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 multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
FLOYD HEALTHCARE MANAGEMENT, INC. RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1998

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
FLOYD HEALTHCARE MANAGEMENT, INC.

304 TURNER MCCALL BLVD
ROME, GA 30162-0233

2b Employer Identification Number (EIN) 58-1973570

2c Plan Sponsor's telephone number 706-509-6074

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	GINA KEADLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		
5	Total number of participants at the beginning of the plan year	**5**	1219
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	366
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	354
b	Retired or separated participants receiving benefits	**6b**	579
c	Other retired or separated participants entitled to future benefits	**6c**	215
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1148
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	37
f	Total. Add lines **6d** and **6e**.	**6f**	1185
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
FLOYD HEALTHCARE MANAGEMENT, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
FLOYD HEALTHCARE MANAGEMENT, INC.

D Employer Identification Number (EIN)
58-1973570

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2022

2 Assets:

a Market value	**2a**	88614888
b Actuarial value	**2b**	84949126

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	611	55854653	55854653
b For terminated vested participants	230	8688600	8688600
c For active participants	366	18085618	18085618
d Total	1207	82628871	82628871

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.42 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	928002
c Total (line 6a + line 6b)	**6c**	928002

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

09/28/2023
Date

JEFFREY R. HOLLOWAY
Type or print name of actuary

20-07421
Most recent enrollment number

AON CONSULTING, INC.
Firm name

952-886-8000
Telephone number (including area code)

5600 WEST 83RD STREET
8200 TOWER SUITE 1100
MINNEAPOLIS, MN 55437
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of 10.12 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		184689
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.60 %		10343
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		195032
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages

14	Funding target attainment percentage	14	102.82 %
15	Adjusted funding target attainment percentage	15	102.82 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	97.21 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)		18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	928002
b Excess assets, if applicable, but not greater than line 31a	**31b**	928002

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			

36 Additional cash requirement (line 34 minus line 35)	**36**	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2022** **This Form is Open to Public Inspection.**

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

A Name of plan	**B** Three-digit plan number (PN) ▶
FLOYD HEALTHCARE MANAGEMENT, INC. RETIREMENT PLAN	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
FLOYD HEALTHCARE MANAGEMENT, INC.	58-1973570

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

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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)

PRINCIPAL BANK

711 HIGH STREET
DES MOINES, IA 50392

42-1466678

(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?
33 28 27 21 49 15	TRUSTEE	40525	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

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

A Name of plan
FLOYD HEALTHCARE MANAGEMENT, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FLOYD HEALTHCARE MANAGEMENT, INC.

D Employer Identification Number (EIN)
58-1973570

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: DAILY VALUED DIRECT REAL ESTATE

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-047	C	143095

a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD PLUS FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-007	C	263772

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL & MID CAP EQUITY FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-003	C	1334425

a Name of MTIA, CCT, PSA, or 103-12 IE: MID DURATION LONG CREDIT BOND FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-038	C	1403987

a Name of MTIA, CCT, PSA, or 103-12 IE: NON-US EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-044	C	1686918

a Name of MTIA, CCT, PSA, or 103-12 IE: MULIT-ASSET CREDIT FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-041	C	2136902

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-046	C	3184441

a Name of MTIA, CCT, PSA, or 103-12 IE: NON-US EQUITY FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3366160

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP EQUITY FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-002	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4073339

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL EQUITY FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-004	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4710599

a Name of MTIA, CCT, PSA, or 103-12 IE: US LONG GOVERNMENT BOND INDEX FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-042	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6761736

a Name of MTIA, CCT, PSA, or 103-12 IE: CORE REAL ESTATE FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-037	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7533240

a Name of MTIA, CCT, PSA, or 103-12 IE: US INTERMEDIATE GOVERNMENT BOND IND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-043	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7841178

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG CREDIT BOND FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-040	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24548736

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

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

A Name of plan
FLOYD HEALTHCARE MANAGEMENT, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FLOYD HEALTHCARE MANAGEMENT, INC.

D Employer Identification Number (EIN)
58-1973570

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	600000	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	614000	
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	915967	1941959
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	86491370	68988527
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	88621337	70930486
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	16416	16416
k Total liabilities (add all amounts in lines 1g through1j)	1k	16416	16416
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	88604921	70914070

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
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	24985	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		24985
(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)		
(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
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-11642843
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		-11617858
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5204466	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		5204466
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	40525	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	828002	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		868527
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6072993
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-17690851
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] 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: DRAFFIN & TUCKER, LLP **(2)** EIN: 58-0914992

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:

		Yes	No	Amount
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.)	4a		X	

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		2000000
f 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	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 482769.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

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

A Name of plan
FLOYD HEALTHCARE MANAGEMENT, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FLOYD HEALTHCARE MANAGEMENT, INC.

D Employer Identification Number (EIN)
58-1973570

Part I Distributions

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

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

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): 42-1466678

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** | 1

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | **6a** |

b Enter the amount contributed by the employer to the plan for this plan year ..... | **6b** |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | **6c** |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

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

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

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

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:

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

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 41.6 % Investment-Grade Debt: 44.1 % High-Yield Debt: 0.3 % Real Estate: 12.3 % Other: 1.7 %

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_____

FLOYD HEALTHCARE MANAGEMENT, INC.
RETIREMENT PLAN

FINANCIAL STATEMENTS

for the years ended December 31, 2022 and 2021

Draffin Tucker

Let's Think Together.®

FLOYD HEALTHCARE MANAGEMENT, INC.
RETIREMENT PLAN

FINANCIAL STATEMENTS

for the years ended December 31, 2022 and 2021

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INDEPENDENT AUDITOR'S REPORT

The Plan Administrator
Floyd Healthcare Management, Inc. Retirement Plan
Rome, Georgia

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

We have performed an audit of the financial statements of Floyd Healthcare Management, Inc. Retirement Plan (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, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits for the year ended December 31, 2021, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Continued

Opinion on the Financial Statements

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

- The amounts and disclosures in the accompanying financial statements, 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 accompanying 2022 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the Financial Statements

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 the Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Continued

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

In performing an audit in accordance with GAAS, we:

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 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.

Continued

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 Matter - Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2022 and the supplemental schedule of reportable transactions for the year ended December 31, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, 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 schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Draffin & Tucker, LLP

Albany, Georgia
October 11, 2023

FLOYD HEALTHCARE MANAGEMENT, INC. RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
as of December 31, 2022 and 2021

	2022	2021
Assets:		
Investments, at fair value:		
Money market funds	$ 1,941,959	$ 915,967
Common collective trust funds	68,988,527	87,091,370
Total investments	70,930,486	88,007,337
Employer contribution receivable	-	614,000
Total assets	70,930,486	88,621,337
Liabilities:		
Due to Plan sponsor	16,416	16,416
Net assets available for benefits	$ 70,914,070	$ 88,604,921

See accompanying notes to the financial statements.

FLOYD HEALTHCARE MANAGEMENT, INC. RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
for the years ended December 31, 2022 and 2021

	2022	2021
Additions:		
Additions to net assets attributed to:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ (11,642,843)	$ 8,319,564
Interest and dividends	24,985	468
Total investment income (loss)	(11,617,858)	8,320,032
Employer contributions	-	1,538,000
Total additions	(11,617,858)	9,858,032
Deductions:		
Deductions from net assets attributed to:		
Benefits paid to participants and other	5,204,466	5,087,829
Administrative expenses	868,527	856,969
Total deductions	6,072,993	5,944,798
Net increase (decrease)	(17,690,851)	3,913,234
Net assets available for benefits:		
Beginning of year	88,604,921	84,691,687
End of year	$ 70,914,070	$ 88,604,921

See accompanying notes to the financial statements.

FLOYD HEALTHCARE MANAGEMENT, INC. RETIREMENT PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS
as of December 31, 2021

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	$ 53,327,656
Active and terminated vested participants	26,082,208
Total	79,409,864
Nonvested benefits:	-
Total actuarial present value of accumulated plan benefits	$ 79,409,864

See accompanying notes to the financial statements.

FLOYD HEALTHCARE MANAGEMENT, INC. RETIREMENT PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
for the year ended December 31, 2021

Actuarial present value of accumulated plan benefits at beginning of year	$ 81,239,916
Increase (decrease) during the year attributable to:	
Interest accumulation	4,408,917
Benefits paid	(5,087,829)
Assumption changes	(1,257,282)
Benefit accruals and non-plan asset performance	106,142
Net decrease	(1,830,052)
Total actuarial present value of accumulated plan benefits at end of year	$ 79,409,864

See accompanying notes to the financial statements.

1. Plan Description

The following description of the Floyd Healthcare Management, Inc. Retirement Plan (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 is a defined benefit pension plan covering substantially all employees of Floyd Healthcare Management, Inc. d/b/a Atrium Health Floyd (Sponsor). Employees hired on or after October 1, 2005, are not allowed to enter the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective March 31, 2014, the Plan was amended to freeze benefit accruals for all participants.

Pension Benefits

Employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) of 1.75% of the participant's compensation for all whole or partial years of benefit service, not to exceed 35 years. Annual benefits will not be less than $125 for all whole or partial years of benefit service, not to exceed 25 years. The Plan permits early retirement at ages 52-64 for employees who actively participated in the Plan on December 31, 1997, for other participants the Plan permits early retirement at ages 55-64. Employees may elect to receive their pension benefits in the form of (a) single life annuity, (b) joint and 50% survivor annuity, (c) joint and 100% survivor annuity, (d) period certain options (5 or 10 years) and (d) level income option. If employees terminate before rendering 5 years of service, they forfeit their right to receive any accumulated plan benefit.

Upon retirement, the amount of benefits under the Plan is the highest amount determined based upon two different computations: (1) the Career Earnings Formula or (2) the Minimum Benefit Formula, as provided by the Plan. Under each benefit computation, the annual benefit is a percentage of earnings adjusted by years of credited service.

Death Benefits

If a vested participant dies before his benefit commencement date, the surviving spouse will receive a monthly pre-retirement death benefit. If the present value of the survivor benefit is less than $5,000, the Plan will pay the entire benefit to the surviving spouse in a lump-sum payment. Otherwise, the surviving spouse will receive a monthly benefit equal to one-half the amount that would have been payable to the participant as a 100% joint and survivor annuity based on his accrued benefit as of his date of death. In the event the surviving spouse elects to begin receiving benefits before the date that would have been the participant's normal retirement date if he had survived, the amount of the benefit will be reduced by an early retirement reduction factor. If a vested participant dies before his benefit commencement date and is unmarried, the designated beneficiary will receive a pre-retirement death benefit in the form of a ten-year certain and life annuity. If a participant dies before he becomes vested, he will not have any pre-retirement death benefit coverage under the Plan.

Continued

2. Summary of Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

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 6 for a 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. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' career earnings defined as the employee's compensation for all of the employee's whole and partial years of benefit service. The accumulated Plan benefits for active employees are based on their career earnings ending on the employee's valuation date. Benefits payable under all circumstances, retirement, death, disability, and termination of employment, are included to the extent they are deemed attributable to employee service rendered to the valuation date. Effective March 31, 2014, the Plan was amended to freeze all benefit accruals.

Continued

2. Summary of Accounting Policies, Continued

Actuarial Present Value of Accumulated Plan Benefits, Continued

The actuarial present value of accumulated Plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the December 31, 2021 valuation were (a) life expectancy of participants (Pri-2012 Mortality Tables and then projected using Scale MP-2021), (b) retirement age assumption (the assumed average retirement age was 62 if an active participant in the Floyd Medical Center Retirement Plan on December 31, 1997, otherwise age 65) and (c) investment return. The interest rate used to discount the obligations for 2021 and 2020 was 5.75% and 5.60%, respectively. The 2021 and 2020 valuations included assumed average rates of return of 5.75% and 5.60%, respectively. No salary increase factor was used for 2021 or 2020. The 2021 valuation includes a change in the mortality assumption from that used in the 2020 valuation. The 2020 valuation used the Pri-2012 Mortality Tables and then projected using Scale MP-2021. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated Plan benefits were made as of January 1, 2022. Had the valuations been performed as of December 31, there would be no material differences.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Sponsor, as provided by the Plan document. Expenses that are paid directly by the Sponsor are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In 2022 and 2021, Pension Benefit Guaranty Corporation premiums of approximately $828,000 and $812,000 were paid by the Plan, respectively. In addition, certain investment-related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Subsequent Events

The Plan has evaluated subsequent events through October 11, 2023, the date the financial statements were available to be issued.

Continued

3. Funding Policy

The Sponsor's funding policy is to make annual contributions to the Plan which will meet or exceed the annual ERISA minimum funding requirements. During 2022 and 2021, the Sponsor made contributions of $0 and $1,538,000, respectively. The Sponsor's contributions for 2022 and 2021 exceeded the minimum funding requirements of ERISA.

Although it has not expressed any intention to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

4. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).

c. All other vested benefits (that is, vested benefits not insured by the PBGC).

d. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Sponsor and the level of benefits guaranteed by the PBGC.

Continued

5. Investments Certified by Trustees

For 2022 and 2021, the Plan administrator elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the amounts certified by Principal Bank in 2022, and Wells Fargo Bank, N.A. in 2021, for investments, net appreciation/(depreciation) in fair value of investments, and interest and dividends, except for agreeing or deriving such information certified as complete and accurate by the trustees, to information included in the Plan's financial statements and supplemental schedules.

6. Fair Value Measurements

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

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1 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 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.

  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 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Continued

6. Fair Value Measurements, Continued

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques 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. There have been no changes in the methodologies used at December 31, 2022 and 2021.

- *Money market funds*: Valued at amortized cost, which approximates fair value.

- *Common collective trust funds:* Valued daily using the NAV. The NAVs are based on the fair value of each fund's underlying investments. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV.

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.

Continued

6. Fair Value Measurements, Continued

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:

	Assets at Fair Value as of December 31, 2022			
	Level 1	Level 2	Level 3	Total
Money market funds	$ -	$ 1,941,959	$ -	$ 1,941,959
Total assets in the FV hierarchy	$ -	$ 1,941,959	$ -	1,941,959
Investments measured at NAV				68,988,527
Investments at fair value				$ 70,930,486

	Assets at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Money market funds	$ -	$ 915,967	$ -	$ 915,967
Total assets in the FV hierarchy	$ -	$ 915,967	$ -	915,967
Investments measured at NAV				87,091,370
Investments at fair value				$ 88,007,337

Continued

6. Fair Value Measurements, Continued

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2022 and 2021. The common collective trust funds are direct filing entities. There are no participant redemption restrictions for these investments; the redemption period is applicable only to the Plan.

	As of December 31, 2022			
Investment Type	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trust funds:				
Core real estate fund	$ 7,533,240	$ -	Daily	None
Global real estate fund	143,095	-	Daily	None
High yield plus fund	263,772	-	Daily	None
Intermediate credit bond fund	1,403,986	-	Daily	None
Large cap equity fund	4,073,339	-	Daily	None
Large cap equity index fund	3,184,441	-	Daily	None
Long credit bond fund	24,548,736	-	Daily	None
Non-U.S. equity fund	3,366,160	-	Daily	None
Non-U.S. equity index fund	1,686,918	-	Daily	None
Small & mid cap equity fund	1,334,425	-	Daily	None
U.S. intermediate government bond index fund	7,841,178	-	Daily	None
U.S. long government bond index fund	6,761,736	-	Daily	None
Global equity fund	4,710,599	-	Daily	None
Multi-asset fund	2,136,902	-	Daily	None
Total common collective trust funds	$ 68,988,527	$ -		

Continued

6. Fair Value Measurements, Continued

Investments Measured Using the Net Asset Value per Share Practical Expedient, Continued

	As of December 31, 2021			
Investment Type	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trust funds:				
Core real estate fund	$ 9,759,515	$ -	Daily	None
Global real estate fund	1,039,861	-	Daily	None
High yield plus fund	270,144	-	Daily	None
Intermediate credit bond fund	9,864,229	-	Daily	None
Large cap equity fund	7,123,898	-	Daily	None
Large cap equity index fund	5,521,138	-	Daily	None
Long credit bond fund	13,440,874	-	Daily	None
Non-U.S. equity fund	6,238,698	-	Daily	None
Non-U.S. equity index fund	3,168,372	-	Daily	None
Small & mid cap equity fund	2,156,635	-	Daily	None
U.S. intermediate government bond index fund	15,335,887	-	Daily	None
U.S. long government bond index fund	185,647	-	Daily	None
Global equity fund	8,194,991	-	Daily	None
Multi-asset fund	4,191,481	-	Daily	None
Cash Held at Outside Fund	600,000	-	Daily	None
Total common collective trust funds	$ 87,091,370	$ -		

Continued

7. Tax Status

The Plan was established effective January 1, 1998. The Internal Revenue Service has determined and informed the Plan by a letter dated September 13, 2013, that the Plan and the related trust are designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC, and therefore believes that the Plan is qualified.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the relevant taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to possible examination by the taxing authorities. For federal income tax purposes, the tax returns essentially remain open for possible examination for a period of three years after the respective filing deadlines of those returns.

8. 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 the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

9. Related Party Transactions and Party-In-Interest Transactions

Certain Plan investments are held in a collective investment trust managed by Aon Hewitt. Aon Hewitt is the actuary as defined by the Plan and, therefore, these transactions qualify as party-in-interest.

As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

Continued

10. COVID-19

On January 30, 2020, the World Health Organization ("WHO") announced a global health emergency stemming from a new strain of coronavirus that was spreading globally (the "COVID-19 outbreak"). On March 11, 2020, the WHO classified the COVID-19 outbreak as a pandemic, triggering volatility in financial markets and a significant negative impact on the global economy. The values of the Plan's individual investments have and will fluctuate in response to changing market conditions. The impact on the Sponsor's operation and financial performance will depend on certain developments, including the duration and spread of the outbreak, impact on the Sponsor's customers, employees and vendors. All of which are uncertain and cannot be predicted. The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. The federal Public Health Emergency for COVID-19 expired on May 11, 2023.

11. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of the net assets available for benefits per the financial statements at December 31, 2022 and 2021, to Form 5500.

	2022	2021
Net assets available for benefits per the financial statements	$ 70,914,070	$ 88,604,921
Rounding	-	-
Net assets available for benefits per the Form 5500	$ 70,914,070	$ 88,604,921

The following is a reconciliation of the benefits paid per the financial statements for the year ended December 31, 2022 and 2021, to Form 5500.

	2022	2021
Benefits paid per the financial statements	$ 5,204,466	$ 5,087,829
Rounding	-	-
Benefits paid per the Form 5500	$ 5,204,466	$ 5,087,829

SUPPLEMENTAL SCHEDULES

FLOYD HEALTHCARE MANAGEMENT, INC. RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
EMPLOYER ID NUMBER: 58-1973570 PLAN NUMBER: 001
December 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 Value	(d) Cost	(e) Current Value
		Money market funds:		
	Allspring	Government Money Market Fund, 1,936,439 shares	$ 1,941,959	$ 1,941,959
		Common collective trust funds:		
*	Aon Collective Investment Trust	Core real estate fund, 502,058 shares	7,403,876	7,533,240
*	Aon Collective Investment Trust	Global real estate fund, 11,024 shares	194,248	143,095
*	Aon Collective Investment Trust	High yield plus fund, 21,102 shares	256,402	263,772
*	Aon Collective Investment Trust	Intermediate credit bond fund, 151,947 shares	1,426,106	1,403,986
*	Aon Collective Investment Trust	Large cap equity fund, 158,004 shares	5,119,324	4,073,339
*	Aon Collective Investment Trust	Large cap equity index fund, 269,639 shares	3,890,896	3,184,441
*	Aon Collective Investment Trust	Long credit bond fund, 3,175,774 shares	27,971,047	24,548,736
*	Aon Collective Investment Trust	Non-U.S. equity fund, 213,589 shares	4,070,338	3,366,160
*	Aon Collective Investment Trust	Non-U.S. equity index fund, 158,545 shares	2,000,167	1,686,918
*	Aon Collective Investment Trust	Small & mid cap equity fund, 69,465 shares	1,669,942	1,334,425
*	Aon Collective Investment Trust	U.S. intermediate government bond index fund, 868,347 shares	7,941,646	7,841,178
*	Aon Collective Investment Trust	U.S. long government bond index fund, 1,035,488 shares	6,760,006	6,761,736
*	Aon Collective Investment Trust	Global equity fund, 264,938 shares	5,712,065	4,710,599
*	Aon Trust Company, LLC	Multi-asset fund, 216,450 shares	2,366,177	2,136,902
		Total collective investment trust funds	76,782,240	68,988,527
		Total assets held at end of year	$ 78,724,199	$ 70,930,486

* Represents a party-in-interest to the Plan.

See auditor's report.

FLOYD HEALTHCARE MANAGEMENT, INC. RETIREMENT PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
EMPLOYER ID NUMBER: 58-1973570 PLAN NUMBER: 001
for the year ended December 31, 2022

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Series in the same security:								
Allspring	Government Money Market Fund	$ 11,257,509	$ -	$ -	$ -	$ 11,257,509	$ 11,257,509	$ -
Allspring	Government Money Market Fund	$ -	$ 10,237,027	$ -	$ -	$ 10,237,027	$ 10,237,027	$ -
Aon Collective Investment Trust	U.S. Long Government Bond Index Fund	$ 14,200,000	$ -	$ -	$ -	$ 14,200,000	$ 14,200,000	$ -
Aon Collective Investment Trust	U.S. Long Government Bond Index Fund	$ -	$ 7,800,000	$ -	$ -	$ 7,598,745	$ 7,800,000	$ 201,255
Aon Collective Investment Trust	U.S. Intermediate Government Bond Index Fund	$ 13,750,000	$ -	$ -	$ -	$ 13,750,000	$ 13,750,000	$ -
Aon Collective Investment Trust	U.S. Intermediate Government Bond Index Fund	$ -	$ 19,975,000	$ -	$ -	$ 21,259,780	$ 19,975,000	$ (1,284,780)

Continued

FLOYD HEALTHCARE MANAGEMENT, INC. RETIREMENT PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS, Continued
EMPLOYER ID NUMBER: 58-1973570 PLAN NUMBER: 001
for the year ended December 31, 2022

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Aon Collective Investment Trust	Long Credit Bond Fund	$ 23,475,000	$ -	$ -	$ -	$ 23,475,000	$ 23,475,000	$ -
Aon Collective Investment Trust	Long Credit Bond Fund	$ -	$ 8,000,000	$ -	$ -	$ 8,487,004	$ 8,000,000	$ (487,004)
Aon Collective Investment Trust	Intermediate Credit Bond Fund	$ 5,000,000	$ -	$ -	$ -	$ 5,000,000	$ 5,000,000	$ -
Aon Collective Investment Trust	Intermediate Credit Bond Fund	$ -	$ 12,600,000	$ -	$ -	$ 13,475,741	$ 12,600,000	$ (875,741)

See auditor’s report.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Floyd Healthcare Management, Inc. Retirement Plan
EIN: 58-1973570 PN: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2021), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	4.75%.
2nd Segment Rate	5.18%.
3rd Segment Rate	5.92%.
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2021), without regard to interest rate stabilization.
1st Segment Rate	1.07%.
2nd Segment Rate	2.68%.
3rd Segment Rate	3.36%.
Optional Payment Form Election Percentage	40% elect life annuity, 40% elect 100% joint and survivor annuity, 10% elect 50% joint and survivor annuity, and 10% elect 10-year certain and life annuity.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 62, if an active participant in the Floyd Medical Center Retirement Plan on December 31, 1997; age 62, if early retirement eligible; otherwise, age 65.
Mortality Rates	
Healthy and Disabled	2022 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(a)(3) and IRS Notice 2020-85.
Withdrawal Rates	See Table 2.
Disability Rates	None.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Floyd Healthcare Management, Inc. Retirement Plan
EIN: 58-1973570 PN: 001

For ERISA Requirements

Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Assumed Actuarial Increases	Actuarial increases are applied for deferred vested participants who have attained normal retirement date as of the valuation date but who have not yet commenced payment.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $245,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2020 Plan Year	6.00%.
2021 Plan Year	5.60%.
2022 Plan Year	5.75%.
Trust Expenses Included in Target Normal Cost	$928,002.
Actuarial Method	Standard unit credit cost method.
Valuation Date	January 1, 2022.

Table 1—Page 1 of 2

Retirement Rates— Active participants in the Floyd Medical Center Retirement Plan on 12/31/1997

Age	Rate
55	0.00%
56	0.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	30.00%
62+	100.00%

Table 1—Page 2 of 2

Retirement Rates—Active participants not in the Floyd Medical Center Retirement Plan on 12/31/1997

Age	Rate
60	0.00%
61	15.00%
62	50.00%
63	50.00%
64	50.00%
65+	100.00%

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	20.00%	45	6.00%
16	20.00%	46	6.00%
17	20.00%	47	6.00%
18	20.00%	48	6.00%
19	20.00%	49	6.00%
20	20.00%	50	6.00%
21	20.00%	51	5.00%
22	20.00%	52	5.00%
23	20.00%	53	5.00%
24	20.00%	54	4.50%
25	20.00%	55	4.50%
26	20.00%	56	4.00%
27	20.00%	57	4.00%
28	20.00%	58	3.00%
29	20.00%	59	2.00%
30	20.00%	60+	0.00%
31	10.00%		
32	10.00%		
33	10.00%		
34	10.00%		
35	8.00%		
36	8.00%		
37	8.00%		
38	8.00%		
39	8.00%		
40	7.00%		
41	7.00%		
42	7.00%		
43	7.00%		
44	7.00%		

Schedule SB Attachment (Form 5500)—2022 Plan Year
Floyd Healthcare Management, Inc. Retirement Plan
EIN: 58-1973570 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The expected return on assets was changed from 5.60% to 5.75%. This change did not reduce the funding shortfall; as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Floyd Healthcare Management, Inc. Retirement Plan
EIN: 58-1973570 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Plan Provisions

Effective Date	Adopted on January 1, 1998. The most recent restated plan was effective January 1, 2011. The most recent amendment (Amendment #5) included in this valuation was effective October 1, 2016.
Eligibility	Regularly scheduled employees enter the Plan on the first January 1 or July 1 coincident with or next following the attainment of age 21 and the completion of one year of continuous service. Part-time employees are included in the Plan on the first January 1 coincident with or next following the attainment of age 21 and the completion of at least 1,000 Hours of Service during plan years on or after 1998. Employees hired after September 30, 2005 are not eligible to participate in the plan.

Definitions

Vesting Service	All benefits described in the Plan Provisions section of this report were valued. Aon Hewitt has reviewed the plan provisions with Floyd Healthcare Management, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not. The plan pays small benefits (with a present value up to $5,000) in a single lump sum payment. Such lump sums are implicitly valued
Benefit Service	Completed whole plan years after January 1, 1998 while employed and accruing a benefit; no additional benefit service earned after March 31, 2014.
Plan Earnings	W-2 compensation plus deferrals under Section 125, 401(k), and/or 403(b) excluding severance pay; no compensation after March 31, 2014 is considered.
Normal Retirement Date (NRD)	First of the month following age 62, if an active participant in the Floyd Medical Center Retirement Plan on December 31, 1997; otherwise, first of the month following age 65.

Monthly Pension Benefit	One-twelfth of 1.75% of Plan Earnings for each year of participation after January 1, 1998. The accrued benefit should be no less than a minimum benefit equal to one-twelfth of $60 per year of completed Benefit Service (limited to 25 years including service prior to 1998). Participants electing to join the 401(k) Plan effective December 31, 2005 do not accrue additional benefits after December 31, 2005. Participants do not accrue additional benefits after March 31, 2014.
Monthly Preretirement Death Benefit	100% Joint & Survivor pre-retirement survivor annuity.

Eligibility for Benefits

Normal Retirement	Retirement on NRD.
Early Retirement	Retirement within 10 years of NRD and completing at least 10 years of Vesting Service.
Working Retirement	Voluntary in-service commencement of benefits beginning on the first of the month following age 62 with 10 years of Vesting Service or NRD; present value of benefit at benefit commencement must also be greater than $5,000.
Postponed Retirement	Retirement after NRD.
Vested Termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Preretirement Death Benefit	Participant’s death occurs after becoming vested under the Plan with an eligible spouse.

Benefits Paid Upon the Following Events

Normal Retirement	Monthly pension benefit determined as of NRD.
Early Retirement	Accrued Benefit, reduced by 6-2/3% for each year (up to 5) that commencement precedes NRD and additionally by 3-1/3% for each following year (up to 5).
Postponed Retirement	Monthly pension benefit determined as of actual retirement date.

Vested Termination	Upon termination, deferred vested benefits are payable at normal retirement age, or earlier with the same reductions which apply to early retirement benefits if the employee terminated within 10 years of normal retirement and with 10 years of vesting service, or reduced using the plan's actuarial equivalence factors if the employee terminated with 10 years of vesting service but not within 10 years of normal retirement. Current administrative practice also provides actuarial increases to terminated vested participants commencing benefits after their NRD under certain situations.
Preretirement Death Benefit	Monthly preretirement death benefit payable on behalf of an active employee is paid upon the death of the participant who is vested under the Plan with an eligible spouse

Other Plan Provisions

Optional Forms of Payment	Life annuity, 50% or 100% Joint and Survivor, 5 or 10 year certain and life annuity, age 62 or 65 level income option.
Actuarial Equivalence	Actuarial equivalence for annuity forms of benefit payment is determined using an 8% interest rate and GAM 1983 unisex mortality. The level income annuity is also subject to the minimum benefit required under Section 417(e).
Maximum on Benefits and Pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Plan Changes Since the Prior Year

There were no changes in plan provisions since the prior year.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Floyd Healthcare Management, Inc. Retirement Plan
EIN: 58-1973570 PN: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

Active participants in the Floyd Medical Center Retirement Plan on 12/31/1997

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	0.00%	1.0000	0.00
56	0.00%	1.0000	0.00
57	5.00%	1.0000	2.85
58	5.00%	0.9500	2.76
59	5.00%	0.9025	2.66
60	10.00%	0.8574	5.14
61	30.00%	0.7716	14.12
62	100.00%	0.5401	33.49
		Weighted Average	61.02

Active participants not in the Floyd Medical Center Retirement Plan on 12/31/1997

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
60	0.00%	1.0000	0.00
61	15.00%	1.0000	9.15
62	50.00%	0.8500	26.35
63	50.00%	0.4250	13.39
64	50.00%	0.2125	6.80
65	100.00%	0.1063	6.91
		Weighted Average	62.60

The weighted average of these two groups based on January 1, 2022 data is 62.3.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
FLOYD HEALTHCARE MANAGEMENT, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
FLOYD HEALTHCARE MANAGEMENT, INC.

D Employer Identification Number (EIN)
58-1973570

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2022

2 Assets:

a Market value	**2a**	88,614,888
b Actuarial value	**2b**	84,959,126

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	611	55,854,653	55,854,653
b For terminated vested participants	230	8,688,600	8,688,600
c For active participants	366	18,085,618	18,085,618
d Total	1,207	82,628,871	82,628,871

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.42%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	928,002
c Total (line 6a + line 6b)	**6c**	928,002

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE JEFFREY R. HOLLOWAY JRH — Signature of actuary — 9/28/2023 — Date

JEFFREY R. HOLLOWAY — Type or print name of actuary — 2307421 — Most recent enrollment number

AON CONSULTING, INC. — Firm name — 952-886-8000 — Telephone number (including area code)

5600 WEST 83RD STREET
8200 TOWER SUITE 1100
MINNEAPOLIS MN 55437
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 10.12 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		184,689
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.60 %		10,343
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		195,032
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	102.82 %
15	Adjusted funding target attainment percentage	15	102.82 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	97.21 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.18 %	5.92 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 4

22 Weighted average retirement age — **22**: 62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment — **27**:

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	928,002
b Excess assets, if applicable, but not greater than line 31a	**31b**	928,002

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount — **33**:

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) — **34**: 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021

Schedule SB Attachment (Form 5500)—2022 Plan Year
Floyd Healthcare Management, Inc. Retirement Plan
EIN: 58-1973570 PN: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

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(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	0.00%	1.0000	0.00
56	0.00%	1.0000	0.00
57	5.00%	1.0000	2.85
58	5.00%	0.9500	2.76
59	5.00%	0.9025	2.66
60	10.00%	0.8574	5.14
61	30.00%	0.7716	14.12
62	100.00%	0.5401	33.49
		Weighted Average	61.02

Active participants not in the Floyd Medical Center Retirement Plan on 12/31/1997

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
60	0.00%	1.0000	0.00
61	15.00%	1.0000	9.15
62	50.00%	0.8500	26.35
63	50.00%	0.4250	13.39
64	50.00%	0.2125	6.80
65	100.00%	0.1063	6.91
		Weighted Average	62.60

The weighted average of these two groups based on January 1, 2022 data is 62.3.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Floyd Healthcare Management, Inc. Retirement Plan
EIN: 58-1973570 PN: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2021), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	4.75%.
2nd Segment Rate	5.18%.
3rd Segment Rate	5.92%.
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2021), without regard to interest rate stabilization.
1st Segment Rate	1.07%.
2nd Segment Rate	2.68%.
3rd Segment Rate	3.36%.
Optional Payment Form Election Percentage	40% elect life annuity, 40% elect 100% joint and survivor annuity, 10% elect 50% joint and survivor annuity, and 10% elect 10-year certain and life annuity.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 62, if an active participant in the Floyd Medical Center Retirement Plan on December 31, 1997; age 62, if early retirement eligible; otherwise, age 65.
Mortality Rates	
Healthy and Disabled	2022 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(a)(3) and IRS Notice 2020-85.
Withdrawal Rates	See Table 2.
Disability Rates	None.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Floyd Healthcare Management, Inc. Retirement Plan
EIN: 58-1973570 PN: 001

For ERISA Requirements

Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Assumed Actuarial Increases	Actuarial increases are applied for deferred vested participants who have attained normal retirement date as of the valuation date but who have not yet commenced payment.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $245,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2020 Plan Year	6.00%.
2021 Plan Year	5.60%.
2022 Plan Year	5.75%.
Trust Expenses Included in Target Normal Cost	$928,002.
Actuarial Method	Standard unit credit cost method.
Valuation Date	January 1, 2022.

Table 1—Page 1 of 2

Retirement Rates— Active participants in the Floyd Medical Center Retirement Plan on 12/31/1997

Age	Rate
55	0.00%
56	0.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	30.00%
62+	100.00%

Table 1—Page 2 of 2

Retirement Rates—Active participants not in the Floyd Medical Center Retirement Plan on 12/31/1997

Age	Rate
60	0.00%
61	15.00%
62	50.00%
63	50.00%
64	50.00%
65+	100.00%

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	20.00%	45	6.00%
16	20.00%	46	6.00%
17	20.00%	47	6.00%
18	20.00%	48	6.00%
19	20.00%	49	6.00%
20	20.00%	50	6.00%
21	20.00%	51	5.00%
22	20.00%	52	5.00%
23	20.00%	53	5.00%
24	20.00%	54	4.50%
25	20.00%	55	4.50%
26	20.00%	56	4.00%
27	20.00%	57	4.00%
28	20.00%	58	3.00%
29	20.00%	59	2.00%
30	20.00%	60+	0.00%
31	10.00%		
32	10.00%		
33	10.00%		
34	10.00%		
35	8.00%		
36	8.00%		
37	8.00%		
38	8.00%		
39	8.00%		
40	7.00%		
41	7.00%		
42	7.00%		
43	7.00%		
44	7.00%		

Schedule SB Attachment (Form 5500)—2022 Plan Year
Floyd Healthcare Management, Inc. Retirement Plan
EIN: 58-1973570 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Plan Provisions

Effective Date	Adopted on January 1, 1998. The most recent restated plan was effective January 1, 2011. The most recent amendment (Amendment #5) included in this valuation was effective October 1, 2016.
Eligibility	Regularly scheduled employees enter the Plan on the first January 1 or July 1 coincident with or next following the attainment of age 21 and the completion of one year of continuous service. Part-time employees are included in the Plan on the first January 1 coincident with or next following the attainment of age 21 and the completion of at least 1,000 Hours of Service during plan years on or after 1998. Employees hired after September 30, 2005 are not eligible to participate in the plan.

Definitions

Vesting Service	All benefits described in the Plan Provisions section of this report were valued. Aon Hewitt has reviewed the plan provisions with Floyd Healthcare Management, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not. The plan pays small benefits (with a present value up to $5,000) in a single lump sum payment. Such lump sums are implicitly valued
Benefit Service	Completed whole plan years after January 1, 1998 while employed and accruing a benefit; no additional benefit service earned after March 31, 2014.
Plan Earnings	W-2 compensation plus deferrals under Section 125, 401(k), and/or 403(b) excluding severance pay; no compensation after March 31, 2014 is considered.
Normal Retirement Date (NRD)	First of the month following age 62, if an active participant in the Floyd Medical Center Retirement Plan on December 31, 1997; otherwise, first of the month following age 65.

Monthly Pension Benefit	One-twelfth of 1.75% of Plan Earnings for each year of participation after January 1, 1998. The accrued benefit should be no less than a minimum benefit equal to one-twelfth of $60 per year of completed Benefit Service (limited to 25 years including service prior to 1998). Participants electing to join the 401(k) Plan effective December 31, 2005 do not accrue additional benefits after December 31, 2005. Participants do not accrue additional benefits after March 31, 2014.
Monthly Preretirement Death Benefit	100% Joint & Survivor pre-retirement survivor annuity.

Eligibility for Benefits

Normal Retirement	Retirement on NRD.
Early Retirement	Retirement within 10 years of NRD and completing at least 10 years of Vesting Service.
Working Retirement	Voluntary in-service commencement of benefits beginning on the first of the month following age 62 with 10 years of Vesting Service or NRD; present value of benefit at benefit commencement must also be greater than $5,000.
Postponed Retirement	Retirement after NRD.
Vested Termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Preretirement Death Benefit	Participant’s death occurs after becoming vested under the Plan with an eligible spouse.

Benefits Paid Upon the Following Events

Normal Retirement	Monthly pension benefit determined as of NRD.
Early Retirement	Accrued Benefit, reduced by 6-2/3% for each year (up to 5) that commencement precedes NRD and additionally by 3-1/3% for each following year (up to 5).
Postponed Retirement	Monthly pension benefit determined as of actual retirement date.

Vested Termination	Upon termination, deferred vested benefits are payable at normal retirement age, or earlier with the same reductions which apply to early retirement benefits if the employee terminated within 10 years of normal retirement and with 10 years of vesting service, or reduced using the plan's actuarial equivalence factors if the employee terminated with 10 years of vesting service but not within 10 years of normal retirement. Current administrative practice also provides actuarial increases to terminated vested participants commencing benefits after their NRD under certain situations.
Preretirement Death Benefit	Monthly preretirement death benefit payable on behalf of an active employee is paid upon the death of the participant who is vested under the Plan with an eligible spouse

Other Plan Provisions

Optional Forms of Payment	Life annuity, 50% or 100% Joint and Survivor, 5 or 10 year certain and life annuity, age 62 or 65 level income option.
Actuarial Equivalence	Actuarial equivalence for annuity forms of benefit payment is determined using an 8% interest rate and GAM 1983 unisex mortality. The level income annuity is also subject to the minimum benefit required under Section 417(e).
Maximum on Benefits and Pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Plan Changes Since the Prior Year

There were no changes in plan provisions since the prior year.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Floyd Healthcare Management, Inc. Retirement Plan
EIN: 58-1973570 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The expected return on assets was changed from 5.60% to 5.75%. This change did not reduce the funding shortfall; as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Floyd Healthcare Management, Inc. Retirement Plan
EIN: 58-1973570 PN: 001

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2022

Number of Participants and Average Accrued Benefit

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39					18	1				
40-44					17	34 $352				
45-49					20 $148	41 $426	19	1		
50-54					19	31 $476	21 $729	18		
55-59					21 $300	31 $612	18	14	5	
60-64					7	10	7	11		2
65-69										
70+										

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Schedule SB Attachment (Form 5500)—2022 Plan Year
Floyd Healthcare Management, Inc. Retirement Plan
EIN: 58-1973570 PN: 001

Schedule SB, line 26b—Schedule Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2022	122,143	126,162	5,065,312	5,313,616
2023	260,810	194,342	4,936,560	5,391,711
2024	413,352	270,354	4,852,768	5,536,475
2025	537,124	324,709	4,726,507	5,588,339
2026	638,073	381,389	4,622,215	5,641,677
2027	763,294	436,104	4,464,792	5,664,191
2028	887,985	474,823	4,379,205	5,742,013
2029	1,009,091	554,360	4,285,965	5,849,416
2030	1,134,163	570,394	4,168,852	5,873,408
2031	1,243,858	620,106	4,048,328	5,912,291
2032	1,344,554	692,470	3,925,958	5,962,982
2033	1,394,365	710,474	3,793,966	5,898,804
2034	1,453,758	717,321	3,651,535	5,822,614
2035	1,505,827	742,420	3,498,706	5,746,953
2036	1,556,998	751,796	3,335,734	5,644,529
2037	1,604,949	773,194	3,163,104	5,541,248
2038	1,646,489	775,408	2,981,582	5,403,479
2039	1,668,805	775,346	2,792,254	5,236,405
2040	1,684,740	771,352	2,596,517	5,052,609
2041	1,695,080	760,925	2,396,078	4,852,083
2042	1,710,143	751,862	2,192,934	4,654,939
2043	1,714,494	749,340	1,989,312	4,453,147
2044	1,714,392	727,717	1,787,606	4,229,716
2045	1,705,292	709,859	1,590,292	4,005,443
2046	1,675,376	685,074	1,399,817	3,760,266
2047	1,648,766	658,397	1,218,490	3,525,653
2048	1,608,421	634,511	1,048,374	3,291,305
2049	1,552,057	603,352	891,201	3,046,610
2050	1,490,255	570,810	748,287	2,809,352
2051	1,428,390	537,107	620,472	2,585,969
2052	1,356,472	502,520	508,103	2,367,095
2053	1,280,682	467,365	411,029	2,159,076
2054	1,201,648	431,990	328,655	1,962,293
2055	1,120,268	396,755	260,023	1,777,046
2056	1,037,586	362,029	203,888	1,603,504
2057	954,344	328,161	158,826	1,441,331
2058	871,696	295,469	123,322	1,290,487
2059	790,636	264,241	95,853	1,150,731
2060	711,956	234,713	74,964	1,021,634
2061	636,396	207,068	59,326	902,790
2062	564,733	181,437	47,767	793,937
2063	497,445	157,891	39,293	694,630
2064	434,916	136,451	33,093	604,460
2065	377,383	117,099	28,521	523,003

Schedule SB Attachment (Form 5500)—2022 Plan Year
Floyd Healthcare Management, Inc. Retirement Plan
EIN: 58-1973570 PN: 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2066	324,944	99,772	25,084	449,801
2067	277,582	84,378	22,418	384,378
2068	235,180	70,808	20,261	326,249
2069	197,544	58,937	18,431	274,912
2070	164,425	48,632	16,807	229,863
2071	135,540	39,757	15,310	190,607

FLOYD HEALTHCARE MANAGEMENT, INC. RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
EMPLOYER ID NUMBER: 58-1973570 PLAN NUMBER: 001
December 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 Value	(d) Cost	(e) Current Value
		Money market funds:		
	Allspring	Government Money Market Fund, 1,936,439 shares	$ 1,941,959	$ 1,941,959
		Common collective trust funds:		
*	Aon Collective Investment Trust	Core real estate fund, 502,058 shares	7,403,876	7,533,240
*	Aon Collective Investment Trust	Global real estate fund, 11,024 shares	194,248	143,095
*	Aon Collective Investment Trust	High yield plus fund, 21,102 shares	256,402	263,772
*	Aon Collective Investment Trust	Intermediate credit bond fund, 151,947 shares	1,426,106	1,403,986
*	Aon Collective Investment Trust	Large cap equity fund, 158,004 shares	5,119,324	4,073,339
*	Aon Collective Investment Trust	Large cap equity index fund, 269,639 shares	3,890,896	3,184,441
*	Aon Collective Investment Trust	Long credit bond fund, 3,175,774 shares	27,971,047	24,548,736
*	Aon Collective Investment Trust	Non-U.S. equity fund, 213,589 shares	4,070,338	3,366,160
*	Aon Collective Investment Trust	Non-U.S. equity index fund, 158,545 shares	2,000,167	1,686,918
*	Aon Collective Investment Trust	Small & mid cap equity fund, 69,465 shares	1,669,942	1,334,425
*	Aon Collective Investment Trust	U.S. intermediate government bond index fund, 868,347 shares	7,941,646	7,841,178
*	Aon Collective Investment Trust	U.S. long government bond index fund, 1,035,488 shares	6,760,006	6,761,736
*	Aon Collective Investment Trust	Global equity fund, 264,938 shares	5,712,065	4,710,599
*	Aon Trust Company, LLC	Multi-asset fund, 216,450 shares	2,366,177	2,136,902
		Total collective investment trust funds	76,782,240	68,988,527
		Total assets held at end of year	$ 78,724,199	$ 70,930,486

* Represents a party-in-interest to the Plan.

See auditor's report.

FLOYD HEALTHCARE MANAGEMENT, INC. RETIREMENT PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
EMPLOYER ID NUMBER: 58-1973570 PLAN NUMBER: 001
for the year ended December 31, 2022

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Series in the same security:								
Allspring	Government Money Market Fund	$ 11,257,509	$ -	$ -	$ -	$ 11,257,509	$ 11,257,509	$ -
Allspring	Government Money Market Fund	$ -	$ 10,237,027	$ -	$ -	$ 10,237,027	$ 10,237,027	$ -
Aon Collective Investment Trust	U.S. Long Government Bond Index Fund	$ 14,200,000	$ -	$ -	$ -	$ 14,200,000	$ 14,200,000	$ -
Aon Collective Investment Trust	U.S. Long Government Bond Index Fund	$ -	$ 7,800,000	$ -	$ -	$ 7,598,745	$ 7,800,000	$ 201,255
Aon Collective Investment Trust	U.S. Intermediate Government Bond Index Fund	$ 13,750,000	$ -	$ -	$ -	$ 13,750,000	$ 13,750,000	$ -
Aon Collective Investment Trust	U.S. Intermediate Government Bond Index Fund	$ -	$ 19,975,000	$ -	$ -	$ 21,259,780	$ 19,975,000	$ (1,284,780)

Continued

FLOYD HEALTHCARE MANAGEMENT, INC. RETIREMENT PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS, Continued
EMPLOYER ID NUMBER: 58-1973570 PLAN NUMBER: 001
for the year ended December 31, 2022

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Aon Collective Investment Trust	Long Credit Bond Fund	$ 23,475,000	$ -	$ -	$ -	$ 23,475,000	$ 23,475,000	$ -
Aon Collective Investment Trust	Long Credit Bond Fund	$ -	$ 8,000,000	$ -	$ -	$ 8,487,004	$ 8,000,000	$ (487,004)
Aon Collective Investment Trust	Intermediate Credit Bond Fund	$ 5,000,000	$ -	$ -	$ -	$ 5,000,000	$ 5,000,000	$ -
Aon Collective Investment Trust	Intermediate Credit Bond Fund	$ -	$ 12,600,000	$ -	$ -	$ 13,475,741	$ 12,600,000	$ (875,741)

See auditor’s report.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Floyd Healthcare Management, Inc. Retirement Plan
EIN: 58-1973570 PN: 001

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2022

Number of Participants and Average Accrued Benefit

Attained Age	Years of Credited Service									
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<25										
25-29										
30-34										
35-39					18	1				
40-44					17	34 $352				
45-49					20 $148	41 $426	19	1		
50-54					19	31 $476	21 $729	18		
55-59					21 $300	31 $612	18	14	5	
60-64					7	10	7	11		2
65-69										
70+										

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Schedule SB Attachment (Form 5500)—2022 Plan Year
Floyd Healthcare Management, Inc. Retirement Plan
EIN: 58-1973570 PN: 001

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2025	537,124	324,709	4,726,507	5,588,339
2026	638,073	381,389	4,622,215	5,641,677
2027	763,294	436,104	4,464,792	5,664,191
2028	887,985	474,823	4,379,205	5,742,013
2029	1,009,091	554,360	4,285,965	5,849,416
2030	1,134,163	570,394	4,168,852	5,873,408
2031	1,243,858	620,106	4,048,328	5,912,291
2032	1,344,554	692,470	3,925,958	5,962,982
2033	1,394,365	710,474	3,793,966	5,898,804
2034	1,453,758	717,321	3,651,535	5,822,614
2035	1,505,827	742,420	3,498,706	5,746,953
2036	1,556,998	751,796	3,335,734	5,644,529
2037	1,604,949	773,194	3,163,104	5,541,248
2038	1,646,489	775,408	2,981,582	5,403,479
2039	1,668,805	775,346	2,792,254	5,236,405
2040	1,684,740	771,352	2,596,517	5,052,609
2041	1,695,080	760,925	2,396,078	4,852,083
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2046	1,675,376	685,074	1,399,817	3,760,266
2047	1,648,766	658,397	1,218,490	3,525,653
2048	1,608,421	634,511	1,048,374	3,291,305
2049	1,552,057	603,352	891,201	3,046,610
2050	1,490,255	570,810	748,287	2,809,352
2051	1,428,390	537,107	620,472	2,585,969
2052	1,356,472	502,520	508,103	2,367,095
2053	1,280,682	467,365	411,029	2,159,076
2054	1,201,648	431,990	328,655	1,962,293
2055	1,120,268	396,755	260,023	1,777,046
2056	1,037,586	362,029	203,888	1,603,504
2057	954,344	328,161	158,826	1,441,331
2058	871,696	295,469	123,322	1,290,487
2059	790,636	264,241	95,853	1,150,731
2060	711,956	234,713	74,964	1,021,634
2061	636,396	207,068	59,326	902,790
2062	564,733	181,437	47,767	793,937
2063	497,445	157,891	39,293	694,630
2064	434,916	136,451	33,093	604,460
2065	377,383	117,099	28,521	523,003

Schedule SB Attachment (Form 5500)—2022 Plan Year
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2068	235,180	70,808	20,261	326,249
2069	197,544	58,937	18,431	274,912
2070	164,425	48,632	16,807	229,863
2071	135,540	39,757	15,310	190,607