

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
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II Basic Plan Information —enter all requested information		
1a Name of plan <u>BANYAN RETIREMENT PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>002</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BANYAN HEALTH SYSTEMS, INC.</u> <u>6100 BLUE LAGOON DRIVE</u> <u>SUITE 400</u> <u>MIAMI, FL 33126</u>	1c	Effective date of plan <u>01/01/1987</u>
	2b	Employer Identification Number (EIN) <u>65-0373584</u>
	2c	Plan Sponsor's telephone number <u>305-398-6101</u>
	2d	Business code (see instructions) <u>621420</u>

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

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

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

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 475
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) 380
a(2) Total number of active participants at the end of the plan year		6a(2) 403
b Retired or separated participants receiving benefits		6b 47
c Other retired or separated participants entitled to future benefits.....		6c 67
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 517
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 517
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 139
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 10
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: 2F 2G 2L 2M 2N		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 2 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan BANYAN RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 BANYAN HEALTH SYSTEMS, INC.	D Employer Identification Number (EIN) 65-0373584	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier EMPOWER ANNUITY INS COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	7692	95778-02		01/01/2022	12/31/2022

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

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

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end.....	4	45658
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	66676

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.....**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

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

b Balance at the end of the previous year **7b** 44240**c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3) 1547

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions..... **7c(6)** 1547**d** Total of balance and additions (add lines **7b** and **7c(6)**)..... **7d** 45787**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1) 129

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions..... **7e(5)** 129**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 45658

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	
Specify nature of costs.		

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan BANYAN RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 BANYAN HEALTH SYSTEMS, INC.	D Employer Identification Number (EIN) 65-0373584

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INS CO

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

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

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

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end..... **4** 41077**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 27304**c** Additions: (1) Contributions deposited during the year **7c(1)** 4686
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 318
(4) Transferred from separate account **7c(4)** 12099
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 17103**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 44407**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
(2) Administration charge made by carrier **7e(2)** 330
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)** 3000

▶ LOAN WITHDRAWAL

(5) Total deductions **7e(5)** 3330**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 41077

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 BANYAN RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 BANYAN HEALTH SYSTEMS, INC.	D Employer Identification Number (EIN) 65-0373584	

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
NATIONWIDE
31-4156830

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

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	2873	Yes ☐ No ☐	Yes ☒ No ☐		Yes ☐ No ☒

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

RAYMOND JAMES

880 CARILLON PKWY
ST PETERSBURG, FL 33716

59-2937883

(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?
27	INVESTMENT ADVISOR	8194	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

DEFINITI LLC

2201 TIMBERLOCH PLACE STE 150
THE WOODLANDS, TX 77380

85-0833363

(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?
	THIRD PARTY ADMINISTRATOR	6386	Yes ☒ No ☐	Yes ☐ No ☒	1199	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan BANYAN RETIREMENT PLAN	B Three-digit plan number (PN) ►	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BANYAN HEALTH SYSTEMS, INC.	D Employer Identification Number (EIN) 65-0373584	

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: FUTUREFUNDS SERIES ACCOUNT II OF GR		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA		
c EIN-PN 84-0467907-003	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66676
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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 <u>01/01/2022</u> and ending <u>12/31/2022</u>						
A Name of plan <u>BANYAN RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">B Three-digit plan number (PN) ►</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>		B Three-digit plan number (PN) ►	<u>002</u>		
B Three-digit plan number (PN) ►	<u>002</u>					
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BANYAN HEALTH SYSTEMS, INC.</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">D Employer Identification Number (EIN) <u>65-0373584</u></td> <td style="width: 20%;"></td> </tr> </table>		D Employer Identification Number (EIN) <u>65-0373584</u>			
D Employer Identification Number (EIN) <u>65-0373584</u>						

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	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	45131878
(2) Participant contributions.....		1b(2)	1449210696
(3) Other.....		1b(3)	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	
(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)	243820109
(9) Value of interest in common/collective trusts.....		1c(9)	
(10) Value of interest in pooled separate accounts		1c(10)	
(11) Value of interest in master trust investment accounts.....		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	17480041793402
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	4424045658
(15) Other		1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1813687	1871743

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1813687	1871743
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	107826	
(B) Participants	2a(1)(B)	380350	
(C) Others (including rollovers)	2a(1)(C)	78598	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		566774
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1547	
(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)	132	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1679
(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)		
(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)		-282085
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		286368
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	212480	
(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)		212480
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)	15832	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		15832
j Total expenses. Add all expense amounts in column (b) and enter total	2j		228312
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		58056
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: ZOMMA GROUP

(2) EIN: 65-0715836

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
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?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 BANYAN RETIREMENT PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 BANYAN HEALTH SYSTEMS, INC.		D Employer Identification Number (EIN) 65-0373584
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): 20-3691708 31-4156830 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

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
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____

**Banyan Retirement Plan
Financial Statements and
Supplemental Schedule
December 31, 2022**

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Independent Auditor's Report

To the Trustees of
Banyan Retirement Plan
Miami, FL

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

We have performed audits of the accompanying financial statements of Banyan Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

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

Management has obtained certifications from Nationwide Life Insurance Company (Nationwide) and Empower Annuity Insurance Company of America (Empower), qualified institutions as of December 31, 2022, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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



Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 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 for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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



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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Supplemental Schedules Required by ERISA

The supplemental schedule H, line 4(i) - schedule of assets (held at end of year) as of December 31, 2022 is 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental 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 schedule, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

ZOMMA Group, LLP

Coral Gables, Florida
October 13, 2023

Banyan Retirement Plan
Statements of Net Assets Available for Benefits
December 31,

	<u>2022</u>	<u>2021</u>
Assets		
Investments, at fair value	\$ 1,793,403	\$ 1,748,004
Investments, at contract value	<u>45,658</u>	<u>44,240</u>
Total investments	<u>1,839,061</u>	<u>1,792,244</u>
Receivables		
Contributions - participants	10,696	14,492
Contributions - employer	1,878	4,513
Notes receivable from participants	<u>20,109</u>	<u>2,438</u>
Total receivables	<u>32,683</u>	<u>21,443</u>
Net assets available for benefits	<u><u>\$ 1,871,744</u></u>	<u><u>\$ 1,813,687</u></u>

The accompanying notes are an integral part of these financial statements.

Banyan Retirement Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2022

Additions (subtractions)

Investment income

Net depreciation in fair value of investments	\$ (297,917)
Interest income on investment funds	1,547
	<u>(296,370)</u>

Interest on notes receivable from participants	132
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Contributions

Participants	380,401
Employer	107,826
Rollovers	79,635
Total contributions	<u>567,862</u>

Total additions	271,624
------------------------	---------

Deductions

Benefits paid to participants	<u>213,567</u>
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Net increase	58,057
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Net assets available for benefits

Beginning of the year	<u>1,813,687</u>
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End of year	<u><u>\$ 1,871,744</u></u>
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The accompanying notes are an integral part of these financial statements.

Note 1 Description of Plan

The following description of the Banyan Retirement Plan (the “Plan”) for the employees of Banyan Health Systems, Inc. (the “Sponsor”) is provided for general information purposes only. Participants should refer to the Plan Document for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan providing retirement and death benefits covering employees of Banyan Health Systems, Inc., the Plan Sponsor. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended. The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America and reporting practices for defined contribution plans.

The Plan Sponsor contracted Definiti, LLC (“Definiti”) to act as Administrator of the Plan and Nationwide Life Insurance Company (“Nationwide”) to act as the record keeper, asset custodian and trustee. In 2010, the Plan terminated its contract with Empower Annuity Insurance Company of America (“Empower”) as the record keeper, asset custodian and trustee. Although Nationwide and Empower are collectively known as the “Trustees”, Empower manages a small portion of the Plan which remains largely inactive. Participants were able to elect to transfer their previous balances from Empower to Nationwide. Participants not making this election continue to maintain accounts with Empower.

Definiti provides reporting and compliance services, including reporting to participants and to the Internal Revenue Service. Additionally, the custodians are responsible for the management, sale, redemption, and repurchase of the investments.

Eligibility and Participation

The Plan covers employees of the Plan Sponsor who are eligible to make salary reduction contributions to the Plan in accordance with Section 403(b) of the Internal Revenue Code (“IRC”). The Plan Sponsor also has a defined contribution pension plan 401(a), covering full-time employees who have one year of service and are age twenty-one or older.

Contributions

The Plan allows eligible employees to contribute to the Plan. Such participant contributions are made through payroll deductions, are tax deferred and represent a reduction in federal taxable wages to the participant. Participants are able to contribute up to 100% of their eligible gross pay, as defined, with a total dollar limitation of \$20,500 for 2022 (employees may contribute an additional \$6,500 if over 50 years old) allowable under the Internal Revenue Code. Employer matching contributions are on a discretionary basis as determined by the Plan Sponsor and applied to all participants on a uniform basis. Matching contributions for the year ended December 31, 2022 totaled \$107,826.

Note 1 Description of Plan (continued)

Participants' Accounts

The asset custodian maintains an account for each participant. Participants' accounts are credited with their own contributions and allocations of the Plan Sponsor's contributions, Plan earnings or losses and charged an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. All investments are participant directed. Participants choose investments from a list of select funds, some of which include a balance of funds structured based on expected retirement age of participants or investment strategy. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

The total value of the account balances is fully and immediately vested.

Payment of Benefits

Benefits are recorded as paid on termination of service due to death, disability, or retirement. A participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount or in annual installments over a ten-year period. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Notes Receivable from Participants

Participants may borrow from their vested account balances an amount up to the lesser of \$50,000 or 50 percent of their account balance. Participants cannot have more than one loan outstanding at any time, and no loan may be for an amount less than \$1,000. The maximum loan term is five years unless the loan is for the purchase of a primary residence for which the maximum loan term is thirty years. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined from time to time by the Plan Administrator. Notes receivable from participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Principal and interest are paid ratably through payroll deductions or other methods as approved by the Plan Administrator. Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Interest rate on the loans was 5.25% as of December 31, 2022. No allowance for credit losses has been recorded as of December 31, 2022. At December 31, 2021, there were no notes receivable outstanding. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Forfeitures

Forfeited non-vested balances may be used to offset plan expenses or may be used to reduce future employer contributions. As of December 31, 2022 and 2021, the Plan had no forfeiture balances.

Note 2 Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements have been prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP"). Benefits are paid when they are recorded to be paid and are not accrued in advance.

Administrative Expenses

All operating expenses of the Plan including expenses for recordkeeping, insurance and auditing are paid by the Plan Sponsor and do not appear as liabilities or deductions of the Plan. The expenses are allocated among the accounts of all participants in the Plan. For the year ended December 31, 2022, no administrative expenses were incurred by the Plan Sponsor.

Investment Valuation and Income Recognition

The Plan's investments and related earnings are stated at fair value as reported to the Plan by the Trustees of the Plan, Nationwide and Empower (the "Trustees") as of December 31, 2022 and 2021 and for the year ended December 31, 2022. Investment value is represented by contributions, plus earnings, less participant withdrawals, and administrative expenses. Participant loans are valued at cost. Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded upon receipt. Interest income is recorded on the accrual basis.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect amounts reported in the financial statements and accompanying notes. Accordingly, actual results may differ from those estimates.

Note 3 Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under the Financial Accounting Standards Board Accounting Standards Codification 820 ("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.

Note 3 Fair Value Measurements (continued)

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.

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

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

Mutual Funds – registered with the Securities and Exchange Commission and are fully benefit responsive. They are valued at the daily net asset value. Due to the valuation process, these investments are considered Level 2.

Variable Annuities – Price/unit values for variable annuity investment options are calculated daily by the annuity provider according to the methods described in the annuity contract. These are considered Level 2.

Banyan Retirement Plan Notes to Financial Statements

Note 3 Fair Value Measurements (continued)

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

	2022			
	Level 1	Level 2	Level 3	Total
Variable annuities	\$ -	\$ 66,676	\$ -	\$ 66,676
Mutual funds	-	1,726,727	-	1,726,727
Total investments at fair value	<u>\$ -</u>	<u>\$ 1,793,403</u>	<u>\$ -</u>	<u>\$ 1,793,403</u>

	2021			
	Level 1	Level 2	Level 3	Total
Variable annuities	\$ -	\$ 83,083	\$ -	\$ 83,083
Mutual funds	-	1,664,921	-	1,664,921
Total investments at fair value	<u>\$ -</u>	<u>\$ 1,748,004</u>	<u>\$ -</u>	<u>\$ 1,748,004</u>

Fully benefit-responsive investment contracts included in investments in the statements of net assets available for benefits amounted to \$45,658 and \$44,240, in 2022 and 2021, respectively. This fund is not included in the fair value schedule since it is valued at contract value, therefore, is considered not subject to the leveling requirements of ASU 820.

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.

Note 4 Investment Information Certified by the Plan's Trustees

Nationwide and Empower are the Trustees of the Plan's assets. The trustees execute the Plan's transactions and provide other administrative services. While certain of these service costs and audit costs are absorbed by The Plan Sponsor, investment management fees, participant loan fees and additional plan service fees are paid by Plan participants.

In accordance with the Department of Labor's Rules and Regulations, the Trustees certify that their annual year-end statements are complete and accurate. The following information included in the accompanying financial statements and supplemental schedules was obtained by data that has been prepared and certified as complete and accurate by the Trustees.

Banyan Retirement Plan
Notes to Financial Statements

Note 4 Investment Information Certified by the Plan's Trustees (continued)

	<u>2022</u>	<u>2021</u>
Investments, at fair value	<u>\$ 1,793,403</u>	<u>\$ 1,748,004</u>
Investments, at contract value	<u>\$ 45,658</u>	<u>\$ 44,240</u>
Net depreciation in fair value of investments	<u>\$ (297,917)</u>	
Interest income on investment funds	<u>\$ 1,547</u>	
Interest on notes receivable from participants	<u>\$ 132</u>	

Note 5 Fully Benefit-Responsive Investment Contracts

The Plan holds a traditional benefit-responsive guaranteed investment contract. This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. The following represents the disaggregation of contract value between types of investment contracts held by the Plan.

	<u>2022</u>	<u>2021</u>
Traditional investment contract	\$ 45,658	\$ 44,240

The Plan entered into a benefit-responsive investment contract with Empower, the former Trustee. Empower maintains the contributions in a general account. The account is credited with earnings on the underlying investments and is charged by Empower for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by Empower. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. At December 31, 2022 and 2021, the average yield and crediting interest rate was 3.5%.

Amounts invested under the contract are part of the assets of Empower. The underlying assets allocated by the Trustee to the Guaranteed Investment Contracts are invested primarily in investment grade corporate bonds and insurance policy loans.

Note 6 Tax Status

The Internal Revenue Service (“IRS”) has determined and informed the Company by a letter dated June 30, 2020, that the prototype document being used by the Plan and Trust was designed in accordance with provisions of the IRC. The Plan has not yet filed for its own determination letter from the IRS. However, the Plan Administrator and the Plan’s tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes due from the Plan has been included in the Plan’s financial statements.

Plan management is required 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 IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022 and 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. In the event the Plan is subject to interest and/or penalties, interest would be included with interest expense, and penalties would be included as a component of administrative expenses. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan is open and subject to income tax examinations for years prior to 2020.

Note 7 Plan Termination

Although the Sponsor has not expressed any intent to do so, it may terminate the Plan upon notice in writing to the Trustees or it may discontinue its contributions to the Plan. In the event of termination, the Plan provides that the amounts in each participant’s account will be fully vested and distributed in accordance with the provisions of the Plan and in compliance with all applicable regulations.

Note 8 Related-Party Transactions and Party-In-Interest Transactions

Certain Plan investments are shares of mutual funds, variable annuities and insurance contracts managed by Nationwide and Empower. Nationwide and Empower are the Trustees and the recordkeepers, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. For the year ended December 31, 2022 and 2021, no fees were incurred in connection to the Trustees. Participant loans are party-in-interest transactions.

Note 9 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 participants’ account balances and the amounts reported in the statements of net assets available for benefits.

Note 10 Subsequent Events

Subsequent events have been evaluated through October 13, 2023, which is the date the financial statements were available to be issued.

Supplemental Schedules

Banyan Retirement Plan
EIN: 65-0373584/PN: 001
Schedule H, Line 4(i) – Assets (Held at End of Year)
December 31, 2022

(a) Party in Interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost (**)	(e) Current Value
Mutual Funds:				
	Nationwide Financial Service, Inc.	Allspring Adjustable Rate Government Fund - Class A	\$	506
	Nationwide Financial Service, Inc.	Allspring International Bond Fund - Class A		419
	Nationwide Financial Service, Inc.	Allspring Precious Metals Fund - Class A		618
	Nationwide Financial Service, Inc.	Allspring Special Mid Cap Value Fund - Class A		5,084
	Nationwide Financial Service, Inc.	Allspring Utility and Telecomms A		4,224
	Nationwide Financial Service, Inc.	American Beacon International Equity Advantage		10,535
	Nationwide Financial Service, Inc.	American Century Ginnie Mae Fund A Class		2,360
	Nationwide Financial Service, Inc.	American Century Inflation Adjusted Bond Fund A Class		5,351
	Nationwide Financial Service, Inc.	American Funds Capital World Bond R3		2,813
	Nationwide Financial Service, Inc.	American Funds EuroPacific Growth Fund Class R-3		27
	Nationwide Financial Service, Inc.	American Funds Growth Fund of America R3		9,612
	Nationwide Financial Service, Inc.	American Funds New Perspective Fund Class R-3		5,482
	Nationwide Financial Service, Inc.	BNY Mellon Global Real Estate Sec - A		5,091
	Nationwide Financial Service, Inc.	BNY Mellon Strategic Value Fund Class A		8,933
	Nationwide Financial Service, Inc.	BOA Fixed Income		41,077
	Nationwide Financial Service, Inc.	BlackRock Energy Opportunities Fund Investor A Class		1,076
	Nationwide Financial Service, Inc.	BlackRock Health Sciences Opportunities Inv A		1,361
	Nationwide Financial Service, Inc.	BlackRock Mid-Cap Growth Equity Investor A		4,811
	Nationwide Financial Service, Inc.	BlackRock Sustainable Emerging Markets Equity Fund Investor A Shares		26
	Nationwide Financial Service, Inc.	Calamos Gr Inc A		3,385
	Nationwide Financial Service, Inc.	Col Strat Inc A		1,725
	Nationwide Financial Service, Inc.	DE Ivy Asst Strat Y		6,307
	Nationwide Financial Service, Inc.	DE Ivy MdCap Gr Y		4,373
	Nationwide Financial Service, Inc.	DWS Enhd Comdty Strat A		4,908
	Nationwide Financial Service, Inc.	Fed Hrms Kaufman SmCap A		3,532
	Nationwide Financial Service, Inc.	FidAdv Flotng Rt Hi Inc A		62
	Nationwide Financial Service, Inc.	FidAdv Intl Cap App A		27
	Nationwide Financial Service, Inc.	FidAdv Invmt Grd Bd A		908
	Nationwide Financial Service, Inc.	FidAdv Ttl Bd A		2,963
	Nationwide Financial Service, Inc.	GdmnSes GQGPtrIntlOppr A		10,553
	Nationwide Financial Service, Inc.	Heartland Value Plus Inv		33,432
	Nationwide Financial Service, Inc.	Invsco Devl Mkt A		565
	Nationwide Financial Service, Inc.	Invesco Growth and Income Fund Class A		8,059
	Nationwide Financial Service, Inc.	Invsco Intl SmMd Co A		1,488
	Nationwide Financial Service, Inc.	Invsco Mn St MdCap A		7,921
	Nationwide Financial Service, Inc.	JPMorgan Equity Income Fund Class R3		7,985
	Nationwide Financial Service, Inc.	JPMorgan Large Cap Growth Fund Class R3		7,746
	Nationwide Financial Service, Inc.	JPMorgan Small Cap Value Fund Class R3		2,641
	Nationwide Financial Service, Inc.	JnHnck Inc R2		2,011
	Nationwide Financial Service, Inc.	LeggM ClrBrdg App A		3,665
	Nationwide Financial Service, Inc.	LrdAbt Hi Yld A		4,473
	Nationwide Financial Service, Inc.	Lord Abbett High Yield Fund Class R4		57
	Nationwide Financial Service, Inc.	LrdAbt Shrt Dur Inc R4		496
	Nationwide Financial Service, Inc.	MFS Intl Intrinsic Val A		612
*	Nationwide Financial Service, Inc.	Nationwide Bond Index Fund Class A		42,770
*	Nationwide Financial Service, Inc.	Nationwide Destination 2025 R		117,539
*	Nationwide Financial Service, Inc.	Nationwide Destination 2030 R		25,648
*	Nationwide Financial Service, Inc.	Nationwide Destination 2035 R		57,590
*	Nationwide Financial Service, Inc.	Nationwide Destination 2040 R		43,582

Banyan Retirement Plan
EIN: 65-0373584/PN: 001
Schedule H, Line 4(i) – Assets (Held at End of Year)
December 31, 2022

(a) Party in Interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost (**)	(e) Current Value
Mutual Funds (continued):				
*	Nationwide Financial Service, Inc.	Nationwide Destination 2045 R	\$	38,558
*	Nationwide Financial Service, Inc.	Nationwide Destination 2050 R		23,051
*	Nationwide Financial Service, Inc.	Nationwide Destination 2055 R		8,568
*	Nationwide Financial Service, Inc.	Nationwide Destination Retirement Fund Class R		243,850
*	Nationwide Financial Service, Inc.	Nationwide Governemnt Money Market Inv		8,509
*	Nationwide Financial Service, Inc.	Nationwide International Index Fund Class A		12,546
*	Nationwide Financial Service, Inc.	Nationwide Inv Destination Aggressive Class R		2,751
*	Nationwide Financial Service, Inc.	Nationwide Inv Destination Cnsvr Class R		4,052
*	Nationwide Financial Service, Inc.	Nationwide Inv Destination Mod Aggressive Class R		40,308
*	Nationwide Financial Service, Inc.	Nationwide Inv Destination Mod Cnsvr Class R		379,391
*	Nationwide Financial Service, Inc.	Nationwide Inv Destination Mod Class R		239,444
*	Nationwide Financial Service, Inc.	Nationwide Loomis All Cap Growth Fund Class A		8,581
*	Nationwide Financial Service, Inc.	Nationwide Mod Cap Market Index A		47,222
*	Nationwide Financial Service, Inc.	Nationwide S P 500 Indx Svc		81,369
*	Nationwide Financial Service, Inc.	Nationwide Small Cap Index A		40,315
	Nationwide Financial Service, Inc.	NeuBer Emrg Market Equity A		9,926
	Nationwide Financial Service, Inc.	Okmrk Intl Small Cap Inv		405
	Nationwide Financial Service, Inc.	PGIM Global Real Estate Fund – Class A		870
	Nationwide Financial Service, Inc.	PGIM Jennison Natural Resource Class A		4,684
	Nationwide Financial Service, Inc.	PGIM Jennison Small Company Fund- Class A		2,722
	Nationwide Financial Service, Inc.	PGIM Ttl Rtn Bd Class R2		5,784
	Nationwide Financial Service, Inc.	PIMCO ComdtyRealRtnStrat Class A		3,320
	Nationwide Financial Service, Inc.	PIMCO Real Retirement Class A		166
	Nationwide Financial Service, Inc.	Parnassus Mod Cap		606
	Nationwide Financial Service, Inc.	Pionr Strat Inc Class A		57
	Nationwide Financial Service, Inc.	Tchstn Small Co Class A		1,447
	Nationwide Financial Service, Inc.	Virtus AllnzGI Tech Class A		460
	Nationwide Financial Service, Inc.	Virtus Crdex MdCpValEq I		1,337
	Total			1,726,727
Insurance Contracts:				
*	Empower Annuity Insurance Company of America	Empower Guaranteed Fixed Fund		45,658
Variable Annuities:				
	Empower Annuity Insurance Company of America	American Century Equity Income Fund		173
	Empower Annuity Insurance Company of America	Artisan International Fund		95
	Empower Annuity Insurance Company of America	Clearbridge, Value Trust FL		121
*	Empower Annuity Insurance Company of America	Empower Aggressive Profile I Fund		247
*	Empower Annuity Insurance Company of America	Empower Ariel Mid Cap Value Fund I		4,231
*	Empower Annuity Insurance Company of America	Empower Bond Index Fund I		366
*	Empower Annuity Insurance Company of America	Empower Conserv Profile I Fund		1,312
*	Empower Annuity Insurance Company of America	Empower Govt Money Mkt Fund		4,541
*	Empower Annuity Insurance Company of America	Empower Intl Value Fund		7,743
*	Empower Annuity Insurance Company of America	Empower Large Cap Value Fund II		2,811
*	Empower Annuity Insurance Company of America	Empower Mod Aggr Profile I Fund		2,285
*	Empower Annuity Insurance Company of America	Empower Mod Cons Profile Fund		1,356
*	Empower Annuity Insurance Company of America	Empower Moderate Profile Fund		2,194
*	Empower Annuity Insurance Company of America	Empower Multi Sector Bond		1,025
*	Empower Annuity Insurance Company of America	Empower S&P 500 Index Fund		4,158
*	Empower Annuity Insurance Company of America	Empower S&P Small Cap 600 Index Fund I		9,121
*	Empower Annuity Insurance Company of America	Empower US Govt Securities Fund I		72
	Empower Annuity Insurance Company of America	Federated Equity Income A		669
	Empower Annuity Insurance Company of America	Fidelity VIP Growth Portfolio		21,397

Banyan Retirement Plan
EIN: 65-0373584/PN: 001
Schedule H, Line 4(i) – Assets (Held at End of Year)
December 31, 2022

(a) Party in Interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost (**)	(e) Current Value
Variable Annuities (continued):				
	Empower Annuity Insurance Company of America	Invesco American Franchise A	\$	222
	Empower Annuity Insurance Company of America	Invesco Capital Appreciation A		1,249
	Empower Annuity Insurance Company of America	Janus Forty T		102
	Empower Annuity Insurance Company of America	Janus Global Research T		356
	Empower Annuity Insurance Company of America	PIMCO Total Return Admin		90
	Empower Annuity Insurance Company of America	Pioneer VCT Equity-Income Portfolio II		166
	Empower Annuity Insurance Company of America	Victory RS Small Cap Growth A		573
	Total			<u>66,676</u>
	Total investments			<u>\$ 1,839,061</u>
*	Participant loans	Note receivable from participants (interest rate 5.25%)	\$	<u>20,109</u>

* Indicates party in-interest

** Cost information is not required for participant-directed investments, therefore is not included.

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
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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.)☒ a single-employer plan☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report☐ the final return/report☐ an amended return/report☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558☐ automatic extension☐ the DFVC program☐ special extension (enter description) _____
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan Banyan Retirement Plan
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 01/01/1987
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Banyan Health Systems, Inc. 6100 Blue Lagoon Drive Suite 400 Miami, FL 33126
2b	Employer Identification Number (EIN) 65-0373584
2c	Plan Sponsor's telephone number (305) 398-6101
2d	Business code (see instructions) 621420

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	Mark Guthrie	Oct 16, 2023	Mark Guthrie
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Mark Guthrie	Oct 16, 2023	Mark Guthrie
	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

**Banyan Retirement Plan
Financial Statements and
Supplemental Schedule
December 31, 2022**

Independent Auditor's Reports	1 – 4
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Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
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Supplemental Schedule	
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Independent Auditor's Report

To the Trustees of
Banyan Retirement Plan
Miami, FL

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

We have performed audits of the accompanying financial statements of Banyan Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

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

Management has obtained certifications from Nationwide Life Insurance Company (Nationwide) and Empower Annuity Insurance Company of America (Empower), qualified institutions as of December 31, 2022, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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



Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 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 for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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



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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Supplemental Schedules Required by ERISA

The supplemental schedule H, line 4(i) - schedule of assets (held at end of year) as of December 31, 2022 is 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental 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 schedule, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

ZOMMA Group, LLP

Coral Gables, Florida
October 13, 2023

Banyan Retirement Plan
Statements of Net Assets Available for Benefits
December 31,

	<u>2022</u>	<u>2021</u>
Assets		
Investments, at fair value	\$ 1,793,403	\$ 1,748,004
Investments, at contract value	<u>45,658</u>	<u>44,240</u>
Total investments	<u>1,839,061</u>	<u>1,792,244</u>
 Receivables		
Contributions - participants	10,696	14,492
Contributions - employer	1,878	4,513
Notes receivable from participants	<u>20,109</u>	<u>2,438</u>
Total receivables	<u>32,683</u>	<u>21,443</u>
 Net assets available for benefits	 <u><u>\$ 1,871,744</u></u>	 <u><u>\$ 1,813,687</u></u>

The accompanying notes are an integral part of these financial statements.

Banyan Retirement Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2022

Additions (subtractions)

Investment income

Net depreciation in fair value of investments	\$ (297,917)
Interest income on investment funds	1,547
	<u>(296,370)</u>

Interest on notes receivable from participants	132
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Contributions

Participants	380,401
Employer	107,826
Rollovers	79,635
Total contributions	<u>567,862</u>

Total additions	271,624
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Deductions

Benefits paid to participants	<u>213,567</u>
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Net increase	58,057
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Net assets available for benefits

Beginning of the year	<u>1,813,687</u>
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End of year	<u><u>\$ 1,871,744</u></u>
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The accompanying notes are an integral part of these financial statements.

Note 1 Description of Plan

The following description of the Banyan Retirement Plan (the “Plan”) for the employees of Banyan Health Systems, Inc. (the “Sponsor”) is provided for general information purposes only. Participants should refer to the Plan Document for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan providing retirement and death benefits covering employees of Banyan Health Systems, Inc., the Plan Sponsor. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended. The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America and reporting practices for defined contribution plans.

The Plan Sponsor contracted Definiti, LLC (“Definiti”) to act as Administrator of the Plan and Nationwide Life Insurance Company (“Nationwide”) to act as the record keeper, asset custodian and trustee. In 2010, the Plan terminated its contract with Empower Annuity Insurance Company of America (“Empower”) as the record keeper, asset custodian and trustee. Although Nationwide and Empower are collectively known as the “Trustees”, Empower manages a small portion of the Plan which remains largely inactive. Participants were able to elect to transfer their previous balances from Empower to Nationwide. Participants not making this election continue to maintain accounts with Empower.

Definiti provides reporting and compliance services, including reporting to participants and to the Internal Revenue Service. Additionally, the custodians are responsible for the management, sale, redemption, and repurchase of the investments.

Eligibility and Participation

The Plan covers employees of the Plan Sponsor who are eligible to make salary reduction contributions to the Plan in accordance with Section 403(b) of the Internal Revenue Code (“IRC”). The Plan Sponsor also has a defined contribution pension plan 401(a), covering full-time employees who have one year of service and are age twenty-one or older.

Contributions

The Plan allows eligible employees to contribute to the Plan. Such participant contributions are made through payroll deductions, are tax deferred and represent a reduction in federal taxable wages to the participant. Participants are able to contribute up to 100% of their eligible gross pay, as defined, with a total dollar limitation of \$20,500 for 2022 (employees may contribute an additional \$6,500 if over 50 years old) allowable under the Internal Revenue Code. Employer matching contributions are on a discretionary basis as determined by the Plan Sponsor and applied to all participants on a uniform basis. Matching contributions for the year ended December 31, 2022 totaled \$107,826.

Note 1 Description of Plan (continued)

Participants' Accounts

The asset custodian maintains an account for each participant. Participants' accounts are credited with their own contributions and allocations of the Plan Sponsor's contributions, Plan earnings or losses and charged an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. All investments are participant directed. Participants choose investments from a list of select funds, some of which include a balance of funds structured based on expected retirement age of participants or investment strategy. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

The total value of the account balances is fully and immediately vested.

Payment of Benefits

Benefits are recorded as paid on termination of service due to death, disability, or retirement. A participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount or in annual installments over a ten-year period. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Notes Receivable from Participants

Participants may borrow from their vested account balances an amount up to the lesser of \$50,000 or 50 percent of their account balance. Participants cannot have more than one loan outstanding at any time, and no loan may be for an amount less than \$1,000. The maximum loan term is five years unless the loan is for the purchase of a primary residence for which the maximum loan term is thirty years. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined from time to time by the Plan Administrator. Notes receivable from participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Principal and interest are paid ratably through payroll deductions or other methods as approved by the Plan Administrator. Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Interest rate on the loans was 5.25% as of December 31, 2022. No allowance for credit losses has been recorded as of December 31, 2022. At December 31, 2021, there were no notes receivable outstanding. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Forfeitures

Forfeited non-vested balances may be used to offset plan expenses or may be used to reduce future employer contributions. As of December 31, 2022 and 2021, the Plan had no forfeiture balances.

Note 2 Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements have been prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP"). Benefits are paid when they are recorded to be paid and are not accrued in advance.

Administrative Expenses

All operating expenses of the Plan including expenses for recordkeeping, insurance and auditing are paid by the Plan Sponsor and do not appear as liabilities or deductions of the Plan. The expenses are allocated among the accounts of all participants in the Plan. For the year ended December 31, 2022, no administrative expenses were incurred by the Plan Sponsor.

Investment Valuation and Income Recognition

The Plan's investments and related earnings are stated at fair value as reported to the Plan by the Trustees of the Plan, Nationwide and Empower (the "Trustees") as of December 31, 2022 and 2021 and for the year ended December 31, 2022. Investment value is represented by contributions, plus earnings, less participant withdrawals, and administrative expenses. Participant loans are valued at cost. Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded upon receipt. Interest income is recorded on the accrual basis.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect amounts reported in the financial statements and accompanying notes. Accordingly, actual results may differ from those estimates.

Note 3 Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under the Financial Accounting Standards Board Accounting Standards Codification 820 ("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.

Note 3 Fair Value Measurements (continued)

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.

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

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

Mutual Funds – registered with the Securities and Exchange Commission and are fully benefit responsive. They are valued at the daily net asset value. Due to the valuation process, these investments are considered Level 2.

Variable Annuities – Price/unit values for variable annuity investment options are calculated daily by the annuity provider according to the methods described in the annuity contract. These are considered Level 2.

Banyan Retirement Plan Notes to Financial Statements

Note 3 Fair Value Measurements (continued)

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

	2022			
	Level 1	Level 2	Level 3	Total
Variable annuities	\$ -	\$ 66,676	\$ -	\$ 66,676
Mutual funds	-	1,726,727	-	1,726,727
Total investments at fair value	<u>\$ -</u>	<u>\$ 1,793,403</u>	<u>\$ -</u>	<u>\$ 1,793,403</u>

	2021			
	Level 1	Level 2	Level 3	Total
Variable annuities	\$ -	\$ 83,083	\$ -	\$ 83,083
Mutual funds	-	1,664,921	-	1,664,921
Total investments at fair value	<u>\$ -</u>	<u>\$ 1,748,004</u>	<u>\$ -</u>	<u>\$ 1,748,004</u>

Fully benefit-responsive investment contracts included in investments in the statements of net assets available for benefits amounted to \$45,658 and \$44,240, in 2022 and 2021, respectively. This fund is not included in the fair value schedule since it is valued at contract value, therefore, is considered not subject to the leveling requirements of ASU 820.

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.

Note 4 Investment Information Certified by the Plan's Trustees

Nationwide and Empower are the Trustees of the Plan's assets. The trustees execute the Plan's transactions and provide other administrative services. While certain of these service costs and audit costs are absorbed by The Plan Sponsor, investment management fees, participant loan fees and additional plan service fees are paid by Plan participants.

In accordance with the Department of Labor's Rules and Regulations, the Trustees certify that their annual year-end statements are complete and accurate. The following information included in the accompanying financial statements and supplemental schedules was obtained by data that has been prepared and certified as complete and accurate by the Trustees.

Banyan Retirement Plan
Notes to Financial Statements

Note 4 Investment Information Certified by the Plan's Trustees (continued)

	<u>2022</u>	<u>2021</u>
Investments, at fair value	<u>\$ 1,793,403</u>	<u>\$ 1,748,004</u>
Investments, at contract value	<u>\$ 45,658</u>	<u>\$ 44,240</u>
Net depreciation in fair value of investments	<u>\$ (297,917)</u>	
Interest income on investment funds	<u>\$ 1,547</u>	
Interest on notes receivable from participants	<u>\$ 132</u>	

Note 5 Fully Benefit-Responsive Investment Contracts

The Plan holds a traditional benefit-responsive guaranteed investment contract. This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. The following represents the disaggregation of contract value between types of investment contracts held by the Plan.

	<u>2022</u>	<u>2021</u>
Traditional investment contract	\$ 45,658	\$ 44,240

The Plan entered into a benefit-responsive investment contract with Empower, the former Trustee. Empower maintains the contributions in a general account. The account is credited with earnings on the underlying investments and is charged by Empower for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by Empower. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. At December 31, 2022 and 2021, the average yield and crediting interest rate was 3.5%.

Amounts invested under the contract are part of the assets of Empower. The underlying assets allocated by the Trustee to the Guaranteed Investment Contracts are invested primarily in investment grade corporate bonds and insurance policy loans.

Note 6 Tax Status

The Internal Revenue Service (“IRS”) has determined and informed the Company by a letter dated June 30, 2020, that the prototype document being used by the Plan and Trust was designed in accordance with provisions of the IRC. The Plan has not yet filed for its own determination letter from the IRS. However, the Plan Administrator and the Plan’s tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes due from the Plan has been included in the Plan’s financial statements.

Plan management is required 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 IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022 and 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. In the event the Plan is subject to interest and/or penalties, interest would be included with interest expense, and penalties would be included as a component of administrative expenses. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan is open and subject to income tax examinations for years prior to 2020.

Note 7 Plan Termination

Although the Sponsor has not expressed any intent to do so, it may terminate the Plan upon notice in writing to the Trustees or it may discontinue its contributions to the Plan. In the event of termination, the Plan provides that the amounts in each participant’s account will be fully vested and distributed in accordance with the provisions of the Plan and in compliance with all applicable regulations.

Note 8 Related-Party Transactions and Party-In-Interest Transactions

Certain Plan investments are shares of mutual funds, variable annuities and insurance contracts managed by Nationwide and Empower. Nationwide and Empower are the Trustees and the recordkeepers, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. For the year ended December 31, 2022 and 2021, no fees were incurred in connection to the Trustees. Participant loans are party-in-interest transactions.

Note 9 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 participants’ account balances and the amounts reported in the statements of net assets available for benefits.

Note 10 Subsequent Events

Subsequent events have been evaluated through October 13, 2023, which is the date the financial statements were available to be issued.

Supplemental Schedules

Banyan Retirement Plan
EIN: 65-0373584/PN: 001
Schedule H, Line 4(i) – Assets (Held at End of Year)
December 31, 2022

(a) Party in Interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost (**)	(e) Current Value
Mutual Funds:				
	Nationwide Financial Service, Inc.	Allspring Adjustable Rate Government Fund - Class A	\$	506
	Nationwide Financial Service, Inc.	Allspring International Bond Fund - Class A		419
	Nationwide Financial Service, Inc.	Allspring Precious Metals Fund - Class A		618
	Nationwide Financial Service, Inc.	Allspring Special Mid Cap Value Fund - Class A		5,084
	Nationwide Financial Service, Inc.	Allspring Utility and Telecomms A		4,224
	Nationwide Financial Service, Inc.	American Beacon International Equity Advantage		10,535
	Nationwide Financial Service, Inc.	American Century Ginnie Mae Fund A Class		2,360
	Nationwide Financial Service, Inc.	American Century Inflation Adjusted Bond Fund A Class		5,351
	Nationwide Financial Service, Inc.	American Funds Capital World Bond R3		2,813
	Nationwide Financial Service, Inc.	American Funds EuroPacific Growth Fund Class R-3		27
	Nationwide Financial Service, Inc.	American Funds Growth Fund of America R3		9,612
	Nationwide Financial Service, Inc.	American Funds New Perspective Fund Class R-3		5,482
	Nationwide Financial Service, Inc.	BNY Mellon Global Real Estate Sec - A		5,091
	Nationwide Financial Service, Inc.	BNY Mellon Strategic Value Fund Class A		8,933
	Nationwide Financial Service, Inc.	BOA Fixed Income		41,077
	Nationwide Financial Service, Inc.	BlackRock Energy Opportunities Fund Investor A Class		1,076
	Nationwide Financial Service, Inc.	BlackRock Health Sciences Opportunities Inv A		1,361
	Nationwide Financial Service, Inc.	BlackRock Mid-Cap Growth Equity Investor A		4,811
	Nationwide Financial Service, Inc.	BlackRock Sustainable Emerging Markets Equity Fund Investor A Shares		26
	Nationwide Financial Service, Inc.	Calamos Gr Inc A		3,385
	Nationwide Financial Service, Inc.	Col Strat Inc A		1,725
	Nationwide Financial Service, Inc.	DE Ivy Asst Strat Y		6,307
	Nationwide Financial Service, Inc.	DE Ivy MdCap Gr Y		4,373
	Nationwide Financial Service, Inc.	DWS Enhd Comdty Strat A		4,908
	Nationwide Financial Service, Inc.	Fed Hrms Kaufman SmCap A		3,532
	Nationwide Financial Service, Inc.	FidAdv Flotng Rt Hi Inc A		62
	Nationwide Financial Service, Inc.	FidAdv Intl Cap App A		27
	Nationwide Financial Service, Inc.	FidAdv Invmt Grd Bd A		908
	Nationwide Financial Service, Inc.	FidAdv Ttl Bd A		2,963
	Nationwide Financial Service, Inc.	GdmnSes GQGPtrIntlOppr A		10,553
	Nationwide Financial Service, Inc.	Heartland Value Plus Inv		33,432
	Nationwide Financial Service, Inc.	Invsco Devl Mkt A		565
	Nationwide Financial Service, Inc.	Invesco Growth and Income Fund Class A		8,059
	Nationwide Financial Service, Inc.	Invsco Intl SmMd Co A		1,488
	Nationwide Financial Service, Inc.	Invsco Mn St MdCap A		7,921
	Nationwide Financial Service, Inc.	JPMorgan Equity Income Fund Class R3		7,985
	Nationwide Financial Service, Inc.	JPMorgan Large Cap Growth Fund Class R3		7,746
	Nationwide Financial Service, Inc.	JPMorgan Small Cap Value Fund Class R3		2,641
	Nationwide Financial Service, Inc.	JnHnck Inc R2		2,011
	Nationwide Financial Service, Inc.	LeggM ClrBrdg App A		3,665
	Nationwide Financial Service, Inc.	LrdAbt Hi Yld A		4,473
	Nationwide Financial Service, Inc.	Lord Abbett High Yield Fund Class R4		57
	Nationwide Financial Service, Inc.	LrdAbt Shrt Dur Inc R4		496
	Nationwide Financial Service, Inc.	MFS Intl Intrinsic Val A		612
*	Nationwide Financial Service, Inc.	Nationwide Bond Index Fund Class A		42,770
*	Nationwide Financial Service, Inc.	Nationwide Destination 2025 R		117,539
*	Nationwide Financial Service, Inc.	Nationwide Destination 2030 R		25,648
*	Nationwide Financial Service, Inc.	Nationwide Destination 2035 R		57,590
*	Nationwide Financial Service, Inc.	Nationwide Destination 2040 R		43,582

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Mutual Funds (continued):				
*	Nationwide Financial Service, Inc.	Nationwide Destination 2045 R	\$	38,558
*	Nationwide Financial Service, Inc.	Nationwide Destination 2050 R		23,051
*	Nationwide Financial Service, Inc.	Nationwide Destination 2055 R		8,568
*	Nationwide Financial Service, Inc.	Nationwide Destination Retirement Fund Class R		243,850
*	Nationwide Financial Service, Inc.	Nationwide Governemnt Money Market Inv		8,509
*	Nationwide Financial Service, Inc.	Nationwide International Index Fund Class A		12,546
*	Nationwide Financial Service, Inc.	Nationwide Inv Destination Aggressive Class R		2,751
*	Nationwide Financial Service, Inc.	Nationwide Inv Destination Cnsvr Class R		4,052
*	Nationwide Financial Service, Inc.	Nationwide Inv Destination Mod Aggressive Class R		40,308
*	Nationwide Financial Service, Inc.	Nationwide Inv Destination Mod Cnsvr Class R		379,391
*	Nationwide Financial Service, Inc.	Nationwide Inv Destination Mod Class R		239,444
*	Nationwide Financial Service, Inc.	Nationwide Loomis All Cap Growth Fund Class A		8,581
*	Nationwide Financial Service, Inc.	Nationwide Mod Cap Market Index A		47,222
*	Nationwide Financial Service, Inc.	Nationwide S P 500 Indx Svc		81,369
*	Nationwide Financial Service, Inc.	Nationwide Small Cap Index A		40,315
	Nationwide Financial Service, Inc.	NeuBer Emrg Market Equity A		9,926
	Nationwide Financial Service, Inc.	Okmrk Intl Small Cap Inv		405
	Nationwide Financial Service, Inc.	PGIM Global Real Estate Fund – Class A		870
	Nationwide Financial Service, Inc.	PGIM Jennison Natural Resource Class A		4,684
	Nationwide Financial Service, Inc.	PGIM Jennison Small Company Fund- Class A		2,722
	Nationwide Financial Service, Inc.	PGIM Ttl Rtn Bd Class R2		5,784
	Nationwide Financial Service, Inc.	PIMCO ComdtyRealRtnStrat Class A		3,320
	Nationwide Financial Service, Inc.	PIMCO Real Retirement Class A		166
	Nationwide Financial Service, Inc.	Parnassus Mod Cap		606
	Nationwide Financial Service, Inc.	Pionr Strat Inc Class A		57
	Nationwide Financial Service, Inc.	Tchstn Small Co Class A		1,447
	Nationwide Financial Service, Inc.	Virtus AllnzGI Tech Class A		460
	Nationwide Financial Service, Inc.	Virtus Crdex MdCpValEq I		1,337
	Total			1,726,727
Insurance Contracts:				
*	Empower Annuity Insurance Company of America	Empower Guaranteed Fixed Fund		45,658
Variable Annuities:				
	Empower Annuity Insurance Company of America	American Century Equity Income Fund		173
	Empower Annuity Insurance Company of America	Artisan International Fund		95
	Empower Annuity Insurance Company of America	Clearbridge, Value Trust FL		121
*	Empower Annuity Insurance Company of America	Empower Aggressive Profile I Fund		247
*	Empower Annuity Insurance Company of America	Empower Ariel Mid Cap Value Fund I		4,231
*	Empower Annuity Insurance Company of America	Empower Bond Index Fund I		366
*	Empower Annuity Insurance Company of America	Empower Conserv Profile I Fund		1,312
*	Empower Annuity Insurance Company of America	Empower Govt Money Mkt Fund		4,541
*	Empower Annuity Insurance Company of America	Empower Intl Value Fund		7,743
*	Empower Annuity Insurance Company of America	Empower Large Cap Value Fund II		2,811
*	Empower Annuity Insurance Company of America	Empower Mod Aggr Profile I Fund		2,285
*	Empower Annuity Insurance Company of America	Empower Mod Cons Profile Fund		1,356
*	Empower Annuity Insurance Company of America	Empower Moderate Profile Fund		2,194
*	Empower Annuity Insurance Company of America	Empower Multi Sector Bond		1,025
*	Empower Annuity Insurance Company of America	Empower S&P 500 Index Fund		4,158
*	Empower Annuity Insurance Company of America	Empower S&P Small Cap 600 Index Fund I		9,121
*	Empower Annuity Insurance Company of America	Empower US Govt Securities Fund I		72
	Empower Annuity Insurance Company of America	Federated Equity Income A		669
	Empower Annuity Insurance Company of America	Fidelity VIP Growth Portfolio		21,397

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Variable Annuities (continued):				
	Empower Annuity Insurance Company of America	Invesco American Franchise A	\$	222
	Empower Annuity Insurance Company of America	Invesco Capital Appreciation A		1,249
	Empower Annuity Insurance Company of America	Janus Forty T		102
	Empower Annuity Insurance Company of America	Janus Global Research T		356
	Empower Annuity Insurance Company of America	PIMCO Total Return Admin		90
	Empower Annuity Insurance Company of America	Pioneer VCT Equity-Income Portfolio II		166
	Empower Annuity Insurance Company of America	Victory RS Small Cap Growth A		573
	Total			<u>66,676</u>
	Total investments			<u>\$ 1,839,061</u>
*	Participant loans	Note receivable from participants (interest rate 5.25%)	\$	<u>20,109</u>

* Indicates party in-interest

** Cost information is not required for participant-directed investments, therefore is not included.