Mastercard Inc	52,820
* McDonalds Corp	10,455
* McKesson Corp	11,434

COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST

Columbia, Missouri

EIN: 43-1453096, Plan Number 001

SCHEDULE H LINE 4i – ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2021

* Meta Platforms Inc Cl A	139,249
* Microchip Tech Inc	41,092
* Micron Technology Inc	128,547
* Microsoft Corp	151,680
* Moderna Inc	39,875
* Mondelez International Cl A	1,658
* Moodys Corp	26,950
* Morgan Stanley	21,006
* MP Materials Corp	18,168
* Mueller Water Products Inc	61,272
* NCR Corp	81,606
* Netflix Inc	15,061
* Nextera Energy Inc	16,432
* Nike Inc	16,667
* Norfolk Southern Corp	5,954
* Nvidia Corp	55,292
Odyne Corporation	1
* Owens Corning Inc	74,210
* Packaging Corp of America	4,765
* Palantir Technologies Inc	13,476
* Paypal Holdings Inc	17,161
* Pepsico Inc	3,474
* Pioneer Natural Resources Co	26,373
* Procter & Gamble Co	21,429
* Prologis Inc	15,152
* Pulte Homes Inc	87,340
* Qorvo Inc	18,610
* Qualcomm Inc	47,912
* Raytheon Co	40,018
* Regeneron Pharmaceuticals	11,999
Res Corp Com	4,614
* Rio Tinto PLC Spons ADR	16,400
Roku Inc Ser A	515,276
* Royal Caribbean Cruises Ltd	6,844
* S&P Global Inc	37,282
S&T Bancorp Inc	13,531
* Salesforce.Com Inc	27,954
* Schlumberger Ltd	7,398
* Shopify Inc	45,454
* Snowflake Inc Class A	9,824
* SoFi Technologies Inc	18,767
* SPDR Consumer Staples	7,326
* SPDR Real Estate Select Sector Fund ETF	23,366
* SPDR Utilities Select Sector	7,158
* Square Inc	9,852
* Starbucks Corp	2,339
* Suralign Holdings Inc	10,661
* Synovus Financial Corp	95,644
* Taiwan Semiconductor Mfg Co Ltd	2,045
* Teck Resources Ltd	27,264
* Thermo Fisher Scientific Inc	87,408
* Tilray Inc	844
* TJX Companies Inc	18,373
* T-Mobile US Inc	6,379
* United Rentals Inc	65,461
* UnitedHealth Group Inc	49,712
* Valley National Bancorp	75,350
* Valvoline Inc	89,496
* Verizon Communications	10,392

COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST

Columbia, Missouri

EIN: 43-1453096, Plan Number 001

SCHEDULE H LINE 4i – ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2021

* Vertex Pharmaceuticals Inc		4,611
* Vertiv Holdings Co		12,760
* Viacomcbs Inc		21,217
* Visa Inc Cl A		39,008
* Vonage Holdings Corp		126,174
* Voya Financial Inc		66,509
* Wal Mart Stores Inc		58,889
* Walt Disney Company		16,573
* Western Digital Corp		54,516
* William Cos Inc		17,603
* Zoetis Inc		24,403
Total Common Stocks		<u>\$ 7,958,658</u>
Mutual Funds:		
Akre	Focus Fd Inst	\$ 52,932
American	Balanced Fund	234,036
American Century	Heritage	36,264
American Century	Real Estate R6	438,602
* American Funds	Growth & Income Port Cl A	143,680
* American Funds	Growth Portfolio Cl R3	187,089
* American Funds	New Perspective R6	339,081
* AQR	Large Cap Defensive Style Fd Cl I	33,946
* Blackrock	Commodity Strategies Fund	92,653
* Blackrock	Emerging Markets Fund Cl I	4,693
* Blackrock	Health Sciences Portfolio	530,631
* Blackrock	High Yield Bond Institutional	415,212
* Blackrock	Income Fund Inst Class	18,896
* Blackrock	Low Duration Bond Fund	94,702
* Blackrock	Strategic Income Opp Fd Cl K	114,451
* BNY Mellon	Global Return Fd Cl I	170,387
Brown Capital Management	Small Company Fund	24,737
* Calvert	Flexible Bond Fd R6	50,098
Capital World	Bond Fund Class F-2	23,227
* Carillon Eagle	Growth & Income R6	959,956
* Chartwell	Income Fund	826,274
* Chartwell	Short Duration High Yield Cl I	777,805
Cohen & Steers	Real Estate Securities Fund	54,790
* Columbia	Strategic Income Fd Cl I2	79,242
Delaware	Emerging Markets Fd Cl I	16,359
Delaware	Small Cap Core Fund	56,876
DFA	Emerging Markets Core Equity	186,305
DFA	Emerging Markets Value	13,813
DFA	Global Real Estate	77,788
DFA	International Core Equity Fd	256,847
DFA	Intl Hi Relatv Profitability	50,142
DFA	International Small Cap Value Port	73,849
DFA	Intl Value III Port Inst	18,154
DFA	International Value Port	57,608
DFA	Intrmd Govt Fixed Income Port I	279,324
DFA	Investment Grade	355,828
DFA	Large Cap Intl Port	26,910
DFA	One Year Fixed Incm	8,544
DFA	Short Duration Real Return Port	36,816
DFA	Short Term Extended Quality Port	171,491

COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST
Columbia, Missouri

EIN: 43-1453096, Plan Number 001

SCHEDULE H LINE 4i – ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2021

DFA	US Core Eqty 2 Port	334,272
DFA	US High Relative Profitability Port Inst	117,169
DFA	US Large Cap Value	51,756
DFA	US Large Cap Value III	24,098
DFA	US Micro Cap Port Inst	18,257
DFA	US Small Cap Portfolio	59,375
DFA	US Small Cap Value	9,469
DFA	US Targeted Value	80,296
Dimensional Fund Advisors	Intl Sm Cap Value Inst	7,915
Dimensional Fund Advisors	Intl Value Inst	11,102
Dodge & Cox	Stock Fund	47,589
* Driehaus	Emerging Markets Growth	50,318
* Eaton Vance	Emerging Markets Debt Opportunities Fund	56,147
* Eaton Vance	Floating Rate Advantage Fd Cl I	5,980
* Eaton Vance	Floating Rate Fd Cl R6	149,044
* Eaton Vance	Global Macro Absolute Return Adv Fd Cl R6	54,089
* Fam	Dividend Focus Fund Inv Shrs	18,961
* Federated Hermes	High Yield Bond Fd Instl	42,853
* Federated Hermes	Instl High Yield Bond Fd Cl R6	49,238
* Federated Hermes	Ultra Short Bond Fd Cl R6	41,983
* Fidelity	500 Index Fund	600,842
* Fidelity	Advisor Balanced Z	1,157,540
* Fidelity	Advisor Diversified International Fund	1,688
Fidelity	Advisor Total Bond Fund	41,034
* Fidelity	Blue Chip Growth	141,082
* Fidelity	Contrafund Inc	26,734
* Fidelity	Emerging Markets Index Fd	29,237
* Fidelity	Inflation Protected Bond Index	7,658
* Fidelity	Intermediate Treas Bond Ind	193,878
* Fidelity	Mid Cap Index Fd	5,000
* First Trust	Long Short Equity ETF	1,043
* FMI	International Fund Institutional	92,475
* Franklin	Small Cap Growth Fd Cl R6	17,981
Franklin	Small-Cap Value Fund Advisor	4,655
Franklin	Templeton ETF Tr LivertyQ Global	8,801
Fundamental	Investors	101,049
* Glenmede	Secured Options Portfolio Inst	14,813
Goldman Sachs	International Small Cap Insights Fund Class I	52,654
* Grayscale	Ethereum Trust	582
Harbor	Small Cap Growth Fund	1,652
Harding Loevner	Intl Equity Instl Z	35,446
* Hartford	Growth Opptys Cl R3	25,285
* Invesco	Developing Markets Fund	1,043
Invesco	International Bond	27,455
* Invesco	Intl Small Mid Company Cl Y	45,892
* Invesco	QQQ Trust Series I	3,978
* Invesco	S&P 500 Equal Weight	2,604
Invesco	Small Cap Growth	28,672
* Ishares	0-5 Year Tips Bond ETF	6,353
Ishares	Gold Tr Ishares	35,471
Ishares	MSCI Eurozone ETF	51,003
Ishares	MSCI Emerging Markets ex China ETF	606
Ishares	S&P 500	1,078,319
Ishares	TR Cohen & Steers REIT ETF	7,228
Ishares	TR Core High Divid ETF	11,210
Ishares	TR Core S&P 500 ETF	365,846
Ishares	TR Core S&_ Mid-Cap ETF	54,662
Ishares	TR Core S&P Small-Cap ETF	121,273
Ishares	TR MSCI Eafe Value ETF	36,684
Ishares	TR MSCI USA Value Factor ETF	40,062
Ishares	TR Select Divid ETF Fd	9,562
Ishares	Trust National Mun ETF	30,920

COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST

Columbia, Missouri

EIN: 43-1453096, Plan Number 001

SCHEDULE H LINE 4i – ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2021

John Hancock	500 Index Fund	208,323
John Hancock	Disciplined Value	121,903
John Hancock	Mid Cap Growth	39,699
John Hancock	Mutual Global Discovery	9,782
JP Morgan	ETF ActiveBldrs Emer	1,490
JP Morgan	ETF BetaBuilders EUR	1,075
JP Morgan	ETF BetaBuilders I	3,160
JP Morgan	ETF BetaBuilders US	7,671
JP Morgan	ETF BetaBuilders MSCI	333
JP Morgan	ETF Core Plus Bd ETF	597
JP Morgan	ETF High Yld Resrch	518
JP Morgan	ETF Internl GST	153
JP Morgan	ETF US Aggregate ETF	1,079
JP Morgan	ETF US Quality Fctr	1,365
JP Morgan	ETF US Value Fctr	1,921
JP Morgan	Emerging Markets Equity Fd Cl R6	231,402
JP Morgan	Hedged Equity Fd Cl R6	168,014
JP Morgan	Income Fund R6	34,276
JP Morgan	Large Cap Growth Fd Cl R6	60,270
JP Morgan	Mid Cap Value Fund	66,476
JP Morgan	Small Cap Growth Fd R6	23,966
* Longleaf	Partners Fund	6,149
Lord Abbett	Emerging Markets Corporate Debt Fund	16,158
Lord Abbett	High Yield Fund Class F	22,958
Lord Abbett	Short Duration Income Fd Class F	24,500
Metropolitan West	Total Return Bond Fund	29,327
MFS	Growth Fund Class I	16,078
* MFS	Intl Growth Fd Cl R6	397,937
* Neuberger & Berman	Genesis Fd Instl Shrs	29,636
New World	Fund Class F2	55,324
Oakmark	Select Fund Investor Class	95,914
Parnassus	Mid Cap Fund Institutional Class	64,588
PIMCO	Commodities Plus Strategy Fund	49,451
* PIMCO	Commodity Real Return Strategy Fd Cl I	41,234
* PIMCO	Emerging Markets Local Currency & Bond Fd	4,975
PIMCO	Income Fd I	13,063
PIMCO	Income Fund Class I-2	69,850
PIMCO	Total Return Fd Cl I	10,701
* PIMCO	Trends Managed Futures Strategy Fd	3,895
Principal	Midcap Fund Cl R6	6,922
Principal	Real Estate Securities	49,489
Proshares	MSCI Emerging Mkts	5,157
Proshares	Russell 2000 Divid Growers ETF	8,828
* Putnam	Growth Opportunities Y	1,836,383
* Royce	Intl Premier Fund Instl Cl	28,875
* Schwab	International Small-Cap Equity ETF	737
Schwab	Strategic TR Emerging Mkts Equity	3,939
Schwab	Strategic TR Intl Equity ETF	113,598
* Schwab	US Dividend Equity ETF	2,829
SPDR	S&P Divid ETF	9,168
SPDR	Spdr Series Trust Portfolio Ln Tsr ETF	6,860
* T Rowe Price	Blue Chip Growth Inv	2,403,829
T Rowe Price	Emerging Markets	34,419
T Rowe Price	QM US Small Cap Growth Fd	11,146
* T Rowe Price	Retirement 2020	89,497
* T Rowe Price	Retirement 2025	982,211
* T Rowe Price	Retirement 2030	371,714
* T Rowe Price	Retirement 2035	365,849
* T Rowe Price	Retirement 2040	249,146
* T Rowe Price	Retirement 2045	292,745
* T Rowe Price	Retirement 2050	413,407
* T Rowe Price	Retirement 2055	1,505,903
* T Rowe Price	Retirement 2060	44,623

COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST

Columbia, Missouri

EIN: 43-1453096, Plan Number 001**SCHEDULE H LINE 4i – ASSETS HELD FOR INVESTMENT PURPOSES**

December 31, 2021

*	T Rowe Price	Retirement Balanced I	806,707
*	T Rowe Price	Small Cp Value Fd	25,943
	The Growth Fund	The Growth Fund of America	111,416
*	Tortoise	All Cap Value Fd CI C	9,880
	Tweedy Brown	Global Value Fd	13,565
	Vanguard	Small Cap Value	9,300
	Vanguard	BD Index Fds Vanguard Total	166,629
*	Vanguard	Energy Adm	163,845
	Vanguard	FTSE Developed Markets ETF	15,573
	Vanguard	FTSE Emerging Markets ETF	22,942
	Vanguard	FTSE Smcap ETF	29,305
	Vanguard	Growth Idx Fd Admiral	3,703
	Vanguard	Index Fds Vanguard Growth ETF	9,627
	Vanguard	Index Fds Vanguard Mid-Cap ETF	3,567
	Vanguard	Index Fds Vanguard Small-Cap	40,957
	Vanguard	Index Fds Vanguard Value ETF	48,841
	Vanguard	Information Tech Index Adm	540,831
	Vanguard	Institutional Index Fund Inst Shares	27,371
	Vanguard	Inter Term Treas ETF	15,652
	Vanguard	Intl Equity Index Fds	51,284
	Vanguard	Intl Growth Fd Adm Shrs	81,267
	Vanguard	Int-term Corp ETF	28,369
*	Vanguard	Malvern Fds Short-Term Inflation Protected	49,776
	Vanguard	Mid-Cap Growth ETF	29,106
	Vanguard	S&P 500 ETF Shs	20,671
	Vanguard	Short Term Corp Bd Index Adm	436,562
*	Vanguard	Short Term Inflation Projected ADM	287,664
	Vanguard	Sm Cp Val ETF	66,645
	Vanguard	Small Cap ETF	32,639
	Vanguard	Small Cap Grow Index	32,159
*	Vanguard	Small Cap Index Fd Adm Shrs	815,433
	Vanguard	Small Cap Value Index	56,263
	Vanguard	Star Fd Vanguard Total Intl	105,117
	Vanguard	Tax-Exempt Bond Index Fd ETF Shs	29,055
	Vanguard	Total Stock Market ETF	35,250
	Vanguard	Total Stock Market Index Fd Inv Shrs	3,076,670
	Vanguard	Ultra Short Term Bond Fd Adm	160,661
	Vanguard	Value Idx Fd Adm CI	48,856
	Vanguard	Value ETF	100,452
*	WCM	Focused Intl Growth Fd CI I	119,392
	Western Asset	Core Bond Fund Class I	77,485
	WisdomTree	Tr Intl Equity Fd	5,463
*	Wisdom Tree Trust	US Midcap Fund	1,407
	Total Mutual Funds		<u>\$ 31,725,706</u>

COLUMBIA ORTHOPAEDIC GROUP PROFIT SHARING PLAN AND TRUST

Columbia, Missouri

EIN: 43-1453096, Plan Number 001

SCHEDULE H LINE 4i – ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2021

Group Annuity Contract		
* * MetLife	GAC-25053 Class 0	\$ 706,518
Total Group Annuity Contract		<u>\$ 706,518</u>
Closed-End Funds:		
* Fidelity	Blue Chip Growth ETF	\$ 51,910
* First Trust	Long Short Equity ETF	1,304
* Invesco	QQQ Trust Series 1	1,989
* Invesco	S&P 500 Equal Weight	3,255
* Ishares	Core MSCI Emerging Markets ETF	7,842
* Ishares	Core S&P Small Cap ETF	110,617
* Ishares	Core S&P Total US Stock Mkt ETF	1,819
* Ishares	MSCI Emerging Markets ex China ETF	727
* Ishares	S&P Mid Cap ETF	48,124
* Nuveen	ESG Mid Cap Growth ETF	65,324
* Schwab	International Small Cap Equity ETF	900
* Schwab	US Dividend Equity ETF	160,690
* SPDR	Gold Trust	8,206
* Sprott	Physical Gold and Silver Trust	178,287
* Sprott	Physical Gold Trust	164,724
* Sprott	Physical Silver Trust	132,057
* Vanguard	Growth ETF	51,344
* Vanguard	Growth Vipers	69,956
* Vanguard	Mid Cap ETF	24,712
* Vanguard	Mid Cap Growth ETF	108,439
* Vanguard	Small Cap ETF	23,957
* Vanguard	Total Stock Market ETF	94,887
* Wisdomtree	US Midcap Earnings ETF	1,689
Total Closed-End Funds		<u>\$ 1,312,759</u>
Unit Investment Trusts		
First Trust	9023 Aerospace & Defense Port Ser 30	\$ 33,323
First Trust	Unit 8953 Health Care Select Port Ser 60	39,924
First Trust	Unit 8969 Financials Select Port Ser 74	44,345
First Trust	Unit 8987 Cloud Computing Port Ser 31	36,056
First Trust	Unit 9007 Innovative Technology Port Ser 29	41,968
		<u>\$ 195,617</u>
Total Investments		<u><u>\$ 43,847,420</u></u>
Notes Receivable from Participants	Interest Rate = 4.25%-6%	<u><u>\$ 182,732</u></u>

* Represents a party in interest to the plan