

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

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>AMEDISYS HOLDING, LLC 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1993</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1993</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/1993</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>AMEDISYS HOLDING, LLC</u> <u>3854 AMERICAN WAY</u> <u>SUITE A</u> <u>BATON ROUGE, LA 70816</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>36-4576454</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>225-292-2031</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621610</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>36-4576454</u>	2c Plan Sponsor's telephone number <u>225-292-2031</u>	2d Business code (see instructions) <u>621610</u>	
2b Employer Identification Number (EIN) <u>36-4576454</u>					
2c Plan Sponsor's telephone number <u>225-292-2031</u>					
2d Business code (see instructions) <u>621610</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.	04/17/2023	BRIAN DUCLOS
	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	25094
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)	20850
a(2) Total number of active participants at the end of the plan year		6a(2)	20184
b Retired or separated participants receiving benefits.....		6b	240
c Other retired or separated participants entitled to future benefits		6c	4626
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	25050
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	82
f Total. Add lines 6d and 6e		6f	25132
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	19845
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	2729
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2H 2J 2K 2R 2T 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan AMEDISYS HOLDING, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AMEDISYS HOLDING, LLC	D Employer Identification Number (EIN) 36-4576454	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(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 51 52 59 60 62 63 71 72	RECORDKEEPER	446741	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

UBS FINANCIAL SERVICES, INC.

13-2638166

(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?
70	CONSULTANT	157571	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KPMG

13-5565207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT	35000	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)

BAKER DONELSON

62-1047356

(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?
50	CONSULTANT	10330	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEXISNEXIS RISK DATA MANAGEMENT INC

65-0852445

(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?
50	OTHER	8556	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>AMEDISYS HOLDING, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AMEDISYS HOLDING, LLC</u>	D Employer Identification Number (EIN) <u>36-4576454</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO STABLE VALUE RETIREMENT FUN</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u>		
c EIN-PN <u>27-3868124-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19931278</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET S&P 500 INDEX NL SERIE</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-306</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>38298914</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan AMEDISYS HOLDING, LLC 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 AMEDISYS HOLDING, LLC	D Employer Identification Number (EIN) 36-4576454	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	92613	233920
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	12151063	14004880
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	17399085	17807103
(9) Value of interest in common/collective trusts	1c(9)	46614759	58230192
(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)	482407385	574757221
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	8504680	8829833

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1) 550927166	266420842
(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 1118096751	940283991
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k 0	0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l 1118096751	940283991

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 18643130	
	(B) Participants	2a(1)(B) 59862361	
	(C) Others (including rollovers).....	2a(1)(C) 9770917	
(2)	Noncash contributions.....	2a(2) 0	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	88276408
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A) 3059	
	(B) U.S. Government securities	2b(1)(B) 0	
	(C) Corporate debt instruments	2b(1)(C) 0	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E) 951280	
	(F) Other	2b(1)(F) 0	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	954339
(2)	Dividends: (A) Preferred stock.....	2b(2)(A) 0	
	(B) Common stock	2b(2)(B) 0	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C) 33424829	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	33424829
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A) 77007770	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B) 89359452	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	-12351682
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B) -217404669	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-217404669

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		8421649
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(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)		26016038
c Other income.....	2c		1373863
d Total income. Add all income amounts in column (b) and enter total.....	2d		-71289225
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	104567333	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		104567333
f Corrective distributions (see instructions).....	2f		783037
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	1173165	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1173165
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		106523535
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-177812760
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **KPMG, LLP**

(2) EIN: **13-5565207**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		10000000
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.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan AMEDISYS HOLDING, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AMEDISYS HOLDING, LLC	D Employer Identification Number (EIN) 36-4576454

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): 94-1687665		
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 _____



AMEDISYS HOLDING, L.L.C. 401(k) PLAN

Financial Statements and Supplemental Schedules

December 31, 2021 and 2020

(With Independent Auditors' Report Thereon)

AMEDISYS HOLDING, L.L.C. 401(k) PLAN

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All other supplemental schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable or required.	



KPMG LLP
Suite 2150
301 Main Street
Baton Rouge, LA 70801

Independent Auditors' Report

The Plan Administrator and Plan Participants
Amedisys Holding, L.L.C. 401(k) Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements

We have performed an audit of the financial statements of Amedisys Holding, L.L.C. 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 financial statements).

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

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with U.S. generally accepted accounting principles.
- The information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.



Responsibilities of Management for the 2021 Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the 2021 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. generally accepted accounting principles.



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

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

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedules of schedule H, part IV, line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2021, and Schedule H, Part IV, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 15, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information was presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

KPMG LLP

Baton Rouge, Louisiana
October 17, 2022

AMEDISYS HOLDING, L.L.C. 401(k) PLAN

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

	2021	2020
Investments, at fair value:		
Cash and cash equivalents	\$ 14,238,800	12,243,676
Mutual funds	574,757,221	482,407,385
Common/collective trust funds	58,230,192	46,614,759
Amedisys, Inc. stock	266,420,842	550,927,166
Self-directed funds	8,829,833	8,504,680
Total investments, at fair value	<u>922,476,888</u>	<u>1,100,697,666</u>
Receivables:		
Participant contributions receivable	1,019,879	2,021,772
Employer contributions receivable, net of forfeitures	4,771,913	3,940,363
Notes receivable from participants	17,807,103	17,399,085
Total receivables	<u>23,598,895</u>	<u>23,361,220</u>
Total assets	946,075,783	1,124,058,886
Excess contributions payable	<u>557,139</u>	<u>824,911</u>
Net assets available for benefits	<u>\$ 945,518,644</u>	<u>1,123,233,975</u>

See accompanying notes to financial statements.

AMEDISYS HOLDING, L.L.C. 401(k) PLAN

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2021

Investment income:	
Net depreciation in fair value of investments	\$ (195,318,665)
Interest and dividend income	33,429,446
Other income	847,711
Total investment loss, net	(161,041,508)
Interest income on notes receivable from participants	951,280
Revenue sharing	524,594
Contributions:	
Participant contributions	59,128,239
Employer contributions, net of forfeitures	17,474,681
Rollover contributions, excluding plan conversions	9,770,917
Total contributions	86,373,837
Deductions from net assets attributed to:	
Benefits paid to participants	103,359,370
Administrative expenses	1,164,164
Total deductions	104,523,534
Net decrease in net assets available for benefits	(177,715,331)
Net assets available for benefits, beginning of year	1,123,233,975
Net assets available for benefits, end of year	\$ 945,518,644

See accompanying notes to financial statements.

AMEDISYS HOLDING, L.L.C. 401(k) PLAN

Notes to Financial Statements

December 31, 2021 and 2020

(1) Description of the Plan

The following description of the Amedisys Holding, L.L.C. 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan document for a complete description of the Plan's provisions.

(a) General

The Plan is a defined-contribution plan covering all employees of the Company who are not excluded employees. Excluded employees are under the age of 18, residents of Puerto Rico, union employees whose employment is governed by a collective bargaining agreement under which retirement benefits were the subject of good faith bargaining, or classified as an independent contractor. Eligible employees can begin making pre-tax contributions to the Plan on the first day of the first month following hire date. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

(b) Administrative Expenses

The administration of the Plan is provided by Bank of America Merrill Lynch, with Bank of America, N.A., a qualified institution as the trustee (the Trustee). Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Total administrative expenses amounted to \$1,164,164 in 2021. Investment related expenses are included in net appreciation of fair value of investments.

(c) Contributions and Participation

Each participant's account is credited with the participant's contributions, the allocation of the Company's contributions, and the allocation of plan earnings or losses. Earnings/losses are allocated by fund based on the ratio of a participant's account invested in a particular fund to all participants' investments in that fund. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

The Company entered into an automatic enrollment arrangement for all newly eligible participants effective April 1, 2019. Amedisys employees hired on or after April 1, 2019, are automatically enrolled in the Plan starting at 3% pre-tax with an annual increase of 1% up to a maximum of 6% unless the employee has affirmatively elected to make no contributions or elected to make pre-tax contributions in a different amount.

Participants may contribute a percentage of their annual compensation, not exceeding the annual limitation under the Internal Revenue Code (IRC) of 1986, as amended (IRC) Section 402(g) (\$20,500 in 2021). A participant must be employed on the last day of the quarter to receive employer matching contributions. Matching contributions by the Company may be made at its discretion. The participant's matching contribution will not exceed 2.64% of a participant's compensation in any plan year. For the year ended December 31, 2021, the Company's contribution, net of forfeitures, was \$16,774,680 matching 44% of each participant's deferrals up to 6% of salary in 2021.

AMEDISYS HOLDING, L.L.C. 401(k) PLAN

Notes to Financial Statements

December 31, 2021 and 2020

Participants age 50 and older as of the end of the plan year are permitted to make elective catch-up deferrals in accordance with Section 414(v) of the IRC.

(d) Rollovers

Eligible participants may elect to rollover distributions from a former employer's qualified retirement plan into the Plan.

(e) Vesting of Service

Participants are immediately vested in their salary deferrals including catch-up contributions and rollover contributions plus actual earnings on these contributions. Vesting in the Company's discretionary matching contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. The following table presents the vesting schedule:

<u>Periods of service (years)</u>	<u>Percentage</u>
Less than 2	— %
2	25
3	50
4	75
5 or more	100

(f) Payments of Benefits

Upon termination of service due to death, disability, retirement, or other reasons, a participant shall be entitled to receive the value of their vested participant account balance. The participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or installments over a period of time not more than the participant's assumed life expectancy (or the assumed life expectancies of the participant and beneficiary). For participants with an account balance of \$5,000 or less, an automatic distribution in the form of a lump sum will be made.

(g) Withdrawal by Participants

Participants may make withdrawals from their account for hardship purposes as defined by the plan document. Only participant elective deferrals and earnings on participant elective deferrals are available for hardship withdrawals. Participants may also make in-service withdrawals of up to 100% of the employee after-tax portion of their accounts or rollover contributions previously made. Upon attainment of age 59½, participants are entitled to receive a distribution of all or a portion of their vested account balances.

(h) Notes Receivable from Participants

Participants may make loans against their account balance in the Plan subject to specific rules as defined in the Plan. Loan amounts may be no less than \$1,000 up to a maximum equal to the lesser of (1) \$50,000 less the highest outstanding balance of all prior loans during the one-year period ending the day before the new loan is made or (2) 50% of their account balance. Participant may not have more than two loans outstanding. The Plan adopted the temporary increased loan limits made available under the CARES Act and SECURE Act, where participants could make loans up to a maximum equal

AMEDISYS HOLDING, L.L.C. 401(k) PLAN

Notes to Financial Statements

December 31, 2021 and 2020

to the lesser of (1) \$100,000 less the highest outstanding balance of all prior loans during the one-year period ending the day before the new loan is made or (2) 100% of their account balance. These temporary changes were in place until December 31, 2020.

The term of any loan cannot exceed five years, unless the loan is used to acquire a principal residence, in which case the maximum term is 15 years. The loans are secured by the balance in the participant's account and generally bear interest at a rate equal to the prime interest rate as published in the Wall Street Journal plus an additional two percent. Principal and interest are paid ratably through payroll deductions. Interest rates on outstanding loans ranged from 3.25% to 8.25% at December 31, 2021 with maturities through November 27, 2036.

(i) Other Item

The Plan has implemented certain requirements by the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act), which laws change the Plan to among others, allow certain eligible individuals to receive coronavirus-related relief for loan repayment, suspend required minimum distributions, and delay the commencement date for certain required minimum distributions. The optional features to temporarily increase maximum loan amounts and allow coronavirus-related in-service distributions were also adopted by the Plan in 2020. Written amendments to reflect these changes will be adopted at a later date in accordance with applicable law and IRS guidance.

(j) Investment Options

Participants may allocate their contributions among mutual funds, common/collective trust funds, and self-directed brokerage accounts. In the event investment instructions are not received from the participant, the investment of contributions is allocated to the default investment option, Vanguard Target Retirement Date Fund. The self-directed brokerage accounts investment options allow the participant to direct contributions to be invested in any investment permitted under the Plan, including mutual funds, common stocks, and bonds. A participant cannot acquire company stock through the self-directed brokerage account. Asset management fees charged for the administration of all funds are charged against net assets available for benefits of the respective fund.

Assets of the Plan are held by Bank of America, N.A. and are participant directed, except for the employer discretionary matching contributions made prior to 2020, which were made with Amedisys, Inc. stock. The employee has the option to reallocate the stock to other funds of the Plan at any time.

(k) Plan Termination

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

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) and under the requirements of ERISA.

AMEDISYS HOLDING, L.L.C. 401(k) PLAN

Notes to Financial Statements

December 31, 2021 and 2020

(b) Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities, and changes therein, and disclosures of contingent assets and liabilities. Actual results may differ from those estimates.

(c) Investment Valuation and Income Recognition

The Plan's investment are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Realized gains (losses) on the sale of investments and unrealized appreciation (depreciation) in fair value of investments held are shown as net depreciation in fair value of investments in the statement of changes in net assets available for benefits.

(d) Notes Receivable from Participants

Notes receivable from participants are recorded at amortized cost, consisting of principal outstanding and any related accrued interest.

(e) Benefit Payments to Participants

Benefits are recorded when paid.

(3) Fair Value Measurements

ASC 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under this accounting standard are described below:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.
- Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.
- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

AMEDISYS HOLDING, L.L.C. 401(k) PLAN

Notes to Financial Statements

December 31, 2021 and 2020

The following is a description of the valuation methodologies used for the investments measured at fair value.

(a) Cash and Cash Equivalents

Cash and cash equivalents represent interest-bearing cash and are reported at cost, which approximates fair value, and are, therefore, categorized in Level 1 of the fair value hierarchy.

(b) Mutual Funds

Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and are, therefore, categorized in Level 1 of the fair value hierarchy.

(c) Common/Collective Trust Funds

Common/collective trust fund is valued at NAV per share as determined by the manager of the funds multiplied by the number of shares held as of the measurement date. Management has determined that these funds are traded but not daily, and are classified as Level 2 investments.

(d) Amedisys, Inc. Common Stock

The Amedisys, Inc. common stock investments are valued at the closing price reported on the active market on which the individual securities are traded on the last day of the plan year and are classified as Level 1 investments.

(e) Self-Directed Funds

The self-directed funds consist of investments in money market funds, common stock, and mutual funds. The money market securities represent interest-bearing cash and are, therefore, categorized in Level 1 of the fair value hierarchy. The common stock investments are valued at the closing price reported on the active market on which the individual securities are traded on the last business day of the plan year and are classified as Level 1 investments. See discussion of mutual fund valuation methodology above.

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

AMEDISYS HOLDING, L.L.C. 401(k) PLAN

Notes to Financial Statements

December 31, 2021 and 2020

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

Assets at fair value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 14,238,800	—	—	14,238,800
Mutual funds	574,757,221	—	—	574,757,221
Common/collective trust funds	—	58,230,192	—	58,230,192
Amedisys, Inc. stock	266,420,842	—	—	266,420,842
Self-directed funds	8,829,833	—	—	8,829,833
	<u>\$ 864,246,696</u>	<u>58,230,192</u>	<u>—</u>	<u>922,476,888</u>

Assets at fair value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 12,243,676	—	—	12,243,676
Mutual funds	482,407,385	—	—	482,407,385
Common/collective trust funds	—	46,614,759	—	46,614,759
Amedisys, Inc. stock	550,927,166	—	—	550,927,166
Self-directed funds	8,504,680	—	—	8,504,680
	<u>\$ 1,054,082,907</u>	<u>46,614,759</u>	<u>—</u>	<u>1,100,697,666</u>

During 2021 and 2020, there were no transfers between levels.

(4) Information Prepared and Certified by the Trustee

The following information included in the accompanying financial statements, including the notes to the financial statements, and the supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee, Bank of America, N.A., as of December 31, 2021 and 2020 and for the year ended December 31, 2021:

December 31		
	2021	2020
Cash and cash equivalents	\$ 14,238,800	12,243,676
Mutual funds, at fair value	574,757,221	482,407,385
Common/collective trust funds	58,230,192	46,614,759
Amedisys, Inc. stock	266,420,842	550,927,166
Self-directed funds	8,829,833	8,504,680
Notes receivable from participants	17,807,103	17,339,085

AMEDISYS HOLDING, L.L.C. 401(k) PLAN

Notes to Financial Statements

December 31, 2021 and 2020

	Year ended December 31, 2021
Net appreciation in fair value of investments	\$ (195,318,665)
Interest and dividend income	33,429,446
Interest income on notes receivable from participants	951,280

(5) Tax Status

The Plan adopted a volume submitter plan document in 2018 that has received a favorable opinion letter from the Internal Revenue Service (IRS) dated March 31, 2014 that it qualifies under applicable sections of the IRC, and is, therefore, not subject to tax under present income tax law. The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2021 and 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes that the Plan is no longer subject to income tax examinations for the years prior to 2018.

(6) Related-Party Transactions

Prior to January 1, 2020, the Company made discretionary matching contributions to participants' accounts using Amedisys, Inc. common stock. Effective as of January 1, 2020, the Company's discretionary matching contributions are made in cash and invested according to participants' investment directions on file. As of December 31, 2021 and 2020, the amount of net assets of the Plan invested in Amedisys, Inc. stock was \$266,420,842 and \$550,927,166, respectively.

Certain plan investments are shares of mutual funds managed by an affiliate of the Trustee and a party in interest with respect to the Plan. These transactions are covered by an exemption from the "prohibited transaction" provisions of ERISA and the IRC.

AMEDISYS HOLDING, L.L.C. 401(k) PLAN

Notes to Financial Statements

December 31, 2021 and 2020

(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 prepared on the accrual basis of accounting to Form 5500:

	<u>2021</u>	<u>2020</u>
Net assets available for benefits per the financial statements	\$ 945,518,644	1,123,233,975
Participant contributions receivable	(1,019,879)	(2,021,772)
Employer contributions receivable, net of forfeitures	(4,771,913)	(3,940,363)
Excess contributions payable	<u>557,139</u>	<u>824,911</u>
Net assets available for benefits per Schedule H of Form 5500	<u>\$ 940,283,991</u>	<u>1,118,096,751</u>

The following is a reconciliation of the net increase in net assets available for benefits for the year ended December 31, 2021 per the financial statements to Form 5500:

Net decrease in net assets available for benefits per the financial statements	\$ (177,715,331)
Participant contributions receivable, current year	(1,019,879)
Employer contributions receivable, current year	(4,771,913)
Participant contributions receivable, prior year	2,021,772
Employer contributions receivable, prior year	3,940,363
Excess contributions payable, current year	557,139
Excess contributions payable, prior year	<u>(824,911)</u>
Net decrease in net assets available for benefits per Schedule H Form 5500	<u>\$ (177,812,760)</u>

(8) Forfeitures

As of December 31, 2021 and 2020, forfeited non-vested accounts totaled \$285,420 and \$222,813, respectively. During the year ended December 31, 2021, employer contributions were reduced by \$2,600,000 from forfeited non-vested account balances.

(9) Excess Contributions Payable

The IRC attempts to ensure that employees at all levels of income share the tax advantages of the Plan proportionally. A nondiscrimination test is required by the IRC to determine a contribution level that makes all participant contributions, as a percentage of compensation, fall within prescribed limits. The amounts accrued as excess contributions payable to participants represent contributions exceeding the allowed limits and will be refunded to employees subsequent to the end of each plan year. For the year ended December 31, 2021 and 2020, corrective distributions totaling \$557,139 and \$824,911, respectively, were payable to participants.

AMEDISYS HOLDING, L.L.C. 401(k) PLAN

Notes to Financial Statements

December 31, 2021 and 2020

(10) Nonexempt Transactions

As reported on Supplemental Schedule 1, certain employee contributions and participant loan repayments totaling \$2,213 were not remitted to the trust within the time frame specified by the DOL's Regulation 29 CFR 2510.3-102, thus constituting nonexempt transactions between the Plan and the Company for the year ended December 31, 2020. Lost earnings on such remittances were funded on June 17, 2020, and October 14, 2021. There were no late remittances for the year ended December 31, 2021.

(11) Risks and Uncertainties

The Plan provides for various investment options in any combination of selected mutual funds, common/collective trust funds, and other securities as directed by the participants. Additionally, some participants hold Amedisys, Inc. stock. These investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with these funds, it is at least reasonably possible that changes in their values will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for plan benefits.

(12) Subsequent Events

The Plan evaluated subsequent events through October 17, 2022, the date the financial statements were available to be issued. No events were identified that require disclosure.

SUPPLEMENTAL SCHEDULES

AMEDISYS HOLDING, L.L.C. 401(k) PLAN

Schedule H, Part IV, Line 4a – Schedule of Delinquent Participant Contributions

Year ended December 31, 2021

EIN 36-4576454 Plan No. 001

Year	Participant contributions transferred late to plan	Total that constitute nonexempt prohibited transactions			
	Check here if late participant loan repayments are included: √	Contributions and loan repayments not corrected	Contributions and loan repayments corrected outside VFCP	Contributions and loan repayments pending correction in VFCP	Corrected under VFCP and PTE 2002-51
2021	—	—	—	—	—
2020	2,213	—	2,213	—	—

See accompanying independent auditors' report.

Schedule 2

AMEDISYS HOLDING, L.L.C. 401(k) PLAN

Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2021

EIN 36-4576454 Plan No. 001

Identity of issuer	Description of investment	Cost	Units	Current value
Cash and cash equivalents	Cash and cash equivalents	\$ **	—	\$ 14,238,800
Common/collective trust funds:				
Invesco Trusts	Invesco Stable Value Retirement Trust	**	18,172,954	18,172,954
	Invesco Stable Value Trust of the Institutional Retirement Trust	**	1,758,324	1,758,324
State Street	S&P 500 Index Fund	**	336,445	38,298,914
				<u>58,230,192</u>
Mutual funds:				
American Century	American Century Government Bond	**	265,018	2,976,154
	American Century Government Bond – GM	**	1,361,313	15,287,541
	American Century Small Cap Value Fund R6	**	433,730	4,818,735
	American Century Small Cap Value Fund R6 – GM	**	429,754	4,774,570
American Funds	American EuroPacific	**	179,210	11,600,239
	BlackRock Global Allocation Fund	**	5,927,454	124,298,706
	BlackRock Inflation Protected Bond	**	360,060	4,255,913
	BlackRock Small Cap Growth	**	273,864	5,830,558
	BlackRock Small Cap Growth – GM	**	135,500	2,884,789
Janus Enterprise	Janus Enterprise Fund Class I	**	105,341	16,723,859
	Janus Enterprise Fund Class I – GM	**	41,018	6,511,966
Metropolitan	Metropolitan West Total Fund I	**	1,078,816	11,036,283
	Metropolitan West Total Fund I – GM	**	1,811,598	18,532,648
MFS	MFS Value Fund R6	**	135,540	7,363,909
	MFS Value Fund R6 – GM	**	296,756	16,122,745
	MFS International Value R6	**	151,216	8,052,256
	MFS International Value – R6 GM	**	607,112	32,328,725
T. Rowe Price	T Rowe Price Blue Chip Growth	**	211,330	37,665,278
	T Rowe Price Blue Chip Growth – GM	**	71,295	12,706,838
Oakmark	Oakmark Equity & Income	**	162,546	5,572,079
Principal	Principal Real Estate Sec Fund I	**	73,928	2,579,361
Vanguard	Vanguard Mid Cap Index	**	31,131	9,820,540
	Vanguard Small Cap Index	**	66,818	7,241,080
	Vanguard 2055 Target Retirement	**	548,074	18,826,357
	Vanguard Target Income Retirement	**	77,568	1,917,486
	Vanguard 2025 Target Retirement	**	578,031	16,970,993
	Vanguard 2045 Target Retirement	**	858,352	29,244,063
	Vanguard 2035 Target Retirement	**	1,003,116	31,889,062
	Vanguard 2050 Target Retirement	**	736,919	25,246,833
	Vanguard 2040 Target Retirement	**	949,502	31,324,071
	Vanguard 2030 Target Retirement	**	788,030	24,161,000
	Vanguard 2020 Target Retirement	**	129,813	3,545,189
	Vanguard 2015 Target Retirement	**	7,879	194,300
	Vanguard 2060 Target Retirement	**	216,511	7,467,451
	Vanguard 2065 Target Retirement	**	18,764	593,333
Victory	Victory Sycamore R6	**	117,588	5,839,438
	Victory Sycamore R6 – GM	**	172,229	8,552,873
				<u>574,757,221</u>
Self-directed funds:	Self-directed account	**	—	8,829,833
Common stock:	Amedisys, Inc.*		1,645,792	266,420,842
Notes receivable from participants*	Interest ranging from 3.25% to 8.25% with maturity through November 27, 2036		—	17,807,103
				<u>\$ 940,283,991</u>

* Party in interest under ERISA Section 3(14), however, is exempt from consideration as prohibited transactions as defined under ERISA Section 406(a) and IRC Section 4975.

** Information on the cost of the investments is excluded as all investments are participant-directed.

The information shown on this schedule has been summarized from information provided by Bank of America, N.A. (the Trustee), which the Trustee has certified as complete and accurate.

See accompanying independent auditors' report.

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: Amedisys Holding LLC 401(k) Plan
Plan Sponsor's Name: Amedisys Holding, LLC

EIN:36-4576454
PN:001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	ACCRUED INCOME	ACCRUED INCOME	0	0
	RETIREMENT BANK ACCOUNT	CERT OF DEPOSIT / BANK DEPOSIT	13,077,346	13,077,346
	INVESCO STABLE VAL RET CL 1 GM	COMMON / COLLECTIVE TRUSTS	1,758,324	1,758,324
	INVESCO STABLE VALUE RET CL 1	COMMON / COLLECTIVE TRUSTS	18,172,962	18,172,954
	STATE STREET S&P 500 INDEX	COMMON / COLLECTIVE TRUSTS	20,892,041	38,298,914
	AMEDISYS INC	COMMON STOCK	56,857,701	266,420,842
	LOAN FUND	LOANS	17,010,607	17,010,607
	BLF FEDFUND	MONEY MARKET	927,533	927,533
	AMERICAN CENTURY GVM T CL R5	MUTUAL FUNDS	2,948,232	2,976,154
	AMERICAN CENTURY GVM T R5 GM	MUTUAL FUNDS	15,297,679	15,287,541
	AMERICAN CENTURY SML CP R6 GM	MUTUAL FUNDS	4,920,682	4,774,570
	AMERICAN CENTURY SML CP VAL R6	MUTUAL FUNDS	4,972,688	4,818,735
	AMERICAN EUROPACIFIC GROWTH R6	MUTUAL FUNDS	10,433,996	11,600,239
	BLACKROCK ADVNTG SM CP GR GM	MUTUAL FUNDS	2,669,847	2,884,789
	BLACKROCK ADVNTG SM CP GR INST	MUTUAL FUNDS	5,707,067	5,830,558
	BLACKROCK GLOBAL ALLOC I	MUTUAL FUNDS	116,279,542	124,298,706
	BLACKROCK INFL PROT INST	MUTUAL FUNDS	4,108,489	4,255,913
	JANUS HENDERSON ENTERPRISE I	MUTUAL FUNDS	13,060,122	16,723,859
	JANUS HENDERSON ENTERPRS I GM	MUTUAL FUNDS	5,196,060	6,511,966

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: Amedisys Holding LLC 401(k) Plan
Plan Sponsor's Name: Amedisys Holding, LLC

EIN:36-4576454
PN:001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	METROPOLITAN WEST TOTAL P GM	MUTUAL FUNDS	18,536,729	18,532,648
	METROPOLITAN WEST TOTAL RTN P	MUTUAL FUNDS	11,053,618	11,036,283
	MFS INTRNTL INTRINSIC VL FD R6	MUTUAL FUNDS	6,663,035	8,052,256
	MFS INTRNTL INTRINSIC VL FD R6	MUTUAL FUNDS	26,716,283	32,328,726
	MFS VALUE FUND R6	MUTUAL FUNDS	5,799,070	7,363,909
	MFS VALUE FUND R6 GM	MUTUAL FUNDS	11,446,421	16,122,745
	PRINCIPAL REAL ESTATE SEC FD I	MUTUAL FUNDS	2,024,358	2,579,361
	T ROWE PRICE BLUE CHIP GR I GM	MUTUAL FUNDS	9,090,218	12,706,838
	T ROWE PRICE BLUE CHIP GRTH I	MUTUAL FUNDS	26,051,072	37,665,278
	THE OAKMARK EQUITY & INCM INV	MUTUAL FUNDS	4,949,351	5,572,080
	VANGUARD 2015 INSTL TARGET RET	MUTUAL FUNDS	194,559	194,300
	VANGUARD 2020 INSTL TARGET RET	MUTUAL FUNDS	3,357,810	3,545,189
	VANGUARD 2025 INSTL TARGET RET	MUTUAL FUNDS	15,537,983	16,970,993
	VANGUARD 2030 INSTL TARGET RET	MUTUAL FUNDS	21,619,410	24,161,000
	VANGUARD 2035 INSTL TARGET RET	MUTUAL FUNDS	27,999,096	31,889,062
	VANGUARD 2040 INSTL TARGET RET	MUTUAL FUNDS	26,883,766	31,324,071
	VANGUARD 2045 INSTL TARGET RET	MUTUAL FUNDS	24,880,848	29,244,063
	VANGUARD 2050 INSTL TARGET RET	MUTUAL FUNDS	21,356,278	25,246,833
	VANGUARD 2055 INSTL TARGET RET	MUTUAL FUNDS	16,116,747	18,826,357

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: Amedisys Holding LLC 401(k) Plan
Plan Sponsor's Name: Amedisys Holding, LLC

EIN:36-4576454
PN:001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	VANGUARD 2060 INSTL TARGET RET	MUTUAL FUNDS	6,461,256	7,467,451
	VANGUARD 2065 INSTL TARGET RET	MUTUAL FUNDS	552,607	593,333
	VANGUARD INCM INSTL TARGET RET	MUTUAL FUNDS	1,853,189	1,917,486
	VANGUARD MID CAP INDEX FUND	MUTUAL FUNDS	7,578,791	9,820,540
	VANGUARD SMALL CAP INDEX FUND	MUTUAL FUNDS	5,608,871	7,241,080
	VICTORY SYCAMORE ESTABLISHD R6	MUTUAL FUNDS	4,874,461	5,839,438
	VICTORY SYCAMORE ESTBD R6 GM	MUTUAL FUNDS	6,722,564	8,552,873
	SELF-DIRECT ACCT	OTHER ASSETS	1,369,850	1,369,850
	SELF-DIRECT ACCT	OTHER ASSETS	7,459,983	7,459,983
	PENDING SETTLEMENT FUND	PENDING SETTLEMENT FUNDS	233,921	233,921
	UNINVESTED CASH	UNINVESTED CASH	1	1

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning _____ and ending _____	
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 _____ 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) _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 50%;"></td> </tr> <tr> <td>1c Effective date of plan</td> <td></td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td></td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td></td> </tr> <tr> <td>2d Business code (see instructions)</td> <td></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>	1b Three-digit plan number (PN) ▶		1c Effective date of plan		2b Employer Identification Number (EIN)		2c Plan Sponsor's telephone number		2d Business code (see instructions)			
1b Three-digit plan number (PN) ▶													
1c Effective date of plan													
2b Employer Identification Number (EIN)													
2c Plan Sponsor's telephone number													
2d Business code (see instructions)													

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			
	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
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)
a(2) Total number of active participants at the end of the plan year	6a(2)
b Retired or separated participants receiving benefits.....	6b
c Other retired or separated participants entitled to future benefits	6c
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e
f Total. Add lines 6d and 6e	6f
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
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:	
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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☐ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☐ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information)
- (4)** ☐ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

Plan Name	Amedisys Holding, LLC 401(k) Plan
Plan Sponsor's Name	Amedisys Holding, LLC

EIN: 36-4576454
PN: 001

[illegible]