

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 2017 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</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 ☐ an amended return/report ☐ the final 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 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information						
1a	Name of plan <u>SHAWNEE MENTAL HEALTH CENTER, INC. EMPLOYEES TAX DEFERRED ANNUITY PLAN</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶ <u>003</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan <u>01/01/1997</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶ <u>003</u>	1c	Effective date of plan <u>01/01/1997</u>		
1b	Three-digit plan number (PN) ▶ <u>003</u>						
1c	Effective date of plan <u>01/01/1997</u>						
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SHAWNEE MENTAL HEALTH CENTER INC</u> <u>901 WASHINGTON STREET</u> <u>PORTSMOUTH, OH 45662</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN) <u>31-0843758</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number <u>740-354-7702</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions) <u>621330</u></td> </tr> </table>	2b	Employer Identification Number (EIN) <u>31-0843758</u>	2c	Plan Sponsor's telephone number <u>740-354-7702</u>	2d	Business code (see instructions) <u>621330</u>
2b	Employer Identification Number (EIN) <u>31-0843758</u>						
2c	Plan Sponsor's telephone number <u>740-354-7702</u>						
2d	Business code (see instructions) <u>621330</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.	10/10/2018	JILL COTTRILL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2018	JILL COTTRILL
	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 (2017)
v. 170203

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	5 143
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) 55
a(2) Total number of active participants at the end of the plan year	6a(2) 123
b Retired or separated participants receiving benefits	6b 3
c Other retired or separated participants entitled to future benefits	6c 25
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 151
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 151
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 87
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

2E 2F 2G 2M 3D

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan SHAWNEE MENTAL HEALTH CENTER, INC. EMPLOYEES TAX DEFERRED ANNUITY PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 SHAWNEE MENTAL HEALTH CENTER INC	D Employer Identification Number (EIN) 31-0843758

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 HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	GA-751125	87	01/01/2017	12/31/2017

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 13131	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid AMERIPRISE FINANCIAL SERVICES INC 50082 AMERIPRISE FIN CTR MINNEAPOLIS, MN 55474

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13131	0		3

(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
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(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	908236
5 Current value of plan's interest under this contract in separate accounts at year end	5	3087318

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

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year **7b** 961672

c Additions: (1) Contributions deposited during the year	7c(1)	25931	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	27055	
(4) Transferred from separate account	7c(4)	8718	
(5) Other (specify below)	7c(5)	773	

▶ **LOAN REPAYMENTS**

(6) Total additions **7c(6)** 62477

d Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 1024149

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	115799	
(2) Administration charge made by carrier	7e(2)	113	
(3) Transferred to separate account	7e(3)	0	
(4) Other (specify below)	7e(4)		

(5) Total deductions **7e(5)** 115912

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 908237

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 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan SHAWNEE MENTAL HEALTH CENTER, INC. EMPLOYEES TAX DEFERRED ANNUITY PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 SHAWNEE MENTAL HEALTH CENTER INC	D Employer Identification Number (EIN) 31-0843758	

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 INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	00000	SHAWNEE	12	01/01/2017	12/31/2017

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

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

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

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(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	13088
5 Current value of plan's interest under this contract in separate accounts at year end	5	233106

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

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

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

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

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

b Balance at the end of the previous year	7b	12722
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)	381	
	7c(4)		
	7c(5)		

(6) Total additions	7c(6)	381
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d Total of balance and additions (add lines 7b and 7c(6))	7d	13103
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	7e(2)	15	
	7e(3)		
	7e(4)		

(5) Total deductions	7e(5)	15
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	13088
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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 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
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan SHAWNEE MENTAL HEALTH CENTER, INC. EMPLOYEES TAX DEFERRED ANNUITY PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 SHAWNEE MENTAL HEALTH CENTER INC	D Employer Identification Number (EIN) 31-0843758	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

MASSACHUSETTS MUTUAL LIFE INSURANCE

04-1590850

(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 23 37 38 50 54 55 59 60 62 63 64 65 66 99	NONE	851	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

RELiance TRUST COMPANY

58-1428634

(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?
19 25 99	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	132	Yes ☒ No ☐

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

MORNINGSTAR ASSOCIATES, LLC

36-4317381

(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?
49	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	21	Yes ☒ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	15 23 37 38 50 54 55 59 60 62 63 64 65 66 99	0
(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.	
SEE ATTACHED	SEE ATTACHED	
04-1590850		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORNINGSTAR ASSOCIATES, LLC	49	21
(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.	
MASSACHUSETTS MUTUAL LIFE INSURANCE	SEE ATTACHED	
04-1590850		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RELIANCE TRUST COMPANY	19 25 99	132
(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.	
SEE ATTACHED	SEE ATTACHED	
04-1590850		

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:	ABBOTT FINANCIAL SERVICES	b EIN:	46-4880293
c Position:	AUDITOR		
d Address:	63 TOWNSHIP ROAD 98 SOUTH POINT, OH 45680	e Telephone:	740-237-0257

Explanation: MRS. ABBOTT DECLINED THE AUDIT THIS YEAR AS SHE HAD UNFORESEEN FAMILY ISSUES ARISE.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>SHAWNEE MENTAL HEALTH CENTER, INC. EMPLOYEES TAX DEFERRED ANNUITY PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SHAWNEE MENTAL HEALTH CENTER INC</u>	D Employer Identification Number (EIN) <u>31-0843758</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	<u>49915</u>	<u>45432</u>
(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)	<u>2795994</u>	<u>3320424</u>
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	<u>972806</u>	<u>921324</u>
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	3818715 4287180
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3818715 4287180

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	124065
	(B) Participants	2a(1)(B)	166312
	(C) Others (including rollovers)	2a(1)(C)	2372
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	292749
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(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)	2338
	(F) Other	2b(1)(F)	29023
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	31361
(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)	159782
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	159782
(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)	0
(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)	0

		(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)		307607
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		791499

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	322029	
(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)		322029
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)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1005	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1005
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		323034

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		468465
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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: HESS, STEWART & CAMPBELL, PLLC

(2) EIN: 55-0657218

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.).....

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.)

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

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

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 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>SHAWNEE MENTAL HEALTH CENTER, INC. EMPLOYEES TAX DEFERRED ANNUITY PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SHAWNEE MENTAL HEALTH CENTER INC</u>	D Employer Identification Number (EIN) <u>31-0843758</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
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): <u>04-1590850</u> <u>31-4156830</u>		
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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☐ No
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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) 2017
v. 170203

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____		
a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____		
a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____		
a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____		
a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
e	Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) _____		
	(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____		

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

SHAWNEE
MENTAL HEALTH
CENTER, INC.
EMPLOYEES TAX
DEFERRED
ANNUITY PLAN

2017

Annual Financial Report

**SHAWNEE MENTAL HEALTH CENTER, INC.
EMPLOYEES TAX DEFERRED ANNUITY PLAN**

TABLE OF CONTENTS

	<u>Page</u>
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
Supplemental Information:	
Schedule of Assets (Held at End of Year).....	10

Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

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INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Shawnee Mental Health Center, Inc. Employees Tax Deferred Annuity Plan
Portsmouth, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Shawnee Mental Health Center, Inc. Employees Tax Deferred Annuity Plan, which comprise the statement of net assets available for benefits as of December 31, 2017, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Nationwide Financial Services, Inc. and Massachusetts Mutual Life Insurance Company, as administrative service provider for Hartford Life Insurance Company, the trustees of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustees, as of and for the years ended December 31, 2017, that the information provided to the plan administrator by the trustees is complete and accurate.

MEMBERS

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
WEST VIRGINIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion in the 2017 financial statements. Accordingly, we do not express an opinion on the 2017 financial statements referred to in the first paragraph.

Other Matter – Supplemental Schedules

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2017, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Other Matter – 2016 Financial Statements

The financial statements of the Plan as of December 31, 2016, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Nationwide Financial Services, Inc. and Massachusetts Mutual Life Insurance Company, as administrative service provider for Hartford Life Insurance Company, the trustees of the Plan. Their report, dated October 6, 2017, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustees, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance With DOL Rules and Regulations 2017

The form and content of the information included in the 2017 financial statements and supplemental schedule, other than that derived from the information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Hess, Stuart : Campbell, RUC

Beckley, West Virginia
October 4, 2018

**SHAWNEE MENTAL HEALTH CENTER, INC.
EMPLOYEES TAX DEFERRED ANNUITY PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2017 AND 2016**

	<u>2017</u>	<u>2016</u>
ASSETS		
INVESTMENTS		
Mutual funds, at fair value	\$ 3,320,424	\$ 2,795,994
Investment contracts, at contract value	<u>921,324</u>	<u>972,806</u>
TOTAL INVESTMENTS	4,241,748	3,768,800
Notes receivable from participants	45,432	49,915
TOTAL ASSETS	4,287,180	3,818,715
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u><u>\$ 4,287,180</u></u>	<u><u>\$ 3,818,715</u></u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS.

**SHAWNEE MENTAL HEALTH CENTER, INC.
EMPLOYEES TAX DEFERRED ANNUITY PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2017**

	<u>2017</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Dividends	\$ 159,782
Net appreciation in fair value of investments	307,607
Interest income - general fund	29,023
Interest income - notes receivable from participants	<u>2,338</u>
TOTAL INVESTMENT INCOME	498,750
Employer contributions	124,065
Employee rollover contributions	2,372
Employee contributions	<u>166,312</u>
TOTAL CONTRIBUTIONS	<u>292,749</u>
TOTAL ADDITIONS	791,499
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Administrative expenses	1,005
Benefits paid to participants	<u>322,029</u>
TOTAL DEDUCTIONS	<u>323,034</u>
NET INCREASE IN NET ASSETS	468,465
NET ASSETS AVAILABLE FOR PLAN BENEFITS - BEGINNING OF YEAR	<u>3,818,715</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS - END OF YEAR	<u><u>\$ 4,287,180</u></u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS.

**SHAWNEE MENTAL HEALTH CENTER, INC.
EMPLOYEES TAX DEFERRED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS**

NOTE 1 – DESCRIPTION OF PLAN

The following description of Shawnee Mental Health Center, Inc. (the “Company”) Employees Tax Deferred Annuity Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan generally covering all employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute pre-tax 403(b) contributions to the Plan. Participants may elect to contribute 3% to 100% of their compensation during the year, subject to limitations imposed by the Internal Revenue Code. Participants may also make Roth contributions to the Plan. Roth contributions are included in participants’ taxable income for the year they made contributions. Participants may also contribute amounts representing rollover distributions from certain other qualified contribution plans. Additionally, the Plan allows for discretionary employer matching contributions. The Company elected to match contributions up to 5% of employees’ compensation during 2017 and 2016. Participants direct the investment of all contributions into the various investment options offered by the Plan.

Participant Accounts

Each participant’s account is credited with the participant’s contribution, the Company’s contribution and the participant’s share of earnings. Allocations are based on participants’ earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company’s matching and special contributions is based on years of continuous service. A participant is one hundred percent (100%) vested after five years of credited service. Upon death, participants become 100% vested in their account.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant’s account and bear interest at the prime rate as specified by the Wall Street Journal plus 1%. Interest rates range from 4.25% to 6.25% at December 31, 2017. Principal and interest is paid ratably through monthly payroll deductions.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either an annuity contract, a lump-sum amount equal to the value of vested interest in his or her account, or installments payments.

**SHAWNEE MENTAL HEALTH CENTER, INC.
EMPLOYEES TAX DEFERRED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS**

Forfeitures

At December 31, 2017 and 2016, forfeited nonvested accounts totaled \$23,224 and \$19,296, respectively. These forfeited accounts will be used to pay administrative expenses of the Plan or reduce future employer contributions. In 2017 and 2016, the Plan did not use any forfeited nonvested accounts to pay administrative expenses or reduce employer contributions.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review

Subsequent events were evaluated through October 4, 2018, which is the date the financial statements were available to be issued.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. No allowance for credit losses has been recorded as of December 31, 2017 and 2016. If a participant ceases to make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Management determined the Plan's valuation policies. See Note 3 for discussion of fair value measurements.

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

Payments of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Company and are therefore excluded from these financial statements. Investment-related expenses are included in net appreciation in fair value of

**SHAWNEE MENTAL HEALTH CENTER, INC.
EMPLOYEES TAX DEFERRED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS**

investments. Fees for the administration of notes receivable from participants are included in administrative expenses and charged directly to the participant's account.

NOTE 3 – FAIR VALUE MEASUREMENTS

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There are no plan assets requiring the use of Level 3 inputs for the periods presented.

Level 1 – The fair value of mutual funds is based on quoted net asset values of the shares as reported by the fund. The mutual funds held by the Plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded.

Level 2 – Inputs other than quoted prices that are observable for securities, either directly or indirectly. Examples include matrix pricing utilizing yield curves, prepayment speeds, credit risks, etc.: quoted prices for similar assets in active markets; and input derived from observable market data by correlation or other means.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2017 and 2016:

Assets Measured at Fair Value at December 31, 2017				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 3,320,424	\$ -	\$ -	\$ 3,320,424
Total investments	\$ 3,320,424	\$ -	\$ -	\$ 3,320,424

Assets Measured at Fair Value at December 31, 2016				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 2,795,994	\$ -	\$ -	\$ 2,795,994
Total investments	\$ 2,795,994	\$ -	\$ -	\$ 2,795,994

**SHAWNEE MENTAL HEALTH CENTER, INC.
EMPLOYEES TAX DEFERRED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS**

Gains and losses included in changes in net assets available for benefits for the year ended December 31, 2017, are reported in net appreciation in fair value of investments.

NOTE 4 – INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEES

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

	<u>2017</u>	<u>2016</u>
Investments:		
Mutual funds	\$ 3,320,424	\$ 2,795,994
Investment contracts	921,324	972,806
Notes receivable from participants	45,432	49,915
Investment income (loss)	498,750	226,205

NOTE 5 – GUARANTEED INVESTMENT CONTRACTS WITH INSURANCE COMPANIES

The Plan's investment contracts with Hartford Life Insurance Company (HLIC) and Nationwide Life Insurance Company (NLIC) are fully benefit-responsive. HLIC and NLIC maintain the contributions in general accounts. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuers are contractually obligated to repay the principal and a specific interest rate that is guaranteed to the Plan.

Because the guaranteed investment contracts meet the criteria to be considered fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contracts. The guaranteed investment contracts are presented on the face of the statement of net assets available for benefits at contract value. Contract value, as reported to the Plan by HLIC and NLIC, 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 issuers or otherwise. The contract value of the HLIC investment contract at December 31, 2017 and 2016 was \$908,236 and \$960,084, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 3%. Such interest rates are reviewed on a quarterly basis for resetting.

The contract value of the NLIC investment contract at December 31, 2017 and 2016 was \$13,088 and \$12,722, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 3%. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the Plan's ability to transact at contract value with HLIC and NLIC. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the

SHAWNEE MENTAL HEALTH CENTER, INC.
EMPLOYEES TAX DEFERRED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. Furthermore, certain events would allow the issuers to terminate the contracts with the Plan and settle at an amount different from contract value. Examples of such events include (a) an uncured breach of the Plan's investment guidelines, (b) a material amendment to the contracts without the issuers' consent, (c) a violation of a material obligation under the contracts, or (d) a material misrepresentation. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants or the issuers are probable of occurring.

NOTE 6 – PARTY IN INTEREST TRANSACTIONS

The Plan invests in investment contracts managed by HLIC and NLIC, as described in Note 5. Also, the Plan is invested in shares of mutual funds managed by NLIC. NLIC is a trustee as defined by the plan and, therefore, these transactions qualify as party in interest transactions. Additionally, amounts expensed for services provided by parties in interest are reported as administrative expenses in the statement of changes in net assets available for benefits. These parties in interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 7 – PLAN TERMINATION

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

NOTE 8 – TAX STATUS

The Plan operates under a nonstandardized adoption agreement in connection with a prototype retirement plan and trust/custodial document sponsored by Massachusetts Mutual Life Insurance Company. This prototype plan document has been filed with the appropriate agency. The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated March 31, 2017, that the Plan and related trust are designed in accordance with applicable section of the Internal Revenue Code (IRC). Although, the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC and that the Plan is qualified and the related trust is tax-exempt.

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 participants' account balances and the amounts reported in the statement of net assets available for benefits.

**SHAWNEE MENTAL HEALTH CENTER, INC.
EMPLOYEES TAX DEFERRED ANNUITY PLAN**

EIN: 31-0843758

PLAN NUMBER: 003

ADDITIONAL INFORMATION

FORM 5500, SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2017

(a)	(b)	(c)	(d)	(e)
Identity of Issue	Description of Investment	Shares/ Units	Cost of Asset	Current Value
Janus Hndrsn Balanced-R	Registered investment company	1,853	+	\$ 60,554
American Funds Growth Fund-R1	Registered investment company	4,332	+	202,096
American Funds Europacific R1	Registered investment company	2,410	+	130,479
American Funds Fdmntl Inv-R3	Registered investment company	2,395	+	148,614
Templeton Develop Mkts Trust-R	Registered investment company	1,407	+	30,414
PIMCO Total Return-R	Registered investment company	19,045	+	195,595
Federated Kaufmann-R	Registered investment company	15,184	+	85,033
Oppenheimer Main St Mid Cap-N	Registered investment company	1,994	+	50,245
JPMorgan Small Cap Value-R2	Registered investment company	3,405	+	97,522
Franklin Strategic Income-R	Registered investment company	9,305	+	91,191
American Funds Cap Wrld G&I-R1	Registered investment company	3,481	+	176,266
PIMCO Real Return-R	Registered investment company	16,291	+	180,176
Blackrock Equity Dividend-R	Registered investment company	3,870	+	88,544
Janus Hndrsn Forty-R	Registered investment company	2,941	+	83,701
Oppenheimer Intl Bond-N	Registered investment company	7,726	+	45,890
Oppenheimer Developing Mkts-N	Registered investment company	597	+	25,004
Oppenheimer Gold & Spec Mnrals-n	Registered investment company	953	+	15,002
American Funds Wash Mutual-R1	Registered investment company	486	+	21,935
The Hartford Healthcare-R4	Registered investment company	344	+	12,454
American Funds Income Fund-R1	Registered investment company	1,613	+	37,472
Franklin Income-R	Registered investment company	12,046	+	28,188
MFS Research International-R2	Registered investment company	6,673	+	124,582
Select T Rowe PR/Fron MC GR-R3	Registered investment company	4,160	+	71,338
Victory Sycamore SML Co Opp-R	Registered investment company	855	+	37,590
TIAA-CREF Equity Index R	Registered investment company	4,766	+	95,133
American Century MC Value R	Registered investment company	4,605	+	80,317

**SHAWNEE MENTAL HEALTH CENTER, INC.
EMPLOYEES TAX DEFERRED ANNUITY PLAN**

EIN: 31-0843758

PLAN NUMBER: 003

ADDITIONAL INFORMATION

FORM 5500, SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2017

(a)	(b)	(c)	(d)	(e)
Identity of Issue	Description of Investment	Shares/ Units	Cost of Asset	Current Value
MFS Emerging Markets Debt R2	Registered investment company	8,014	+	121,485
JPMorgan US Equity R2	Registered investment company	7,368	+	118,706
JPMorgan Core Bond-R2	Registered investment company	10,349	+	119,736
Alger Capital Appreciatn Inst-R	Registered investment company	5,171	+	150,375
Eaton Vance Inc Fnd Boston-R	Registered investment company	25,587	+	147,127
SEL T.RW PRC/LMS Syls BC GR-R3	Registered investment company	5,352	+	94,943
Templeton Global Bond-R	Registered investment company	9,963	+	118,462
JP Morgan Smartretire 2050 R2	Registered investment company	54	+	1,149
Amcent VP Bal I	Registered investment company	270	+	2,036
Drey Stk Indx Initial	Registered investment company	2,042	+	109,245
Drey Vif Gr Inc Initial	Registered investment company	131	+	2,781
Fidvip Asst Mgr Initial	Registered investment company	172	+	2,618
Fidvip Eq Inc Initial	Registered investment company	133	+	3,187
Fidvip Ovrseas Initial	Registered investment company	1,327	+	30,339
Neuber Amt Shrt Dur Bd I	Registered investment company	73	+	536
* NW Neubernvitmultcapoppr I	Registered investment company	179	+	3,314
* NW Nvit Gov Mny Mkt I	Registered investment company	1,162	+	1,162
* NW Nvit LgCap GR I	Registered investment company	3,313	+	65,207
Opp Cnsrv Bal Va Nss	Registered investment company	80	+	766
Fidvip Gr Initial	Registered investment company	33	+	2,466
* NW Amfds Nvit Gbl Gr II	Registered investment company	21	+	656
* NW Amfds Nvit Gr II	Registered investment company	8	+	686
* NW Blkrk Nvit Eq Divd II	Registered investment company	84	+	1,904
* NW Nvit Intl Eq I	Registered investment company	30	+	350
* NW Nvit Inv Dest Aggr II	Registered investment company	60	+	820
* NW Nvit Mult Mgr LgCapGr I	Registered investment company	79	+	1,085

**SHAWNEE MENTAL HEALTH CENTER, INC.
EMPLOYEES TAX DEFERRED ANNUITY PLAN**

EIN: 31-0843758

PLAN NUMBER: 003

ADDITIONAL INFORMATION

FORM 5500, SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2017

(a)	(b)	(c)	(d)	(e)	
	Identity of Issue	Description of Investment	Shares/ Units	Cost of Asset	Current Value
	Opp Disc MdCap Gr Va Nss	Registered investment company	127	+	2,530
	Opp Mn St SmCap Va Nss	Registered investment company	73	+	1,100
	Opp Mn St Va Nss	Registered investment company	6	+	318
					<u>3,320,424</u>
Notes receivable from participants:					
	* Participant Loans	Interest rate: 4.25 - 6.25%		-0-	<u>45,432</u>
Investment contracts:					
	* General Account	Guaranteed investment contract	783,534	+	908,236
	* Fixed Account	Guaranteed investment contract	13,088	+	13,088
					<u>921,324</u>
	Total investments				<u>\$ 4,287,180</u>

SHAWNEE
MENTAL HEALTH
CENTER, INC.
EMPLOYEES TAX
DEFERRED
ANNUITY PLAN

2017

Annual Financial Report

**SHAWNEE MENTAL HEALTH CENTER, INC.
EMPLOYEES TAX DEFERRED ANNUITY PLAN**

TABLE OF CONTENTS

	<u>Page</u>
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
Supplemental Information:	
Schedule of Assets (Held at End of Year).....	10

Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

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INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Shawnee Mental Health Center, Inc. Employees Tax Deferred Annuity Plan
Portsmouth, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Shawnee Mental Health Center, Inc. Employees Tax Deferred Annuity Plan, which comprise the statement of net assets available for benefits as of December 31, 2017, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Nationwide Financial Services, Inc. and Massachusetts Mutual Life Insurance Company, as administrative service provider for Hartford Life Insurance Company, the trustees of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustees, as of and for the years ended December 31, 2017, that the information provided to the plan administrator by the trustees is complete and accurate.

MEMBERS

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
WEST VIRGINIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion in the 2017 financial statements. Accordingly, we do not express an opinion on the 2017 financial statements referred to in the first paragraph.

Other Matter – Supplemental Schedules

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2017, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Other Matter – 2016 Financial Statements

The financial statements of the Plan as of December 31, 2016, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Nationwide Financial Services, Inc. and Massachusetts Mutual Life Insurance Company, as administrative service provider for Hartford Life Insurance Company, the trustees of the Plan. Their report, dated October 6, 2017, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustees, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance With DOL Rules and Regulations 2017

The form and content of the information included in the 2017 financial statements and supplemental schedule, other than that derived from the information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Hess, Stuart : Campbell, RUC

Beckley, West Virginia
October 4, 2018

**SHAWNEE MENTAL HEALTH CENTER, INC.
EMPLOYEES TAX DEFERRED ANNUITY PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2017 AND 2016**

	<u>2017</u>	<u>2016</u>
ASSETS		
INVESTMENTS		
Mutual funds, at fair value	\$ 3,320,424	\$ 2,795,994
Investment contracts, at contract value	<u>921,324</u>	<u>972,806</u>
TOTAL INVESTMENTS	4,241,748	3,768,800
Notes receivable from participants	45,432	49,915
TOTAL ASSETS	4,287,180	3,818,715
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u><u>\$ 4,287,180</u></u>	<u><u>\$ 3,818,715</u></u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS.

**SHAWNEE MENTAL HEALTH CENTER, INC.
EMPLOYEES TAX DEFERRED ANNUITY PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2017**

	<u>2017</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Dividends	\$ 159,782
Net appreciation in fair value of investments	307,607
Interest income - general fund	29,023
Interest income - notes receivable from participants	<u>2,338</u>
TOTAL INVESTMENT INCOME	498,750
 Employer contributions	 124,065
Employee rollover contributions	2,372
Employee contributions	<u>166,312</u>
TOTAL CONTRIBUTIONS	<u>292,749</u>
 TOTAL ADDITIONS	 791,499
 DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Administrative expenses	1,005
Benefits paid to participants	<u>322,029</u>
TOTAL DEDUCTIONS	<u>323,034</u>
 NET INCREASE IN NET ASSETS	 468,465
 NET ASSETS AVAILABLE FOR	
PLAN BENEFITS - BEGINNING OF YEAR	<u>3,818,715</u>
 NET ASSETS AVAILABLE FOR	
PLAN BENEFITS - END OF YEAR	<u><u>\$ 4,287,180</u></u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS.

**SHAWNEE MENTAL HEALTH CENTER, INC.
EMPLOYEES TAX DEFERRED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS**

NOTE 1 – DESCRIPTION OF PLAN

The following description of Shawnee Mental Health Center, Inc. (the “Company”) Employees Tax Deferred Annuity Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan generally covering all employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute pre-tax 403(b) contributions to the Plan. Participants may elect to contribute 3% to 100% of their compensation during the year, subject to limitations imposed by the Internal Revenue Code. Participants may also make Roth contributions to the Plan. Roth contributions are included in participants’ taxable income for the year they made contributions. Participants may also contribute amounts representing rollover distributions from certain other qualified contribution plans. Additionally, the Plan allows for discretionary employer matching contributions. The Company elected to match contributions up to 5% of employees’ compensation during 2017 and 2016. Participants direct the investment of all contributions into the various investment options offered by the Plan.

Participant Accounts

Each participant’s account is credited with the participant’s contribution, the Company’s contribution and the participant’s share of earnings. Allocations are based on participants’ earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company’s matching and special contributions is based on years of continuous service. A participant is one hundred percent (100%) vested after five years of credited service. Upon death, participants become 100% vested in their account.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant’s account and bear interest at the prime rate as specified by the Wall Street Journal plus 1%. Interest rates range from 4.25% to 6.25% at December 31, 2017. Principal and interest is paid ratably through monthly payroll deductions.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either an annuity contract, a lump-sum amount equal to the value of vested interest in his or her account, or installments payments.

**SHAWNEE MENTAL HEALTH CENTER, INC.
EMPLOYEES TAX DEFERRED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS**

Forfeitures

At December 31, 2017 and 2016, forfeited nonvested accounts totaled \$23,224 and \$19,296, respectively. These forfeited accounts will be used to pay administrative expenses of the Plan or reduce future employer contributions. In 2017 and 2016, the Plan did not use any forfeited nonvested accounts to pay administrative expenses or reduce employer contributions.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review

Subsequent events were evaluated through October 4, 2018, which is the date the financial statements were available to be issued.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. No allowance for credit losses has been recorded as of December 31, 2017 and 2016. If a participant ceases to make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Management determined the Plan's valuation policies. See Note 3 for discussion of fair value measurements.

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

Payments of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Company and are therefore excluded from these financial statements. Investment-related expenses are included in net appreciation in fair value of

**SHAWNEE MENTAL HEALTH CENTER, INC.
EMPLOYEES TAX DEFERRED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS**

investments. Fees for the administration of notes receivable from participants are included in administrative expenses and charged directly to the participant's account.

NOTE 3 – FAIR VALUE MEASUREMENTS

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There are no plan assets requiring the use of Level 3 inputs for the periods presented.

Level 1 – The fair value of mutual funds is based on quoted net asset values of the shares as reported by the fund. The mutual funds held by the Plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded.

Level 2 – Inputs other than quoted prices that are observable for securities, either directly or indirectly. Examples include matrix pricing utilizing yield curves, prepayment speeds, credit risks, etc.: quoted prices for similar assets in active markets; and input derived from observable market data by correlation or other means.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2017 and 2016:

Assets Measured at Fair Value at December 31, 2017				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 3,320,424	\$ -	\$ -	\$ 3,320,424
Total investments	\$ 3,320,424	\$ -	\$ -	\$ 3,320,424

Assets Measured at Fair Value at December 31, 2016				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 2,795,994	\$ -	\$ -	\$ 2,795,994
Total investments	\$ 2,795,994	\$ -	\$ -	\$ 2,795,994

**SHAWNEE MENTAL HEALTH CENTER, INC.
EMPLOYEES TAX DEFERRED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS**

Gains and losses included in changes in net assets available for benefits for the year ended December 31, 2017, are reported in net appreciation in fair value of investments.

NOTE 4 – INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEES

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

	<u>2017</u>	<u>2016</u>
Investments:		
Mutual funds	\$ 3,320,424	\$ 2,795,994
Investment contracts	921,324	972,806
Notes receivable from participants	45,432	49,915
Investment income (loss)	498,750	226,205

NOTE 5 – GUARANTEED INVESTMENT CONTRACTS WITH INSURANCE COMPANIES

The Plan's investment contracts with Hartford Life Insurance Company (HLIC) and Nationwide Life Insurance Company (NLIC) are fully benefit-responsive. HLIC and NLIC maintain the contributions in general accounts. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuers are contractually obligated to repay the principal and a specific interest rate that is guaranteed to the Plan.

Because the guaranteed investment contracts meet the criteria to be considered fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contracts. The guaranteed investment contracts are presented on the face of the statement of net assets available for benefits at contract value. Contract value, as reported to the Plan by HLIC and NLIC, 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 issuers or otherwise. The contract value of the HLIC investment contract at December 31, 2017 and 2016 was \$908,236 and \$960,084, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 3%. Such interest rates are reviewed on a quarterly basis for resetting.

The contract value of the NLIC investment contract at December 31, 2017 and 2016 was \$13,088 and \$12,722, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 3%. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the Plan's ability to transact at contract value with HLIC and NLIC. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the

SHAWNEE MENTAL HEALTH CENTER, INC.
EMPLOYEES TAX DEFERRED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. Furthermore, certain events would allow the issuers to terminate the contracts with the Plan and settle at an amount different from contract value. Examples of such events include (a) an uncured breach of the Plan's investment guidelines, (b) a material amendment to the contracts without the issuers' consent, (c) a violation of a material obligation under the contracts, or (d) a material misrepresentation. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants or the issuers are probable of occurring.

NOTE 6 – PARTY IN INTEREST TRANSACTIONS

The Plan invests in investment contracts managed by HLIC and NLIC, as described in Note 5. Also, the Plan is invested in shares of mutual funds managed by NLIC. NLIC is a trustee as defined by the plan and, therefore, these transactions qualify as party in interest transactions. Additionally, amounts expensed for services provided by parties in interest are reported as administrative expenses in the statement of changes in net assets available for benefits. These parties in interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 7 – PLAN TERMINATION

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

NOTE 8 – TAX STATUS

The Plan operates under a nonstandardized adoption agreement in connection with a prototype retirement plan and trust/custodial document sponsored by Massachusetts Mutual Life Insurance Company. This prototype plan document has been filed with the appropriate agency. The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated March 31, 2017, that the Plan and related trust are designed in accordance with applicable section of the Internal Revenue Code (IRC). Although, the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC and that the Plan is qualified and the related trust is tax-exempt.

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 participants' account balances and the amounts reported in the statement of net assets available for benefits.

**SHAWNEE MENTAL HEALTH CENTER, INC.
EMPLOYEES TAX DEFERRED ANNUITY PLAN**

EIN: 31-0843758

PLAN NUMBER: 003

ADDITIONAL INFORMATION

FORM 5500, SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2017

(a)	(b)	(c)		(d)	(e)
	Identity of Issue	Description of Investment	Shares/ Units	Cost of Asset	Current Value
	Janus Hndrsn Balanced-R	Registered investment company	1,853	+	\$ 60,554
	American Funds Growth Fund-R1	Registered investment company	4,332	+	202,096
	American Funds Europacific R1	Registered investment company	2,410	+	130,479
	American Funds Fdmntl Inv-R3	Registered investment company	2,395	+	148,614
	Templeton Develop Mkts Trust-R	Registered investment company	1,407	+	30,414
	PIMCO Total Return-R	Registered investment company	19,045	+	195,595
	Federated Kaufmann-R	Registered investment company	15,184	+	85,033
	Oppenheimer Main St Mid Cap-N	Registered investment company	1,994	+	50,245
	JPMorgan Small Cap Value-R2	Registered investment company	3,405	+	97,522
	Franklin Strategic Income-R	Registered investment company	9,305	+	91,191
	American Funds Cap Wrld G&I-R1	Registered investment company	3,481	+	176,266
	PIMCO Real Return-R	Registered investment company	16,291	+	180,176
	Blackrock Equity Dividend-R	Registered investment company	3,870	+	88,544
	Janus Hndrsn Forty-R	Registered investment company	2,941	+	83,701
	Oppenheimer Intl Bond-N	Registered investment company	7,726	+	45,890
	Oppenheimer Developing Mkts-N	Registered investment company	597	+	25,004
	Oppenheimer Gold & Spec Mnrals-n	Registered investment company	953	+	15,002
	American Funds Wash Mutual-R1	Registered investment company	486	+	21,935
	The Hartford Healthcare-R4	Registered investment company	344	+	12,454
	American Funds Income Fund-R1	Registered investment company	1,613	+	37,472
	Franklin Income-R	Registered investment company	12,046	+	28,188
	MFS Research International-R2	Registered investment company	6,673	+	124,582
	Select T Rowe PR/Fron MC GR-R3	Registered investment company	4,160	+	71,338
	Victory Sycamore SML Co Opp-R	Registered investment company	855	+	37,590
	TIAA-CREF Equity Index R	Registered investment company	4,766	+	95,133
	American Century MC Value R	Registered investment company	4,605	+	80,317

**SHAWNEE MENTAL HEALTH CENTER, INC.
EMPLOYEES TAX DEFERRED ANNUITY PLAN**

EIN: 31-0843758

PLAN NUMBER: 003

ADDITIONAL INFORMATION

FORM 5500, SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2017

(a)	(b)	(c)	(d)	(e)
Identity of Issue	Description of Investment	Shares/ Units	Cost of Asset	Current Value
MFS Emerging Markets Debt R2	Registered investment company	8,014	+	121,485
JPMorgan US Equity R2	Registered investment company	7,368	+	118,706
JPMorgan Core Bond-R2	Registered investment company	10,349	+	119,736
Alger Capital Appreciatn Inst-R	Registered investment company	5,171	+	150,375
Eaton Vance Inc Fnd Boston-R	Registered investment company	25,587	+	147,127
SEL T.RW PRC/LMS Syls BC GR-R3	Registered investment company	5,352	+	94,943
Templeton Global Bond-R	Registered investment company	9,963	+	118,462
JP Morgan Smartretire 2050 R2	Registered investment company	54	+	1,149
Amcent VP Bal I	Registered investment company	270	+	2,036
Drey Stk Indx Initial	Registered investment company	2,042	+	109,245
Drey Vif Gr Inc Initial	Registered investment company	131	+	2,781
Fidvip Asst Mgr Initial	Registered investment company	172	+	2,618
Fidvip Eq Inc Initial	Registered investment company	133	+	3,187
Fidvip Ovrseas Initial	Registered investment company	1,327	+	30,339
Neuber Amt Shrt Dur Bd I	Registered investment company	73	+	536
* NW Neubernvitmultcapoppr I	Registered investment company	179	+	3,314
* NW Nvit Gov Mny Mkt I	Registered investment company	1,162	+	1,162
* NW Nvit LgCap GR I	Registered investment company	3,313	+	65,207
Opp Cnsrv Bal Va Nss	Registered investment company	80	+	766
Fidvip Gr Initial	Registered investment company	33	+	2,466
* NW Amfds Nvit Gbl Gr II	Registered investment company	21	+	656
* NW Amfds Nvit Gr II	Registered investment company	8	+	686
* NW Blkrk Nvit Eq Divd II	Registered investment company	84	+	1,904
* NW Nvit Intl Eq I	Registered investment company	30	+	350
* NW Nvit Inv Dest Aggr II	Registered investment company	60	+	820
* NW Nvit Mult Mgr LgCapGr I	Registered investment company	79	+	1,085

**SHAWNEE MENTAL HEALTH CENTER, INC.
EMPLOYEES TAX DEFERRED ANNUITY PLAN**

EIN: 31-0843758

PLAN NUMBER: 003

ADDITIONAL INFORMATION

FORM 5500, SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2017

(a)	(b)	(c)		(d)	(e)
	Identity of Issue	Description of Investment	Shares/ Units	Cost of Asset	Current Value
	Opp Disc MdCap Gr Va Nss	Registered investment company	127	+	2,530
	Opp Mn St SmCap Va Nss	Registered investment company	73	+	1,100
	Opp Mn St Va Nss	Registered investment company	6	+	318
					<u>3,320,424</u>
Notes receivable from participants:					
	* Participant Loans	Interest rate: 4.25 - 6.25%		-0-	<u>45,432</u>
Investment contracts:					
	* General Account	Guaranteed investment contract	783,534	+	908,236
	* Fixed Account	Guaranteed investment contract	13,088	+	13,088
					<u>921,324</u>
	Total investments				<u><u>\$ 4,287,180</u></u>