

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
---	--	---

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>GEM CITY BONE & JOINT, P.C. 401K PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1997</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>01/01/1997</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>01/01/1997</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>GEM CITY BONE & JOINT, P.C.</u> <u>1909 VISTA DR</u> <u>LARAMIE, WY 82070-5530</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>83-0219655</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>307-745-1423</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621111</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>83-0219655</u>	2c Plan Sponsor's telephone number <u>307-745-1423</u>	2d Business code (see instructions) <u>621111</u>	
2b Employer Identification Number (EIN) <u>83-0219655</u>					
2c Plan Sponsor's telephone number <u>307-745-1423</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	THOMAS WOLFE
	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	163
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)	117
a(2) Total number of active participants at the end of the plan year		6a(2)	104
b Retired or separated participants receiving benefits.....		6b	10
c Other retired or separated participants entitled to future benefits		6c	60
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	174
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	174
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	174
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	19
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			
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
--	--	--

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan GEM CITY BONE & JOINT, P.C. 401K PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 GEM CITY BONE & JOINT, P.C.	D Employer Identification Number (EIN) 83-0219655

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.
--------	---	--

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	GAP-CP-FM7Z		01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	183

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
TODD A KADING
6011 W COURTYARD DR
BLDG 5 NO. 40
AUSTIN, TX 78730

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	183		7

(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	37863
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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

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

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

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

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

b	Balance at the end of the previous year	7b	37340
----------	---	-----------	-------

c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	707	
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		
	▶			

(6) Total additions	7c(6)	707
---------------------------	--------------	-----

d	Total of balance and additions (add lines 7b and 7c(6))	7d	38047
----------	--	-----------	-------

e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)	183	
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below)	7e(4)		
	▶			

(5) Total deductions	7e(5)	183
----------------------------	--------------	-----

f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	37864
----------	--	-----------	-------

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ 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 GEM CITY BONE & JOINT, P.C. 401K PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 GEM CITY BONE & JOINT, P.C.	D Employer Identification Number (EIN) 83-0219655	

Part I	Service Provider Information (see instructions)
---------------	--

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

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

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

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

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

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

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

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

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

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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-1592130

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19		19195	Yes ☒ No ☐	Yes ☒ No ☐	4284	Yes ☐ No ☒

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

LEAFHOUSE FINANCIAL ADVISORS, LLC

6504 BRIDGEPOINT PKWY, STE 450
AUSTIN, TX 78730

26-4311657

(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?
26 27		18930	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

WEALTH MANAGEMENT ADVISERS, LLC

166 OLD FARMS E
MIDDLETOWN, CT 06457

13-4251514

(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?
26 27		18920	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

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

PERSHING, LLC (NORTHWESTERN MUTUAL)

300 COLONIAL CENTER PARKWAY
LAKE MARY, FL 32746

13-2741729

(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?
26		16773	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

TD AMERITRADE

P.O. BOX 650567
DALLAS, TX 75265

(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?
26		8956	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

COMMONWEALTH FINANCIAL NETWORK

29 SAWYER RD.
WALTHAM, MA 02453

04-2675571

(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?
26		13105	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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
--	--	---

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan GEM CITY BONE & JOINT, P.C. 401K PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 GEM CITY BONE & JOINT, P.C.	D Employer Identification Number (EIN) 83-0219655	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	422	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	371930	377401
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	369	2696
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	255294	123428
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	678205	879784
(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)	128109	121543
(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)	14723320	16146891
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	37339	37863
(15) Other.....	1c(15)	0	

		(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	16194988 17689606
Liabilities			
g	Benefit claims payable	1g	136009 0
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	136009 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	16058979 17689606

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)	377400
	(B) Participants	2a(1)(B)	588000
	(C) Others (including rollovers).....	2a(1)(C)	5092
(2)	Noncash contributions.....	2a(2)	0
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	970492
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	746
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	8105
	(F) Other	2b(1)(F)	0
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	8851
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	18523
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	759604
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	778127
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	31223
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	31223
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(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)		1467502
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3256195
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1519760	
(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)		1519760
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)	59219	
(3) Investment advisory and management fees.....	2i(3)	46589	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		105808
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1625568
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1630627
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: SOUKUP BUSH & ASSOCIATES, CPAS, P.C

(2) EIN: 84-1128248

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		20776

	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 GEM CITY BONE & JOINT, P.C. 401K PLAN	B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 GEM CITY BONE & JOINT, P.C.	D Employer Identification Number (EIN) 83-0219655

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): 31-1592130 84-1400567		
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 _____

**Gem City Bone & Joint, P.C.
401K Plan**

**Financial Statements and
Independent Auditor's Report
December 31, 2021 and 2020**

Table of Contents

	Page
Independent Auditor's Report	1 - 3
Financial Statements:	
Statements of Net Assets Available for Benefits.....	4
Statement of Changes in Net Assets Available for Benefits.....	5
Notes to the Financial Statements.....	6 - 17
Supplemental Schedules:	
Schedule H, line 4a - Schedule of Delinquent Participant Contributions.....	18
Schedule H, line 4i - Schedule of Assets Held for Investment Purposes at End of Year.....	19 - 21

Independent Auditor's Report

To the Trustees and Investment Committee
Gem City Bone & Joint, P.C. 401K Plan
Laramie, Wyoming

Opinion

We have audited the accompanying financial statements of Gem City Bone & Joint, P.C. 401K Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Gem City Bone & Joint, P.C. 401K Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Gem City Bone & Joint, P.C. 401K Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Gem City Bone & Joint, P.C. 401K Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- 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 Gem City Bone & Joint, P.C. 401K Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Gem City Bone & Joint, P.C. 401K Plan's ability to continue as a going concern for a reasonable period of time.

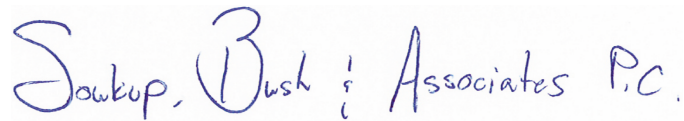
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

A handwritten signature in blue ink that reads "Soukup, Bush & Associates P.C.".

Fort Collins, Colorado
October 17, 2022

Gem City Bone & Joint, P.C. 401K Plan
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets		
Investments, at fair value (See Note 3)	\$ 17,150,103	\$ 15,657,241
Investment, at contract value (See Note 4)	<u>37,863</u>	<u>37,339</u>
Total investments	<u>17,187,966</u>	<u>15,694,580</u>
Receivables		
Employer contributions receivable (See Note 1)	377,401	371,930
Notes receivable from participants (See Note 1)	121,543	128,109
Other receivable	<u>2,696</u>	<u>369</u>
Total receivables	<u>501,640</u>	<u>500,408</u>
Total assets	<u>17,689,606</u>	<u>16,194,988</u>
Liabilities		
Distribution payable	<u>-</u>	<u>136,009</u>
Total liabilities	<u>-</u>	<u>136,009</u>
Net assets available for benefits	<u>\$ 17,689,606</u>	<u>\$ 16,058,979</u>

See Accompanying Independent Auditor's Report and Notes to the Financial Statements.

Gem City Bone & Joint, P.C. 401K Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2021

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value investments	\$ 1,498,725
Dividend income	778,127
Interest income	<u>746</u>

Total investment income	<u>2,277,598</u>
-------------------------	------------------

Contributions:

Participant contributions (See Note 1)	588,000
Employer contributions (See Note 1)	377,400
Qualified nonelective contributions	<u>5,092</u>

Total contributions	<u>970,492</u>
---------------------	----------------

Other income:

Interest from participant loans	<u>8,105</u>
---------------------------------	--------------

Total other income	<u>8,105</u>
--------------------	--------------

Total additions	<u>3,256,195</u>
-----------------	------------------

Deductions:

Benefits paid to participants	1,519,760
Administrative fees	<u>105,808</u>

Total deductions	<u>1,625,568</u>
------------------	------------------

Net increase	1,630,627
--------------	-----------

Net assets available for benefits:

Beginning of year	<u>16,058,979</u>
End of year	<u>\$ 17,689,606</u>

See Accompanying Independent Auditor's Report and Notes to the Financial Statements.

Gem City Bone & Joint, P.C. 401K Plan
Notes to the Financial Statements
December 31, 2021 and 2020

Note 1 - Description of Plan

The following description of the Gem City Bone & Joint, P.C. 401K Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan covering all employees of the Employer who have completed 1,000 hours of service during the 12-month period immediately following their date of hire. Eligible employees can enter the Plan semi-annually on January 1 and July 1. The Plan was established on January 1, 1997. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and has been amended to incorporate legislative change under the Economic Growth Tax Relief Reconciliation Act (EGTRAA).

The Trustees and Investment Committee of Gem City Bone & Joint, P.C. (the Plan Sponsor) administer the Plan. Nationwide Trust Company (Nationwide) serves as a custodian and record keeper of the Plan assets held within the Nationwide platform. The remaining assets are held in various brokerage accounts not in the custody of Nationwide. FuturePlan by Ascensus is the third-party administrator (the TPA). Certain owners of the Plan Sponsor are trustees of the Plan. The Plan Sponsor and the investment advisor determine the appropriateness of the Plan's investment offerings and monitor investment performance for those assets held within the Nationwide platform.

Contributions - Participants may defer before-tax or after-tax (Roth) contributions, up to a maximum of 100%, of their total compensation each year instead of receiving that amount in cash subject to certain Internal Revenue Code (IRC) limitations. Participants who have reached age 50 before the end of the plan year are eligible to make catch-up contributions subject to IRC limitations. Employee contributions are withheld from the participant's payroll each pay period. The Plan also allows rollover contributions from other qualified defined benefit or defined contribution plans.

The Plan Sponsor makes a safe harbor contribution equal to 3% of eligible compensation for all eligible employees, regardless of whether they are contributing to the Plan. The safe harbor contribution for the year ended December 31, 2021 totaled \$259,022.

The Plan Sponsor may also make a discretionary employer matching contribution, equal to a percentage determined by the Plan Sponsor. The Plan Sponsor made no employer discretionary matching contributions for the 2021 Plan year.

The Plan Sponsor may also make a discretionary profit sharing contribution. The Plan Sponsor elected to make a discretionary profit sharing contribution in the amount of \$118,378 for the Plan year ended December 31, 2021.

Gem City Bone & Joint, P.C. 401K Plan
Notes to the Financial Statements
December 31, 2021 and 2020

Note 1 - Description of Plan (continued)

Participant Accounts - Each participant's account is credited with the participant's contribution and allocation of (a) the Plan sponsor's contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers through Nationwide, unitized mutual funds, a fully benefit-responsive investment contract, and a self directed brokerage account option. Participants may make investment option changes at any time.

Vesting - Participants are immediately vested in all elective deferral contributions into the Plan as well as employer safe harbor contributions. Participant vesting with regards to employer discretionary and employer discretionary matching contributions is determined by years of service. The table below outlines the vesting schedule for employer nonelective and additional matching contributions into the Plan:

<u>Years of Service</u>	<u>Vested Interest</u>
Less than 1 year	0 %
1 year of service	20 %
2 years of service	40 %
3 years of service	60 %
4 years of service	80 %
5 years of service	100 %

Notes Receivable From Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50 percent of their vested account balance, whichever is less. A participant may only have one loan outstanding at any given time. The notes receivable are secured by the balance in the participant's account. As such, it was determined that an allowance for doubtful accounts was not necessary. Notes receivable bear interest rates equal to the Wall Street Journal prime rate plus 2%. The interest rates on outstanding notes receivable from participants were between 5.25% and 7.50%. Interest income on notes receivable from participants is recognized in the period it is earned. Installment payments including principal and interest on the notes receivable are withheld from participant payroll every pay period. Loans mature through April 24, 2026.

Gem City Bone & Joint, P.C. 401K Plan
Notes to the Financial Statements
December 31, 2021 and 2020

Note 1 - Description of Plan (continued)

Payment of Benefits - On termination of service due to death, disability or retirement, a participant may request a lump-sum distribution equal to the vested value of the participant's account. For terminated participants whose account balance is less than \$5,000, the account balance will be rolled over into an Individual Retirement Account (IRA) in the name of the participant if the participant does not elect another form of distribution. The normal retirement age under the Plan is 65. In addition, the Plan designates an early retirement age of 55 years, only if there is also completion of 5 years of service. Participants may not make withdrawals from their accounts prior to retirement at age 59 and a half, except in the event of disability, death, termination of employment, or hardship distribution, without being subject to certain restrictions and penalties.

Forfeitures - Forfeitures are the non-vested portion of a participant's account that is lost upon termination of employment. According to the Plan document, forfeited accounts are used to pay administrative expense of the Plan or fund employer contributions, as directed by the Plan Sponsor. Forfeitures in the amount of \$0 were used to pay administrative expenses during the year ended December 31, 2021. At December 31, 2021 and 2020, forfeited nonvested accounts totaled \$1,153 and \$134,332 respectively.

Note 2 - Summary of Accounting Policies

Basis of Accounting - The financial statements of the Plan are prepared using the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - The Plan's investments are reported at fair value, except for the fully benefit-responsive investment contract, which is reported at contract value (See Note 4). 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. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company. Investments in unitized mutual fund accounts are stated at net asset value, which approximates fair value. The unitized mutual fund accounts are valued using the fair value of the underlying investments held in the unitized account. See Note 3 for discussion of fair value measurements.

Gem City Bone & Joint, P.C. 401K Plan
Notes to the Financial Statements
December 31, 2021 and 2020

Note 2 - Summary of Accounting Policies (continued)

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

Notes Receivable From Participants - Notes receivable from participants are considered in default if any scheduled payment remains unpaid beyond the last day of the calendar quarter following the calendar quarter in which the Participant missed the scheduled payment. Upon default, the Participant has the opportunity to repay the note receivable, resume current status of the note receivable by paying any missed payment plus interest, or request distribution of the note. If the note receivable remains in default, the Plan Administrator will offset the Participant's vested account balances by the outstanding balance of the note receivable to the extent permitted by law. For the year ended December 31, 2021, there were \$0 of deemed distributions that resulted from defaulted loans.

Accounting for Investment Contracts with Insurance Companies - The Plan entered into a contract with Nationwide through the Nationwide Fixed Select Option. The guaranteed investment contract issuer maintains the contributions in a general account (the General Account). This contract meets the fully benefit-responsive investment criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by plan participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions plus earnings on the underlying investments less participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to pay the principal and specified interest rates. There are no reserves against the contract value for credit risk of the contract issuer as of December 31, 2021 or 2020. Under the Nationwide Fixed Select Option, the crediting interest rate is based on a formula agreed upon with Nationwide but may not be less than 1%. Interest rates are reset quarterly, which was 1.88% as of December 31, 2021.

Payment of Benefits - Benefits are recorded when paid.

Administrative Expenses - Certain administrative costs for the Plan are paid by the Plan and deducted from the participants' accounts on a pro-rata basis. Investment fees are deducted from the participants' accounts on a pro-rata basis. The Plan Sponsor, on behalf of the Plan, paid other administrative expenses of the Plan, which are excluded from these financial statements. During the plan year ended December 31, 2021, administrative expenses incurred by the Plan totaled \$105,808, of which \$0 were paid from the forfeiture account.

Subsequent Events - The Plan Sponsor has evaluated all subsequent events through October 17, 2022, the date the financial statements were available to be issued.

Gem City Bone & Joint, P.C. 401K Plan
Notes to the Financial Statements
December 31, 2021 and 2020

Note 2 - Summary of Accounting Policies (continued)

Plan Restatement - The Plan was restated effective January 1, 2021 in order to comply with all the applicable requirements as set forth by the Internal Revenue Code. The Plan has adopted the Ascensus LLC Non-Standardized Defined Contribution Pre-Approved Plan Document.

Note 3 - Fair Value Measurements

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

Level 1 Fair Value Measurements - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in an active market which the Plan has the ability to access at the measurement date.

Level 2 Fair Value Measurements - Inputs to the valuation methodology include:

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

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

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

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. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021, and 2020.

Cash Equivalents: Short-term, highly liquid investments with an original maturity of three months or less.

Gem City Bone & Joint, P.C. 401K Plan
Notes to the Financial Statements
December 31, 2021 and 2020

Note 3 - Fair Value Measurements (continued)

Self directed brokerage accounts: Accounts consist of mutual funds, common stocks, and cash equivalents that are valued on the basis of readily determinable market prices. The accounts are held in various brokerage accounts, both within the Nationwide platform as well as with outside custodians, not held within the Nationwide platform, and have been deemed to all be level 1 investments.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021, and 2020. Classification within the fair value hierarchy table is based on the lowest level of input that is significant to the fair value measurement.

Assets at Fair Value as of December 31, 2021

	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>	<u>Total</u>
Cash equivalents	\$ 122,275	\$ -	\$ -	\$ 122,275
Self directed brokerage accounts	<u>6,746,895</u>	<u>-</u>	<u>-</u>	<u>6,746,895</u>
Total assets in the fair value hierarchy	6,869,170	-	-	6,869,170
Investments measured at net asset value	<u>-</u>	<u>-</u>	<u>-</u>	<u>10,280,933</u>
Investments at fair value	<u>\$ 6,869,170</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$17,150,103</u>

Assets at Fair Value as of December 31, 2020

	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>	<u>Total</u>
Cash equivalents	\$ 255,716	\$ -	\$ -	\$ 255,716
Self directed brokerage accounts	<u>6,301,154</u>	<u>-</u>	<u>-</u>	<u>6,301,154</u>
Total assets in the fair value hierarchy	6,556,870	-	-	6,556,870
Investments measured at net asset value	<u>-</u>	<u>-</u>	<u>-</u>	<u>9,100,371</u>
Investments at fair value	<u>\$ 6,556,870</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$15,657,241</u>

Gem City Bone & Joint, P.C. 401K Plan
Notes to the Financial Statements
December 31, 2021 and 2020

Note 3 - Fair Value Measurements (continued)

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on net asset value (NAVs) per share as of December 31, 2021 and 2020, respectively.

<u>December 31, 2021</u>	<u>Fair Value</u>	<u>Unfunded</u>	<u>Redemption</u>	<u>Redemption</u>
Unitized mutual fund accounts ^(a)	\$ <u>10,280,933</u>	<u>Commitments</u>	<u>Frequency</u>	<u>Notice Period</u>
		n/a	(if currently eligible)	
Total	\$ <u>10,280,933</u>		Daily	n/a
<u>December 30, 2020</u>	<u>Fair Value</u>	<u>Unfunded</u>	<u>Redemption</u>	<u>Redemption</u>
Unitized mutual fund accounts ^(a)	\$ <u>9,100,371</u>	<u>Commitments</u>	<u>Frequency</u>	<u>Notice Period</u>
		n/a	(if currently eligible)	
Total	\$ <u>9,100,371</u>		Daily	n/a

^(a) Investment in unitized mutual funds - Retail mutual funds held within Nationwide's platform. Valued at the unit value, which is Nationwide's method for valuing accounts and is not the same as the net asset value reported by the fund house. Participants transact at this unit value; however, the Plan transacts at the underlying investment value. After the close of the stock market, Nationwide receives a daily price from each fund house. This figure includes the net asset value (NAV) and any dividends and capital gains declared. This allows Nationwide to calculate a gross investment rate which is used to compute the unit value. The gross investment rate less a daily asset management charge percentage multiplied by the previous day's unit value equals the current unit value. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission and publish their daily NAV.

Note 4 - Fully Benefit-Responsive Investment Contracts

The Plan holds a fully benefit-responsive investment contract with Nationwide through the Nationwide Life Insurance Company Trust's underlying holdings in the Nationwide Fixed Select Option totaling \$37,863 for 2021 and \$37,339 for 2020. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. There is no guaranteed rate for the Nationwide Fixed Select Option. For the Nationwide Fixed Select Option, interest rates are determined as follows: Prior to each quarter end, the effective annual rate of interest is established for the corresponding three month period. Interest is credited, based upon the daily balance, at a rate that is the daily equivalent of the effective annual rate of interest applicable for the three month period. The Fixed Select contract does not have a maturity date. The provisions do not provide for a distribution at book value at some specified future date. A contract holder can request a lump sum distribution with a market value adjustment, or an install payout, at book value, over a period of years.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Nationwide, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on completing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, (4) a material amendment to the agreement without the consent of the issuer.

Gem City Bone & Joint, P.C. 401K Plan
Notes to the Financial Statements
December 31, 2021 and 2020

Note 5 - Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. If the Plan is terminated for any reason, all participants become 100% vested, and the Plan administrator is to distribute each participant's interest to the participant or beneficiary.

Note 6 - Tax Status

The Plan adopted a Non-Standardized Defined Contribution Pre-Approved plan document from Ascensus LLC on January 1, 2021. The pre-approved plan obtained its latest opinion letter on June 30, 2020, in which the Internal Revenue Service stated that the Non-Standardized Pre-Approved Profit Sharing/Money Purchase/CODA plan, as designed, is in compliance with the applicable requirements of the Internal Revenue Code.

The Plan has since been amended, and the Plan Administrator has not received an opinion letter for their specific plan. However, the Plan Administrator and the Plan's tax counsel believe that the plan is designed and is currently being operated in compliance with all applicable requirements of the Internal Revenue Code.

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

Note 7 - Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2021 and 2020 to Schedule H of Form 5500:

	<u>2021</u>	<u>2020</u>
Net assets available for benefits per the financial statements	\$ <u>17,689,606</u>	\$ <u>16,058,979</u>
Net assets available for benefits per Schedule H of Form 5500	\$ <u>17,689,606</u>	\$ <u>16,058,979</u>

Gem City Bone & Joint, P.C. 401K Plan
Notes to the Financial Statements
December 31, 2021 and 2020

Note 7 - Reconciliation of Financial Statements to Schedule H of Form 5500 (continued)

The following is a reconciliation of benefits paid to participants 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	\$ <u>1,519,760</u>
--	---------------------

Benefits paid to participants per Schedule H of Form 5500	\$ <u>1,519,760</u>
---	---------------------

The following is a reconciliation of contributions received from the employer per the financial statements for the year ended December 31, 2021 to Schedule H of Form 5500:

Employer contributions per the financial statements	\$ <u>377,400</u>
---	-------------------

Employer contributions per Schedule H of Form 5500	\$ <u>377,400</u>
--	-------------------

The following is a reconciliation of net investment gain (loss) and unrealized appreciation of assets per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2021:

Net appreciation in fair value of investments per the financial statements	\$ <u>1,498,725</u>
--	---------------------

Net investment gain from registered investment companies per Schedule H of Form 5500	\$ 1,467,502
---	--------------

Net investment gain on sale of assets per Schedule H of Form 5500	<u>31,223</u>
---	---------------

Net investment gain from investments per Schedule H of Form 5500	\$ <u>1,498,725</u>
--	---------------------

Note 8 - Information Prepared and Certified by Custodian

Certain information related to investments held at Nationwide and disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2021 and 2020, and net appreciation/(depreciation) in fair value of investments, interest and dividends for the year ended December 31, 2021, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Nationwide Trust Company and Nationwide Life Insurance Company (the custodians of the Plan). Investments in self directed brokerage accounts held outside of the Nationwide platform and notes receivable from participants were not certified.

Gem City Bone & Joint, P.C. 401K Plan
Notes to the Financial Statements
December 31, 2021 and 2020

Note 9 - Related-Party and Party-in-Interest Transactions

Certain Plan investments are cash equivalents, self directed brokerage accounts and units of unitized mutual fund accounts managed by the custodian, Nationwide Trust Company. The transactions in these investments qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are paid as a direct payment. As described in Note 2, the Plan made direct payments to the custodian, the third party administrator, and other service providers totaling \$105,808 for the year ended December 31, 2021, which were not covered by revenue sharing. The Plan Sponsor pays directly any other fees related to the Plan's operations.

Prohibited transactions were identified during the 2020 audit. There were late deposits of participant deferrals during 2020 totaling \$18,949. All contributions have subsequently been received by the Plan. Lost earnings totaling \$33 were calculated on these late deposits, along with excise taxes totaling \$5 that were reported on the 2021 Form 5330, Return of Excise Taxes Related to Employee Benefit Plans.

Prohibited transactions were identified during the 2021 audit. There were deposits related to corrections for failures to include eligible employees in 2021 totaling \$1,827. All contributions have subsequently been received by the Plan. Lost earnings totaling \$15 were calculated on these late deposits, along with excise taxes totaling \$2 that were reported on the 2021 Form 5330, Return of Excise Taxes Related to Employee Benefit Plans.

Gem City Bone & Joint, P.C. 401K Plan
Notes to the Financial Statements
December 31, 2021 and 2020

Note 10 - 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 (as defined within one year) and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 11 - Accounting for Uncertain Tax Positions

The Plan adopted FASB Interpretation No. 48 (FASB ASC 740-10-10), *Accounting for Uncertainty in Income Taxes* on January 1, 2009. ASC 740-10-10 is an interpretation of SFAS No. 109, Accounting for Income Taxes. ASC 740-10-10 prescribes recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken, or expected to be taken in a tax return. ASC 740-10-10 requires the affirmative evaluation that is more likely-than-not, based on the technical merits of a tax position, that an enterprise is entitled to economic benefits resulting from positions taken in income tax returns. If a tax position does not meet the more-likely-than not recognition threshold, the benefit of the position is not recognized in the financial statements. ASC 740-10-10 also requires entities to disclose additional quantitative and qualitative information in the financial statements about uncertain tax positions. The Plan's adoption of ASC 740-10-10 on January 1, 2009, did not have a material impact on the financial statements.

The Plan's evaluation on December 31, 2021 revealed no tax positions that would have a material impact on the financial statements. The 2018 through 2020 tax years remain subject to examination by the Internal Revenue Service (IRS). As of the date of the financial statements, the IRS has not commenced any examinations. The Plan does not believe that any reasonably possible changes will occur within the next twelve months that will have a material impact on the financial statements.

Supplementary Information

Gem City Bone & Joint, P.C. 401K Plan
Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2021
Plan # 003
ID # 83-0219655

Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☒	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$20,776	-	\$20,776	-	\$20,776

See Accompanying Independent Auditor's Report and Notes to the Financial Statements.

Gem City Bone & Joint, P.C. 401K Plan
Schedule of Assets Held for Investment Purposes at End of Year
December 31, 2021
Plan # 003
ID # 83-0219655

Schedule H, line 4i - Schedule of Assets (held at end of year)

(a)	(b)	(c)	(e)
	Identity of issue, borrow, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current value (\$)
*	Nationwide Life Insurance Company	Insurance Contract - Nationwide Fixed Select Option	37,863
	TD Ameritrade	Cash Equivalent - FDIC Insured Deposit Account	51,693
	TD Ameritrade	Cash Equivalent - FDIC Insured TD Ameritrade	30,305
	TD Ameritrade	Cash Equivalent - Insured Deposit	10,514
	Fidelity	Cash Equivalent - Fidelity Govt MMKT Capital	13,788
	Royal Bank of Canada	Cash Equivalent - RBC Insured Deposits	15,975
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Amcent Mdcap Val R6	184,514
*	Nationwide Life Insurance Company	Unitized Mutual Fund - LrdAbt Ttl Rt nR5	1,151,814
*	Nationwide Life Insurance Company	Unitized Mutual Fund - NeuBer Genesis Inst	498
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Royce Oppr Invmt	57,410
*	Nationwide Life Insurance Company	Unitized Mutual Fund - AmCent Bal I	71,504
*	Nationwide Life Insurance Company	Unitized Mutual Fund - PIMCO Comdy Real Rtn Strat Inst	123
*	Nationwide Life Insurance Company	Unitized Mutual Fund - DFA Comdty Strat Inst	97,819
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Calamos Evol Wld Gr Inst	2,381
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Vanguard 500 Index Fd AS	2,190,242
*	Nationwide Life Insurance Company	Unitized Mutual Fund - FidAdv MdCap Val	2,535
*	Nationwide Life Insurance Company	Unitized Mutual Fund - JnsHndrsn Triton N	81,582
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Invsco Goldspecmnrls Y	150,955
*	Nationwide Life Insurance Company	Unitized Mutual Fund - AB LgCap Gr I	335,919
*	Nationwide Life Insurance Company	Unitized Mutual Fund - DFA Inflation Prtct Sec Inst	245,481
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Towepr Spectrmmodgralloc	391,628
*	Nationwide Life Insurance Company	Unitized Mutual Fund - DFA Real Est SEC	347,072
*	Nationwide Life Insurance Company	Unitized Mutual Fund - JPM Inc Bldr I	95,267
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Am Fds New Wld R6	478,031

See Accompanying Independent Auditor's Report and Notes to the Financial Statements.

Gem City Bone & Joint, P.C. 401K Plan
Schedule of Assets Held for Investment Purposes at End of Year
December 31, 2021
Plan # 003
ID # 83-0219655

Schedule H, line 4i - Schedule of Assets (held at end of year)

(a)	(b)	(c)	(e)
	Identity of issue, borrow, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current value (\$)
*	Nationwide Life Insurance Company	Unitized Mutual Fund - DFA US SmCap Inst	3,658
*	Nationwide Life Insurance Company	Unitized Mutual Fund - JPM MktExpnsnEnhcdInd	2,499
*	Nationwide Life Insurance Company	Unitized Mutual Fund - FidAdv Invmt Grd Bd Inst	1,132
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Vngrd Devl Mkt Indx Adml	1,336
*	Nationwide Life Insurance Company	Unitized Mutual Fund - DFA Wldexusgovtfxdinc Inst	400,363
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Fnklm Smcap Val Adv	43,672
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Invsco St Bd Y	73,499
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Legg Wstras Infindplsbd Is	27,397
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Mfs Intl Divrs R6	1,322,342
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Pgim Hi Yld Z	103,114
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Trowepr Spctrmcnsrvalloc	438,313
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Vngrd Mdcap Gr Indx Adml	165,166
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Vngrd Mid-Cap Idx Fd As	910,035
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Vngrd Sm Cap Indx Fd As	809,884
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Vngrd Ttl Bnd Mkt Ldx Adm	1,107
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Ab Rel Val I	2,168
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Allspr Prec Mtls Inst	46,840
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Allspr Prmr Lg Co Gr Inst	38,816
*	Nationwide Life Insurance Company	Unitized Mutual Fund - DFA US Trgt Val Inst	3,664
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Fed Hrms Gov Oblgtns Prmr	1,153

See Accompanying Independent Auditor's Report and Notes to the Financial Statements.

Gem City Bone & Joint, P.C. 401K Plan
Schedule of Assets Held for Investment Purposes at End of Year
December 31, 2021
Plan # 003
ID # 83-0219655

Schedule H, line 4i - Schedule of Assets (held at end of year)

(a)	(b)	(c)	(e)
	Identity of issue, borrow, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current value (\$)
	Various	Self Directed Brokerage Accounts - Mutual Funds	5,861,571
	Various	Self Directed Brokerage Accounts - Common Stock	879,784
	State Street Global	Self Directed Brokerage Accounts	<u>5,540</u>
			17,187,966
*	Participant Loans	Promissory Loans, maturing through April 24, 2026, collateralized by participant accounts, with an interest rates ranging from 5.25% to 7.50%	<u>121,543</u>
			<u>\$ 17,309,509</u>

* - Party-in-interest

See Accompanying Independent Auditor's Report and Notes to the Financial Statements.

Gem City Bone & Joint, P.C. 401K Plan
Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2021
Plan # 003
ID # 83-0219655

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$20,776	-	\$20,776	-	\$20,776

Schedule H, line 4a - Schedule of Delinquent Participant Contributions

See Accompanying Independent Auditor's Report and Notes to the Financial Statements.

Gem City Bone & Joint, P.C. 401K Plan
Schedule of Assets Held for Investment Purposes at End of Year
December 31, 2021
Plan # 003
ID # 83-0219655

Schedule H, line 4i - Schedule of Assets (held at end of year)

(a)	(b)	(c)	(e)
	Identity of issue, borrow, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current value (\$)
*	Nationwide Life Insurance Company	Insurance Contract - Nationwide Fixed Select Option	37,863
	TD Ameritrade	Cash Equivalent - FDIC Insured Deposit Account	51,693
	TD Ameritrade	Cash Equivalent - FDIC Insured TD Ameritrade	30,305
	TD Ameritrade	Cash Equivalent - Insured Deposit	10,514
	Fidelity	Cash Equivalent - Fidelity Govt MMKT Capital	13,788
	Royal Bank of Canada	Cash Equivalent - RBC Insured Deposits	15,975
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Amcent Mdcap Val R6	184,514
*	Nationwide Life Insurance Company	Unitized Mutual Fund - LrdAbt Ttl Rt nR5	1,151,814
*	Nationwide Life Insurance Company	Unitized Mutual Fund - NeuBer Genesis Inst	498
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Royce Oppr Invmt	57,410
*	Nationwide Life Insurance Company	Unitized Mutual Fund - AmCent Bal I	71,504
*	Nationwide Life Insurance Company	Unitized Mutual Fund - PIMCO Comdy Real Rtn Strat Inst	123
*	Nationwide Life Insurance Company	Unitized Mutual Fund - DFA Comdty Strat Inst	97,819
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Calamos Evol Wld Gr Inst	2,381
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Vanguard 500 Index Fd AS	2,190,242
*	Nationwide Life Insurance Company	Unitized Mutual Fund - FidAdv MdCap Val	2,535
*	Nationwide Life Insurance Company	Unitized Mutual Fund - JnsHndrsn Triton N	81,582
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Invsco Goldspecmnlrs Y	150,955
*	Nationwide Life Insurance Company	Unitized Mutual Fund - AB LgCap Gr I	335,919
*	Nationwide Life Insurance Company	Unitized Mutual Fund - DFA Inflation Prtct Sec Inst	245,481
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Towepr Spectrmmodgralloc	391,628
*	Nationwide Life Insurance Company	Unitized Mutual Fund - DFA Real Est SEC	347,072
*	Nationwide Life Insurance Company	Unitized Mutual Fund - JPM Inc Bldr I	95,267
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Am Fds New Wld R6	478,031

See Accompanying Independent Auditor's Report and Notes to the Financial Statements.

Gem City Bone & Joint, P.C. 401K Plan
Schedule of Assets Held for Investment Purposes at End of
Year December 31, 2021
Plan # 003
ID # 83-0219655

Schedule H, line 4i - Schedule of Assets (held at end of year)

(a)	(b)	(c)	(e)
	Identity of issue, borrow, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current value (\$)
*	Nationwide Life Insurance Company	Unitized Mutual Fund - DFA US SmCap Inst	3,658
*	Nationwide Life Insurance Company	Unitized Mutual Fund - JPM MktExpnsnEnhcdInd	2,499
*	Nationwide Life Insurance Company	Unitized Mutual Fund - FidAdv Invmt Grd Bd Inst	1,132
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Vngrd Devl Mkt Indx Adml	1,336
*	Nationwide Life Insurance Company	Unitized Mutual Fund - DFA Wldexusgovtfxdinc Inst	400,363
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Fnklm Smcap Val Adv	43,672
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Invsco St Bd Y	73,499
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Legg Wstras Infndplsbd Is	27,397
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Mfs Intl Divrs R6	1,322,342
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Pgim Hi Yld Z	103,114
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Trowepr Spctrmcnsrvalloc	438,313
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Vngrd Mdcap Gr Indx Adml	165,166
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Vngrd Mid-Cap Idx Fd As	910,035
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Vngrd Sm Cap Indx Fd As	809,884
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Vngrd Ttl Bnd Mkt Ldx Adm	1,107
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Ab Rel Val I	2,168
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Allspr Prec Mtls Inst	46,840
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Allspr Prmr Lg Co Gr Inst	38,816
*	Nationwide Life Insurance Company	Unitized Mutual Fund - DFA US Trgt Val Inst	3,664
*	Nationwide Life Insurance Company	Unitized Mutual Fund - Fed Hrms Gov Oblgtns Prmr	1,153

See Accompanying Independent Auditor's Report and Notes to the Financial Statements.

Gem City Bone & Joint, P.C. 401K Plan
Schedule of Assets Held for Investment Purposes at End of Year
December 31, 2021
Plan # 003
ID # 83-0219655

Schedule H, line 4i - Schedule of Assets (held at end of year)

(a)	(b)	
	Various	Self Directed Brokerage Accounts - Mutual Funds 5,861,571
	Various	Self Directed Brokerage Accounts - Common Stock 879,784
	State Street Global	Self Directed Brokerage Accounts <u>5,540</u>
		17,187,966
* Participant Loans	Promissory Loans, maturing through April 24, 2026, collateralized by participant accounts, with an interest rates ranging from 5.25% to 7.50%	<u>121,543</u>
		\$ <u>17,309,509</u>

Identity of issue, borrow, lessor, or similar party

(c)

Description of investment including maturity date, rate of interest, collateral, par or maturity value

(e)

Current value (\$)

* - Party-in-interest

See Accompanying Independent Auditor's Report and Notes to the Financial Statements.