

**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

**2022**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

- A** This return/report is for:
  - a multiemployer plan
  - a single-employer plan
  - a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
  - a DFE (specify) \_\_\_\_\_
- B** This return/report is:
  - the first return/report
  - 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

<b>1a</b> Name of plan <u>UWH OF GEORGIA LLC 401K RETIREMENT PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>
	<b>1c</b> Effective date of plan <u>10/01/2012</u>
<b>2a</b> 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>UNIFIED WOMEN'S CARE OF GEORGIA LLC</u>  <u>5555 GLENRIDGE CONNECTOR</u> <u>SUITE #200</u> <u>ATLANTA, GA 30342</u>	<b>2b</b> Employer Identification Number (EIN) <u>38-3878312</u>
	<b>2c</b> Plan Sponsor's telephone number <u>561-300-2410</u>
	<b>2d</b> Business code (see instructions) <u>621111</u>

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

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

<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>10/04/2023</u>	<u>AARON SUDBURY</u>
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)  
v. 220413

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 142
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).  <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year .....  <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....  <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b> 88 <b>6a(2)</b> 50 <b>6b</b> 0 <b>6c</b> 97 <b>6d</b> 147 <b>6e</b> 0 <b>6f</b> 147  <b>6g</b> 140 <b>6h</b> 9
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2T 3D 2S 2K 3H  <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)  (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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

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**11c** Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

<b>A</b> Name of plan <u>UWH OF GEORGIA LLC 401K RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>UNIFIED WOMEN'S CARE OF GEORGIA LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>38-3878312</u>	

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

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

THE VANGUARD GROUP

23-1945930

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

PRUDENTIAL INVESTMENTS

22-3703799

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

BLACKROCK

04-6171663

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

CHARLES SCHWAB TRUST BANK

82-3967259

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

JPMORGAN

13-2624428

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

ALTEGRIS

1200 PROSPECT STREET  
STE 400  
LA JOLLA, CA 92037

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

ALLIANCE BERNSTEIN

13-3191825

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

TCW

95-2749628

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

TIAA INVESTMENTS

13-1624203

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

AMERICAN CENTURY INVESTMENTS

43-0821857

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

CARILLON FAMILY OF FUNDS

59-2385219

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

ARTISAN

39-1811840

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

MORGAN STANLEY

36-3145972

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

PEAR TREE FUNDS

55 OLD BEDORD RD  
STE 202  
LINCOLN, MA 01773

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

AMERICAN FUNDS

95-1411037

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

PIMCO

95-2632339

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

DIMENSIONAL FUND ADVISORS

6300 BEE CAVE RD  
BLDG ONE  
AUSTIN, TX 78746

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

EASTERLY (NATIXIS) FUNDS

52-2257782

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

COHEN & STEERS

14-1904657

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

PAYDEN & RYGEL INVESTMENT GROUP

333 S GRANDE AVE, 32ND FLOOR  
LOS ANGELES, CA 90071

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

RELIANCE TRUST

48-1428634

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

SEI TRUST

06-1271230

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

NUVEEN ASSET MANAGEMENT LLC

27-4357327

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

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

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

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

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

MVP PLAN ADMINISTRATORS, INC

56-2263714

(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?
13 15 16 37 38 50 64 99	RECORDKEEPER /TPA	28235	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GORDON ASSET MANAGEMENT

42-1582751

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 31 38 50	ADVISOR	16250	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2022</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2022 or fiscal plan year beginning <b>01/01/2022</b> and ending <b>12/31/2022</b>		
<b>A</b> Name of plan <b>UWH OF GEORGIA LLC 401K RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <b>UNIFIED WOMEN'S CARE OF GEORGIA LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>38-3878312</b>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>BLACKROCK EAFE EQUITY INDEX FUND R</b>	<b>b</b> Name of sponsor of entity listed in (a): <b>WILMINGTON TRUST</b>	
<b>c</b> EIN-PN <b>04-6171663-001</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>BLACKROCK EQUITY INDEX FUND R</b>	<b>b</b> Name of sponsor of entity listed in (a): <b>WILMINGTON TRUST</b>	
<b>c</b> EIN-PN <b>04-6171663-001</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>570930</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>BLACKROCK MID CAP EQUITY INDEX FD R</b>	<b>b</b> Name of sponsor of entity listed in (a): <b>WILMINGTON TRUST</b>	
<b>c</b> EIN-PN <b>04-6171663-001</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>135984</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>BLACKROCK MSCI ACWI EX-US INDEX FD</b>	<b>b</b> Name of sponsor of entity listed in (a): <b>WILMINGTON TRUST</b>	
<b>c</b> EIN-PN <b>04-6171663-001</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>BLACKROCK MSCI EMERGING MRKTS EQTY</b>	<b>b</b> Name of sponsor of entity listed in (a): <b>WILMINGTON TRUST</b>	
<b>c</b> EIN-PN <b>04-6171663-001</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>BLACKROCK RUSSELL 2000 INDEX FUND R</b>	<b>b</b> Name of sponsor of entity listed in (a): <b>WILMINGTON TRUST</b>	
<b>c</b> EIN-PN <b>04-6171663-001</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>BLACKROCK US DEBT INDEX FUND R</b>	<b>b</b> Name of sponsor of entity listed in (a): <b>WILMINGTON TRUST</b>	
<b>c</b> EIN-PN <b>04-6171663-001</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK 1-3 YR GOVT BOND INDEX R		
<b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST		
<b>c</b> EIN-PN 04-6171663-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN TIAA LIFECYCLE INDEX 2015		
<b>b</b> Name of sponsor of entity listed in (a): THE NUVEEN/SEI TRUST COMPANY INVESTMENT TRUST		
<b>c</b> EIN-PN 27-3441498-043	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61333
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN TIAA LIFECYCLE INDEX 2020		
<b>b</b> Name of sponsor of entity listed in (a): THE NUVEEN/SEI TRUST COMPANY INVESTMENT TRUST		
<b>c</b> EIN-PN 27-3441498-043	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 108849
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN TIAA LIFECYCLE INDEX 2025		
<b>b</b> Name of sponsor of entity listed in (a): THE NUVEEN/SEI TRUST COMPANY INVESTMENT TRUST		
<b>c</b> EIN-PN 27-3441498-043	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 544794
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN TIAA LIFECYCLE INDEX 2030		
<b>b</b> Name of sponsor of entity listed in (a): THE NUVEEN/SEI TRUST COMPANY INVESTMENT TRUST		
<b>c</b> EIN-PN 27-3441498-043	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 227202
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN TIAA LIFECYCLE INDEX 2035		
<b>b</b> Name of sponsor of entity listed in (a): THE NUVEEN/SEI TRUST COMPANY INVESTMENT TRUST		
<b>c</b> EIN-PN 27-3441498-043	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 512546
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN TIAA LIFECYCLE INDEX 2040		
<b>b</b> Name of sponsor of entity listed in (a): THE NUVEEN/SEI TRUST COMPANY INVESTMENT TRUST		
<b>c</b> EIN-PN 27-3441498-043	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 469116
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN TIAA LIFECYCLE INDEX 2045		
<b>b</b> Name of sponsor of entity listed in (a): THE NUVEEN/SEI TRUST COMPANY INVESTMENT TRUST		
<b>c</b> EIN-PN 27-3441498-043	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 159542
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN TIAA LIFECYCLE INDEX 2050		
<b>b</b> Name of sponsor of entity listed in (a): THE NUVEEN/SEI TRUST COMPANY INVESTMENT TRUST		
<b>c</b> EIN-PN 27-3441498-043	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61874
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN TIAA LIFECYCLE INDEX 2055		
<b>b</b> Name of sponsor of entity listed in (a): THE NUVEEN/SEI TRUST COMPANY INVESTMENT TRUST		
<b>c</b> EIN-PN 27-3441498-043	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 148945

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN TIAA LIFECYCLE INDEX 2060

**b** Name of sponsor of entity listed in (a): THE NUVEEN/SEI TRUST COMPANY INVESTMENT TRUST

<b>c</b> EIN-PN 27-3441498-043	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66326
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: RELIANT TRUST METLIFE 25157

**b** Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

<b>c</b> EIN-PN 46-6625485-002	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106747
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: AB FUNDS

**b** Name of sponsor of entity listed in (a): WILMINGTON TRUST

<b>c</b> EIN-PN 38-4116831-509	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51627
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2022</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

<b>A</b> Name of plan <b>UWH OF GEORGIA LLC 401K RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN)	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>UNIFIED WOMEN'S CARE OF GEORGIA LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>38-3878312</b>	

**Part I Asset and Liability Statement**

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash.....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions.....	437335	235919
<b>(2)</b> Participant contributions.....	14640	5670
<b>(3)</b> Other.....	79	633
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....	237269	0
<b>(2)</b> U.S. Government securities.....		
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred.....		
<b>(B)</b> All other.....		
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred.....		
<b>(B)</b> Common.....		
<b>(5)</b> Partnership/joint venture interests.....		
<b>(6)</b> Real estate (other than employer real property).....		
<b>(7)</b> Loans (other than to participants).....		
<b>(8)</b> Participant loans.....	43249	29782
<b>(9)</b> Value of interest in common/collective trusts.....	3102577	3225816
<b>(10)</b> Value of interest in pooled separate accounts.....		
<b>(11)</b> Value of interest in master trust investment accounts.....		
<b>(12)</b> Value of interest in 103-12 investment entities.....		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	11705107	762036
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....		
<b>(15)</b> Other.....		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	15540256	4259856

**Liabilities**

g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		

**Net Assets**

l Net assets (subtract line 1k from line 1f).....	1l	15540256	4259856
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**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.

**Income**

		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	411680	
(B) Participants.....	2a(1)(B)	470766	
(C) Others (including rollovers).....	2a(1)(C)	657	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		883103
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	242	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)	1514	
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		1756
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	48233	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
<b>(6)</b> Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		-766623
<b>(7)</b> Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
<b>(8)</b> Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
<b>(9)</b> Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
<b>(10)</b> Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		-1932697
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		-1766228
<b>Expenses</b>			
<b>e</b> Benefit payment and payments to provide benefits:			
<b>(1)</b> Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	758787	
<b>(2)</b> To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
<b>(3)</b> Other .....	<b>2e(3)</b>		
<b>(4)</b> Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		758787
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		4242
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses: <b>(1)</b> Professional fees .....	<b>2i(1)</b>		
<b>(2)</b> Contract administrator fees.....	<b>2i(2)</b>	28235	
<b>(3)</b> Investment advisory and management fees .....	<b>2i(3)</b>	16250	
<b>(4)</b> Other .....	<b>2i(4)</b>	2860	
<b>(5)</b> Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....	<b>2i(5)</b>		47345
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		810374
<b>Net Income and Reconciliation</b>			
<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-2576602
<b>l</b> Transfers of assets:			
<b>(1)</b> To this plan .....	<b>2l(1)</b>		
<b>(2)</b> From this plan.....	<b>2l(2)</b>		8703798

**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: **WILLIAMS OVERMAN PIERCE**

**(2)** EIN: **56-0131342**

**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
<b>4a</b>		X	

	Yes	No	Amount
<b>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?.....	4e	X	500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	4f	X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i	X	
<b>j</b> 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	
<b>k</b> 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	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?.....	4l	X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	4m	X	
<b>n</b> 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)
UWH OF FLORIDA LLC 401(K) RETIREMENT PLAN	26-0609255	001

**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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

<b>A</b> Name of plan <u>UWH OF GEORGIA LLC 401K RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>UNIFIED WOMEN'S CARE OF GEORGIA LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>38-3878312</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

1	
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**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): 82-3967259

**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	
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....  Yes  No

**11 a** Does the ESOP hold any preferred stock?.....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market?.....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year.....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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 \_\_\_\_\_

**UWH OF GEORGIA, LLC 401(K)  
RETIREMENT PLAN**

FINANCIAL STATEMENTS

Years Ended December 31, 2022 and 2021



Williams Overman Pierce, LLP  
— CPAs • Advisors —

UWH OF GEORGIA, LLC 401(K) RETIREMENT PLAN

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## INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants of the  
UWH of Georgia, LLC 401(k) Retirement Plan

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

We have performed audits of the accompanying financial statements of UWH of Georgia, LLC 401(k) Retirement 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 statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of UWH of Georgia, LLC 401(k) Retirement Plan's 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 audits 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 certifications from a qualified institution as of December 31, 2022 and 2021, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### Opinion

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

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



### **Basis for Opinion on the Financial Statements**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of UWH of Georgia, LLC 401(k) Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about UWH of Georgia, LLC 401(k) Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

### **Auditors' Responsibilities for the Audit of the Financial Statements**

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.



- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of UWH of Georgia, LLC 401(k) Retirement 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 UWH of Georgia, LLC 401(k) Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

### **Other Matters**

#### *2022 Supplemental Schedule Required by ERISA*

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



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

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule 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).

*Williams Overman Pierce, LLP*

Raleigh, North Carolina  
September 25, 2023

UWH OF GEORGIA, LLC 401(K) RETIREMENT PLAN  
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
 December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
<u>ASSETS:</u>		
Investments, at fair value:		
Mutual and money market funds	\$ 762,036	\$ 11,942,376
Collective investment trusts	<u>3,225,816</u>	<u>3,102,577</u>
	<u>3,987,852</u>	<u>15,044,953</u>
Receivables:		
Employer contributions	235,919	437,335
Participant contributions	5,670	14,640
Other	633	79
Notes receivable from participants	<u>29,782</u>	<u>43,249</u>
	<u>272,004</u>	<u>495,303</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 4,259,856</u>	<u>\$ 15,540,256</u>

See accompanying notes to financial statements.

UWH OF GEORGIA, LLC 401(K) RETIREMENT PLAN  
 STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
 For the Years Ended December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
<u>ADDITIONS:</u>		
Additions to net assets attributed to:		
Investment income:		
Net (depreciation) appreciation in fair value of investments	\$ (2,699,320)	\$ 1,250,911
Interest and dividends	<u>48,475</u>	<u>490,360</u>
	<u>(2,650,845)</u>	<u>1,741,271</u>
Interest earned on notes receivable from participants	<u>1,514</u>	<u>2,945</u>
Contributions:		
Employer	411,680	701,452
Participant	470,766	664,373
Rollover	<u>657</u>	<u>42</u>
	<u>883,103</u>	<u>1,365,867</u>
Total additions	<u>(1,766,228)</u>	<u>3,110,083</u>
<u>DEDUCTIONS:</u>		
Deductions from net assets attributed to:		
Benefits paid to participants	763,029	797,420
Administrative expenses	<u>47,345</u>	<u>47,061</u>
Total deductions	<u>810,374</u>	<u>844,481</u>
Net (decrease) increase in net assets available for benefits	(2,576,602)	2,265,602
Transfer of assets from the Plan	(8,703,798)	-
<u>NET ASSETS AVAILABLE FOR BENEFITS:</u>		
Beginning of year	<u>15,540,256</u>	<u>13,274,654</u>
End of year	<u>\$ 4,259,856</u>	<u>\$ 15,540,256</u>

See accompanying notes to financial statements.

UWH OF GEORGIA, LLC 401(K) RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN:

The following description of the UWH of Georgia, LLC 401(k) Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

**General.** The Plan, established on October 1, 2012, is a defined contribution profit sharing and Safe Harbor 401(k) plan sponsored by Unified Women's Care of Georgia, LLC (the "Company" or "Plan Sponsor"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan was restated on January 1, 2022 to comply with current laws.

**Eligibility.** An eligible participant, as defined by the Plan, is eligible to participate in the Plan upon attainment of age twenty-one and the completion of nine months of service. The entry dates into the Plan are the first day of the first and seventh month of the Plan year following meeting eligibility requirements. In addition, a one-time entry date will be allowed for employees of each new care center that joins the Plan Sponsor who have met the Plan's eligibility requirements as of the effective date of such partnership agreement.

**Contributions.** Each year, participants may contribute pre-tax salary deferrals and/or Roth deferrals not to exceed the maximum limits set by the Internal Revenue Service ("IRS"). Participants who are 50 years of age or older by the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

The Plan Sponsor makes a safe harbor nonelective contribution to the Plan in an amount equal to 3% of the participant's eligible Plan compensation for the Plan year, up to the maximum limit set by the IRS. The Plan allows for discretionary matching contributions as determined by the Company. In addition, profit sharing contributions may be contributed at the option of the Company.

**Automatic Deferral Election.** The Plan has an automatic enrollment feature for all employees eligible to participate in the Plan. Under this feature, employees are automatically enrolled in the Plan and 6% of their eligible Plan compensation, as defined in the Plan document, is contributed to the Plan. Employees have the option to modify or opt out of the automatic enrollment by completing a salary deferral election form with a different deferral amount or by specifically electing not to defer.

**Participant Accounts.** Each participant's account is credited with the participant's contributions and allocations of the Company's contributions and Plan earnings, and charged with withdrawals and an allocation of administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

UWH OF GEORGIA, LLC 401(K) RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

**Investment Options.** Upon enrollment in the Plan, participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers a series of varied risk mutual and money market funds and collective investment trusts as investment options for participants.

**Vesting.** Participants are immediately vested in their contributions, rollovers, and the Plan Sponsor's safe harbor matching contributions plus actual earnings thereon. As of January 1, 2020, vesting in the Plan Sponsor's discretionary contributions and discretionary matching contributions, plus actual earnings thereon, is based on a 6 year graded vesting schedule. Prior to January 1, 2020, vesting in the Plan Sponsor's discretionary contributions and discretionary matching contributions, plus actual earnings thereon, was full and immediate upon meeting the eligibility requirements.

**Notes Receivable From Participants.** Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms may not exceed five years for a general loan and ten years for residential home loans. The loans are secured by the balance in the participant's account and bear interest at a rate equal to the prime rate at the time of loan application plus 1%. Principal and interest are paid ratably through payroll deductions. Interest from loans is recognized when earned.

**Payment of Benefits.** Upon termination of service, if a participant's total vested account balance under the Plan is between \$1,000 and \$5,000 as of the distribution date and they do not consent to a distribution of their vested account balance, the vested benefit automatically will be rolled over to an IRA selected by the Plan Administrator. Participants whose total vested account balance exceeds \$5,000 will not receive a distribution from the Plan without consent. For participants whose vested account balance is \$1,000 or less as of the distribution date, their entire vested benefit will be distributed in a lump sum payout, even if the participant does not consent to a distribution.

**Forfeited Accounts.** Benefit payments to terminated employees partially vested in the Plan include their vested portion of employer contributions. The nonvested portion of terminated participants' account balances is first used to pay for Plan expenses. Should any forfeitures remain after paying for Plan expenses, such forfeited amounts will be used to offset other employer contributions under the Plan for the Plan year in which the forfeiture occurred. During the years ended December 31, 2022 and 2021, there were no forfeitures used to reduce employer contributions.

**Administrative Expenses.** Administrative expenses of the Plan are paid by the Plan or Plan Sponsor, as provided by the Plan document.

**Transfer of Assets to/from the Plan.** During 2022, various care centers left the Plan Sponsor and transferred their existing retirement plan assets into a new retirement plan. The amounts transferred from the Plan totaled \$8,703,798, and are presented in the accompanying statements of changes in net assets available for benefits.

UWH OF GEORGIA, LLC 401(K) RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

**Basis of Accounting.** The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

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

**Notes Receivable From Participants.** Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable are reclassified as distributions based upon the terms of the Plan document.

**Investment Valuation and Income Recognition.** Investments 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. See Note 4 for discussion of fair value measurements.

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

**Payment of Benefits.** Benefit payments to participants are recorded when paid.

**Income Taxes.** The IRS has determined and informed the Plan's volume submitter on March 31, 2014, that the Prototype Non-standardized Profit Sharing Plan with cash or deferred arrangement, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended and restated since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan is a qualified plan as described in Section 401(a) of the IRC and is therefore exempt from federal and state income taxes. Income generated by activities that would be considered unrelated to the Plan's purpose would be subject to tax which, if incurred, would be recognized as a current expense. No such tax has been recognized for the years ended December 31, 2022 and 2021.

UWH OF GEORGIA, LLC 401(K) RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan. Management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022 and 2021, there are no uncertain tax 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 tax audits by jurisdictions; however, there are currently no audits for any tax periods in progress. Management believes it is no longer subject to informational return examinations for years prior to 2019.

3. INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN:

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

	<u>2022</u>	<u>2021</u>
Mutual and money market funds, at fair value	\$ 762,036	\$ 11,942,376
Collective investment trusts, at fair value	\$ 3,225,816	\$ 3,102,577
Net (depreciation) appreciation in fair value of investments	\$ (2,699,320)	\$ 1,250,911
Interest and dividends	\$ 48,475	\$ 490,360

4. FAIR VALUE MEASUREMENTS:

Financial Accounting Standards Boards Accounting Standards Codification 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. This framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted 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 are described as follows:

Level 1 Fair Value Measurements:

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Fair Value Measurements:

Inputs to the valuation methodology include:

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

UWH OF GEORGIA, LLC 401(K) RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

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

Level 3 Fair Value Measurements:

Fair values are based on inputs other than quoted prices included within Level 1 that are unobservable and significant to the fair value measurements.

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

Following is a description of the valuation methodologies used for assets measured at fair value.

*Mutual and money market funds:* Mutual funds represent investments with various investment managers. The mutual funds are valued at the daily closing net asset value ("NAV") as reported by the fund. Mutual funds held by the Plan are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. Money market funds are valued at cost plus interest earned, which approximates fair value.

*Collective investment trusts:* These funds are valued at the NAV per share of the individual collective trusts included in each respective fund, which is based on the fair value of the underlying net assets. The NAV, as provided by the Custodian, is used as a practical expedient to estimate fair value.

Investments measured at the NAV practical expedient are summarized as follows:

	<u>2022</u> <u>Value</u>	<u>2021</u> <u>Value</u>	<u>Redemption</u> <u>Frequency</u>	<u>Redemption</u> <u>Notice Period</u>
Collective investment trusts:				
Equities	\$ -	\$ 99,096	Daily	None
Indexed equities	3,067,442	2,717,101	Daily	None
Fixed income	106,747	197,038	Daily	None
Real estate	-	89,342	Daily	None
Large cap	<u>51,627</u>	<u>-</u>	Daily	None
Total	<u>\$ 3,225,816</u>	<u>\$ 3,102,577</u>		

There were no unfunded commitments for these investments as of December 31, 2022 and 2021.

UWH OF GEORGIA, LLC 401(K) RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

The investment objectives for the registered investments measured using the net asset value are as follows:

*Equities:* Invests in a broad diversified portfolio of foreign and domestic common stocks to meet a specified favorable long-term rate of return.

*Indexed equities:* Invests in a broad diversified group of common stock publicly traded in the United States, designed to replicate the return of a broad stock market index.

*Fixed income:* Invests in a broad range of fixed income securities with high income yields, returns that outpace inflation, or returns that are designed to track a specified inflation index.

*Real estate:* The investment objective is to seek long-term returns primarily through rental income and appreciation of real estate owned by the account.

*Large cap:* To invest in large cap equity securities focused on companies in new and emerging areas of the economy with distinctive products or promising markets or large cap equity securities that are deemed undervalued by the fund's management team.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

	<u>Fair Value Measurements Using:</u>			
	<u>Total</u>	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2022:</u>				
Mutual and money market funds	\$ 762,036	\$ 762,036	\$ -	\$ -
Total investments measured at the NAV as a practical expedient*	<u>3,225,816</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>\$ 3,987,852</u>	<u>\$ 762,036</u>	<u>\$ -</u>	<u>\$ -</u>

UWH OF GEORGIA, LLC 401(K) RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

	<u>Fair Value Measurements Using:</u>			
	<u>Total</u>	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2021:</u>				
Mutual and money market funds	\$ 11,942,376	\$ 11,942,376	\$ -	\$ -
Total investments measured at the NAV as a practical expedient*	<u>3,102,577</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>\$ 15,044,953</u>	<u>\$ 11,942,376</u>	<u>\$ -</u>	<u>\$ -</u>

\* Certain investments measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the accompanying statements of net assets available for benefits.

Gains and losses (realized and unrealized) included in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021 are reported in net (depreciation) appreciation in fair value of investments.

#### 5. PARTY-IN-INTEREST TRANSACTIONS:

Certain Plan investments are managed by Charles Schwab Bank. Charles Schwab Bank is the Custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

The Plan pays third-party administrator fees, investment advisory fees, and custodial fees for various administrative services provided during the year. Fees paid using Plan assets during the years ended December 31, 2022 and 2021 for these services totaled \$47,345 and \$47,061, respectively. The Plan Sponsor provides certain accounting and administrative services to the Plan for which no fees are charged. The Plan Sponsor directly pays any other fees related to the Plan's operations.

Certain participants of the Plan have outstanding loans (notes receivable from participants) totaling \$29,782 and \$43,249 as of December 31, 2022 and 2021, respectively. These loans are considered party-in-interest transactions.

UWH OF GEORGIA, LLC 401(K) RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

6. PLAN TERMINATION:

Subsequent to year end, the Company exercised its right to merge the Plan. As of the date of the asset transfer, the vested balance in each of the participants' accounts in the new plan will be equal to the participants' vested balance under the Plan. See Note 8 for additional information.

7. RISKS AND UNCERTAINTIES:

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

8. SUBSEQUENT EVENTS:

The Plan has evaluated subsequent events through September 25, 2023, the date which the accompanying financial statements were available to be issued. No significant subsequent events have been identified by management other than that described below.

Effective March 17, 2023, the Company merged the Plan into the UWH of Florida, LLC 401(k) Retirement Plan, and is in process of transferring all assets to the UWH of Florida, LLC 401(k) Retirement Plan.

## **SUPPLEMENTARY INFORMATION**

UWH OF GEORGIA, LLC 401(K) RETIREMENT PLAN  
 SUPPLEMENTAL SCHEDULE  
 Schedule of Assets (Held at End of Year), Form 5500 - Schedule H, Line 4i

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EIN 38-3878312  
 PLAN NUMBER 001  
 PLAN YEAR 01/01/2022 TO 12/31/2022

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current Value
	Artisan	Artisan Developing World Institutional Mutual Fund		\$ 12,650
	American	American Century Mid Cap Value Class R6 Mutual Fund		8,545
	American	American FD American Mutual Fund		51,323
	Cohen & Steers	Cohen & Steers Real Estate Securities Fund Mutual Fund		78,183
	Carillon	Carillon Eagle Mid Cap Growth Investment Mutual Fund		3,633
	JPMorgan	JPMorgan Equity Income Fund Class 6 Mutual Fund		70,074
	JPMorgan	JPMorgan Small Cap Equity Fund Class R6 Mutual Fund		37,096
	Payden	Payden Emerging Markets Bond Mutual Fund		2,999
	PGIM	PGIM Total Return Bond R6 Mutual Fund		96,864
	PIMCO	PIMCO Income Fund Institutional Class Mutual Fund		1,760
	PIMCO	PIMCO Real Return Fund Institutional Class Mutual Fund		173
	* Charles Schwab	Schwab Fundamental International Large Company Index ETF Mutual Fund		142,127
	Vanguard	Vanguard Health Care Index Fund; Admiral Mutual Fund		61,779
	Vanguard	Vanguard International Growth Fund Admiral Shares Mutual Fund		48,779
	Vanguard	Vanguard Small Cap 1 Mutual Fund		146,051
	AllianceBernstein	AB Large Cap Growth Fund Collective Investment Trust		51,627
	BlackRock	BlackRock Equity Index Fund Collective Investment Trust		570,931
	BlackRock	BlackRock Mid Cap Equity Index Fund Collective Investment Trust		135,984
	TIAA	NUVEEN TIAA LIFECYCLE INDEX 2015 R Collective Investment Trust		61,333
	TIAA	NUVEEN TIAA LIFECYCLE INDEX 2020 R Collective Investment Trust		108,849
	TIAA	NUVEEN TIAA LIFECYCLE INDEX 2025 R Collective Investment Trust		544,794
	TIAA	NUVEEN TIAA LIFECYCLE INDEX 2030 R Collective Investment Trust		227,202
	TIAA	NUVEEN TIAA LIFECYCLE INDEX 2035 R Collective Investment Trust		512,546
	TIAA	NUVEEN TIAA LIFECYCLE INDEX 2040 R Collective Investment Trust		469,116

UWH OF GEORGIA, LLC 401(K) RETIREMENT PLAN  
SUPPLEMENTAL SCHEDULE

Schedule of Assets (Held at End of Year), Form 5500 - Schedule H, Line 4i (Continued)

EIN 38-3878312  
PLAN NUMBER 001  
PLAN YEAR 01/01/2022 TO 12/31/2022

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current Value
	Undiscovered Managers Fund	NUVEEN TIAA LIFECYCLE INDEX 2045 R Collective Investment Trust		159,542
	Vanguard	NUVEEN TIAA LIFECYCLE INDEX 2050 R Collective Investment Trust		61,874
	Vanguard	NUVEEN TIAA LIFECYCLE INDEX 2055 R Collective Investment Trust		148,945
	BlackRock	NUVEEN TIAA LIFECYCLE INDEX 2060 R Collective Investment Trust		66,326
	Reliance Trust	Reliance MetLife Stable Value Series 25157 Collective Investment Trust Fund		106,747
*	Participant Loans	Rates ranging from 4.25% to 8% with various maturity dates through 2025	\$ 0	29,782

\* Party-in-interest

\$ 4,017,634

## **SUPPLEMENTARY INFORMATION**

UWH OF GEORGIA, LLC 401(K) RETIREMENT PLAN  
 SUPPLEMENTAL SCHEDULE  
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	American	American Century Mid Cap Value Class R6 Mutual Fund		8,545
	American	American FD American Mutual Fund		51,323
	Cohen & Steers	Cohen & Steers Real Estate Securities Fund Mutual Fund		78,183
	Carillon	Carillon Eagle Mid Cap Growth Investment Mutual Fund		3,633
	JPMorgan	JPMorgan Equity Income Fund Class 6 Mutual Fund		70,074
	JPMorgan	JPMorgan Small Cap Equity Fund Class R6 Mutual Fund		37,096
	Payden	Payden Emerging Markets Bond Mutual Fund		2,999
	PGIM	PGIM Total Return Bond R6 Mutual Fund		96,864
	PIMCO	PIMCO Income Fund Institutional Class Mutual Fund		1,760
	PIMCO	PIMCO Real Return Fund Institutional Class Mutual Fund		173
	* Charles Schwab	Schwab Fundamental International Large Company Index ETF Mutual Fund		142,127
	Vanguard	Vanguard Health Care Index Fund; Admiral Mutual Fund		61,779
	Vanguard	Vanguard International Growth Fund Admiral Shares Mutual Fund		48,779
	Vanguard	Vanguard Small Cap 1 Mutual Fund		146,051
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	TIAA	NUVEEN TIAA LIFECYCLE INDEX 2035 R Collective Investment Trust		512,546
	TIAA	NUVEEN TIAA LIFECYCLE INDEX 2040 R Collective Investment Trust		469,116

UWH OF GEORGIA, LLC 401(K) RETIREMENT PLAN  
SUPPLEMENTAL SCHEDULE

Schedule of Assets (Held at End of Year), Form 5500 - Schedule H, Line 4i (Continued)

EIN 38-3878312  
PLAN NUMBER 001  
PLAN YEAR 01/01/2022 TO 12/31/2022

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