Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2017** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MARIETTA HEALTH CARE PHYSICIANS, INC. 403(B) PLAN

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 01/01/1999

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)
MARIETTA HEALTH CARE PHYSICIANS, INC.

PO BOX 449
MARIETTA, OH 45750

2b Employer Identification Number (EIN) 31-1375125

2c Plan Sponsor's telephone number 740-374-4500

2d Business code (see instructions) 621111

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.	10/15/2018	DEEANN GEHLAUF
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	331
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)**	275
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	301
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	56
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	357
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	357
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	315
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2F 2G 2M 2R 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **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)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	**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	**B** Three-digit plan number (PN) ▶
MARIETTA HEALTH CARE PHYSICIANS, INC. 403(B) PLAN	005
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
MARIETTA HEALTH CARE PHYSICIANS, INC.	31-1375125

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.

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	66869	194-84022	315	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
2564	0

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

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

TRUSTMONT FINANCIAL GROUP, INC

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
2564			4

(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 **(c)** Amount	**(d)** Purpose	**(e)** Organization code
			4

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	918661
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	905782
c	Additions: (1) Contributions deposited during the year	7c(1)	181853	
	(2) Dividends and credits	7c(2)	0	
	(3) Interest credited during the year	7c(3)	21779	
	(4) Transferred from separate account	7c(4)	226049	
	(5) Other (specify below)	7c(5)	62884	
	▶ LOAN REPAYMENT - PRINCIPAL TRANSFER FROM OUTSIDE NW - PRINCIPA			
	(6)Total additions		7c(6)	492565
d	Total of balance and additions (add lines **7b** and **7c(6)**).		7d	1398347
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	409424	
	(2) Administration charge made by carrier	7e(2)	308	
	(3) Transferred to separate account	7e(3)	66257	
	(4) Other (specify below)	7e(4)	3697	
	▶ LOAN WITHDRAWAL			
	(5) Total deductions		7e(5)	479686
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	918661

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

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
MARIETTA HEALTH CARE PHYSICIANS, INC. 403(B) PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
MARIETTA HEALTH CARE PHYSICIANS, INC.

D Employer Identification Number (EIN)
31-1375125

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

TRUSTMONT FINANCIAL GROUP, INC
200 BUSH RUN RD STE A
GREENSBURG, PA 15601

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

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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 33 37 49 52 59 60 63 64 71 99	SERVICE PROVIDER	125720	Yes [X] No [ ]	Yes [X] No [ ]	63	Yes [X] No [ ]

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

NILES LANKFORD GROUP, INC.

1500 NORTH OAK DRIVE
PLYMOUTH, IN 46563

(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 50 99	TPA	20060	Yes [X] No [ ]	Yes [ ] No [X]	15338	Yes [ ] No [X]

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

BLUE AND CO LLC

2712 SOLUTION CENTER
CHICAGO, IL 60677

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	INDEPENDENT AUDITOR	11250	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

(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
NILES LANKFORD GROUP, INC.	49 99	15338

(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.
NILES LANKFORD GROUP, INC.	1500 NORTH OAK DRIVE PLYMOUTH, IN 46563	ADMINISTRATIVE SERVICES FEE/OVERRIDE

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 49 52 64	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.
NATIONWIDE LIFE INSURANCE	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	NET ROR = GROSS ROR - ANNUITY RATE ADJUSTMENT (ROR: RATE OF RETURN ON GIC) FOR THE PERIOD OF 1/1/2017 - 12/31/2017: 2.15% = 3.61% - 1.46%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**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
MARIETTA HEALTH CARE PHYSICIANS, INC. 403(B) PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
MARIETTA HEALTH CARE PHYSICIANS, INC.

D Employer Identification Number (EIN)
31-1375125

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	438032	259252
(2) Participant contributions	1b(2)	127441	155861
(3) Other	1b(3)	6452	6312
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1586005	1189774
(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)	506955	403675
(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)	23087227	30717798
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	905782	918661
(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	26657894	33651333
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 through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	26657894	33651333

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	261434	
(B) Participants	2a(1)(B)	3866525	
(C) Others (including rollovers)	2a(1)(C)	384174	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4512133
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)	22212	
(F) Other	2b(1)(F)	19566	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		41778
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(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)		4231774
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		8785685
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2053824	
(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)		2053824
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)	11250	
(2) Contract administrator fees	2i(2)	125720	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	20310	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		157280
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2211104
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6574581
l Transfers of assets:			
(1) To this plan	2l(1)		418858
(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: BLUE & CO., LLC **(2)** EIN: 35-1178661

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			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)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under 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.**	**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
MARIETTA HEALTH CARE PHYSICIANS, INC. 403(B) PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
MARIETTA HEALTH CARE PHYSICIANS, INC.

D Employer Identification Number (EIN)
31-1375125

Part I Distributions

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 31-4156830 _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of 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):

MARIETTA HEALTH CARE PHYSICIANS, INC.
403(b) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2017 AND 2016

CPAs / ADVISORS

blue

MARIETTA HEALTH CARE PHYSICIANS, INC 403(b) PLAN

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DECEMBER 31, 2017 AND 2016

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(Year Ended December 31, 2017) 4

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Supplemental Schedule (December 31, 2017) *

Schedule H, line 4i – Schedule of Assets (Held at End of Year) 12

* Other Schedules required by 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.

CPAs / ADVISORS

blue

Blue & Co., LLC / 9200 Worthington Road, Suite 200 / Westerville, OH 43082
main 614.885.BLUE (2583) fax 614.885.0580 email blue@blueandco.com

REPORT OF INDEPENDENT AUDITORS

Board of Directors
Memorial Health System
Marietta, Ohio

We were engaged to audit the accompanying financial statements of Marietta Health Care Physicians, Inc. 403(b) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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 (DOL) 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 3, which was certified by Nationwide Financial Services, Inc., the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2017 and 2016, that the information provided to the plan administrator by the custodian is complete and accurate.

Board of Directors
Memorial Health System
Marietta, Ohio

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. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets (held at end of year) is required by the DOL'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.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, 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 DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Blue & Co., LLC

Westerville, OH
October 11, 2018

MARIETTA HEALTH CARE PHYSICIANS, INC. 403(b) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2017 AND 2016

	2017	2016
Assets		
Investments at fair value		
Money market fund	$ 1,189,774	$ 1,586,005
Investment contract	918,661	905,782
Mutual funds	30,717,798	23,087,227
Total investments	32,826,233	25,579,014
Receivables		
Employee contribution	155,861	127,441
Employer contribution	259,252	438,032
Other	6,312	6,452
Participant notes	403,675	506,955
Total receivables	825,100	1,078,880
Net assets available for benefits	$ 33,651,333	$ 26,657,894

See accompanying notes to financial statements.

MARIETTA HEALTH CARE PHYSICIANS, INC. 403(b) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2017

	2017
Additions	
Employee contributions	$ 3,866,525
Employer contributions	261,434
Rollovers	384,174
Transfers in	418,858
Loan interest	22,212
Net appreciation in fair value of investments	4,231,774
Interest and dividends	19,566
Total additions	9,204,543
Deductions	
Benefit payments	2,053,824
Administrative expenses	157,280
Total deductions	2,211,104
Net increase	6,993,439
Net assets available for benefits	
Beginning of year	26,657,894
End of year	$ 33,651,333

See accompanying notes to financial statements.

1. DESCRIPTION OF PLAN

The following description of the Marietta Health Care Physicians, Inc. 403(b) 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 covering employees of Marietta Health Care Physicians Inc. (Plan Sponsor). The Plan covers all employees upon date of hire, who have met certain eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

A participant may elect to contribute a portion of their compensation by completing a salary reduction agreement. If a participant completes a salary reduction agreement, the Plan Sponsor will contribute on the participant's behalf 50% of the employee deferral up to 6% of salary for non-highly compensated employees. In 2016, the Plan Sponsor contributed 10% of the employee deferral up to 4% of salary for highly compensated employees. In 2017, the Plan Sponsor did not contribute for highly compensated employees. Contributions are not to exceed Federal Limits. Participants direct the investment of contributions into various investment options offered by the Plan.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of a) the Plan Sponsor's contribution b) plan earnings and charged with an allocation of administrative expenses. Earnings are allocated based on participant's 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 balance.

Vesting

Participants are immediately 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 percent of their account balance. The loans are secured by the balance in the participant's account. The loan interest rate, determined quarterly, is set at 1 percent above the prime rate, as defined. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

Upon termination, participants may receive a lump sum amount equal to the value of the participant's vested interest in their account.

Administrative Expenses

All significant administrative expenses are paid by the Plan.

Transfer of Plan Assets

Transfers represent Plan assets received from or disbursed to a separate retirement plan of the Plan Sponsor.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2017 and 2016.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events through October 11, 2018, the date the financial statements were available to be issued.

3. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide Financial Services, Inc., the Custodian of the Plan, has certified to the completeness and accuracy of all investments reflected on the accompanying statement of net assets available for benefits as of December 31, 2017 and 2016, and investment related activity reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2017.

4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described as follows:

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

- Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

- Mutual funds - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

- Money market funds: Valued based at the subscription and redemption activity at a $1 stable net asset value (NAV). However, on a daily basis the funds are valued at their daily NAV calculated using the amortized cost of the securities held in the fund.

- Investment contracts: Guaranteed investment contracts are valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. Since the participants transact at contract value, fair value is determined annually for financial statement reporting purposes only. In determining the reasonableness of the methodology, the Plan Sponsors evaluate a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs are assessed through review of contract terms (for example, duration or payout date) while others are substantiated utilizing available market data (for example, swap curve rate).

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Investment contracts	$ -	$ -	$ 918,661	$ 918,661
Money market	-	1,189,774	-	1,189,774
Mutual funds	30,717,798	-	-	30,717,798
Total assets at fair value	$ 30,717,798	$ 1,189,774	$ 918,661	$ 32,826,233

	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Investment contracts	$ -	$ -	$ 905,782	$ 905,782
Money market	-	1,586,005	-	1,586,005
Mutual funds	23,087,227	-	-	23,087,227
Total assets at fair value	$ 23,087,227	$ 1,586,005	$ 905,782	$ 25,579,014

The Plan's policy is to recognize transfers between levels as of the end of the reporting period. There were no significant transfers between levels during 2017 and 2016.

Changes in Fair Value of Level 3 Assets and Related Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2017.

	2017
Beginning balance	$ 905,782
Contributions, net exchanges	343,145
Interest income	19,566
Sales, repayments settlements net	(349,832)
Ending balance	$ 918,661

5. INSURANCE CONTRACT

The Plan has entered into an investment contract with the Custodian, which maintains the investments in a general unallocated fixed account. This account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses The contract is included in the financial statements at fair market value as reported to the Plan by the Custodian. The contract is not considered to be benefit responsive as the contract restricts participant-directed exchanges. The contract's average yield was 2.15% and 2.45% for 2017 and 2016, respectively, and the crediting interest rate as of December 31, 2017 and 2016 was 2.15% and 2.45%, respectively. Crediting interest rates are determined daily by dividing earned income for the day by the new contract value.

6. RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

The Plan investments are managed by Nationwide Financial Services, Inc., who is the custodian of the Plan, and, therefore, these transactions qualify as party-in-interest transactions.

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Employers and certain others. Investment management fees are paid to Nationwide Financial Services, Inc., the custodian. Niles Lankford Group, Inc., is the Plan's third party administrator. Blue & Co., LLC., is the independent auditor for the Plan. The aforementioned parties generally receive payment from the Plan Sponsor.

7. PLAN TERMINATION

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

8. TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code. The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service (IRS) in Revenue Procedures 2007- 71. The plan administrator intends to apply for a determination letter on the Plan once the IRS opens such a program. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b).

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by various federal and state taxing authorities. Management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2017 and 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the accompanying financial statements.

The Plan is subject to routine audits by taxing jurisdictions. However, as of the date the financial statements were available to be issued, there were no audits for any tax periods in progress. Management believes it is no longer subject to income tax examinations for years prior to 2014.

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. Because of 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.

SUPPLEMENTARY INFORMATION

MARIETTA HEALTH CARE PHYSICIANS, INC. 403(b) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2017

Plan Sponsor: Marietta Memorial Hospital
Plan: 005
EIN: 31-1375125

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Nationwide Fixed Account	Guaranteed Investment Contract	**	$ 918,661
*	Nationwide Money Market Fund Inst	Money Market Fund	**	1,189,774
	Mutual Funds:			
	AmBcn Large Cap Value Fund	Registered Investment Company	**	42,431
	AmCen Equity Income Fund	Registered Investment Company	**	44,761
	AmCen Mid Cap Value Fund	Registered Investment Company	**	76,908
	AmFnds AMCAP Fund	Registered Investment Company	**	18,857
	AmFnds Cap. World Growth & Income Fund Class R-	Registered Investment Company	**	63,453
	AmFnds Cap. World Growth & Income Fund Class R-	Registered Investment Company	**	27,155
	AmFnds EuroPacific Growth Fund	Registered Investment Company	**	41,452
	AmFnds Fundamental Investors	Registered Investment Company	**	55,837
	AmFnds Global Balanced Fund Class	Registered Investment Company	**	35,074
	AmFnds New Perspective Fund	Registered Investment Company	**	36,520
	AmFnds New World Fund Class R-1	Registered Investment Company	**	54
	AmFnds New World Fund Class R-6	Registered Investment Company	**	34,969
	AmFnds SmallCap World Fund	Registered Investment Company	**	21,751
	AmFnds The Bond Fund of America	Registered Investment Company	**	27,785
	AmFnds The Growth Fund of America	Registered Investment Company	**	58,442
	AmInd U.S. Inflation-Protected Fund	Registered Investment Company	**	6,079
	AMG Managers Fairpointe Mid Cap Fund	Registered Investment Company	**	41,530
	Artisan International Value Fund	Registered Investment Company	**	18,987
	Ave Maria Rising Dividend Fund	Registered Investment Company	**	12,363
	Baron Opportunity Fund	Registered Investment Company	**	14,785
	BlackRock Equity Dividend Fund Investor	Registered Investment Company	**	15,731
	BlackRock Global Allocation Fund, Inc.	Registered Investment Company	**	37,398
	BlackRock Health Sciences Opportunities Port.	Registered Investment Company	**	36,118
	BlackRock High Yield Bond Portfolio	Registered Investment Company	**	44,793
	ClearBridge Aggressive Growth Fund	Registered Investment Company	**	19,093
	Cohen & Steers Real Estate Securities Fund	Registered Investment Company	**	11,872
	Davis New York Venture Fund	Registered Investment Company	**	39,392
	Delaware Emerging Markets Fund	Registered Investment Company	**	15,049
	Delaware Extended Duration Bond Fund	Registered Investment Company	**	4,466
	DFA Emerging Markets Core Equity Portfolio	Registered Investment Company	**	21,101
	DFA Global Real Estate Securities Portfolio	Registered Investment Company	**	5,290
	DFA Short-Term Government Portfolio	Registered Investment Company	**	13,746
	DFA U.S. Core Equity II Portfolio	Registered Investment Company	**	18,457
	DFA U.S. Small Cap Portfolio	Registered Investment Company	**	44,331
	Diamond Hill Small Cap Fund	Registered Investment Company	**	38,621
	Dodge & Cox Balanced Fund	Registered Investment Company	**	11,985
	DWS CROCI U.S. Fund	Registered Investment Company	**	53,558
	DWS Enhanced Commodity Strategy Fund	Registered Investment Company	**	21,443

MARIETTA HEALTH CARE PHYSICIANS, INC. 403(b) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2017

Plan Sponsor: Marietta Memorial Hospital
Plan: 005
EIN: 31-1375125

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Mutual Funds (Continued):			
	DWS High Income Fund	Registered Investment Company	**	31,403
	DWS RREEF Real Estate Securities Fund	Registered Investment Company	**	11,764
	Eaton Vance Atlanta Capital SMID-Cap Fund	Registered Investment Company	**	21,231
	Fidelity Advisor Leverage Company Stock Fund	Registered Investment Company	**	8,956
	Fidelity Advisor Strategic Income Fund	Registered Investment Company	**	9,194
	Fidelity International Index Fund Premium Class	Registered Investment Company	**	456
	Fidelity Mid Cap Index Fund Premium Class	Registered Investment Company	**	464
	Fidelity Small Cap Index Fund Premium Class	Registered Investment Company	**	458
	Fidelity U.S. Bond Index Fund Premium Class	Registered Investment Company	**	840
	FPA Crescent Fund	Registered Investment Company	**	151,569
	Franklin Biotechnology Discovery Fund	Registered Investment Company	**	94,482
	Harbor International Fund Institutional Class	Registered Investment Company	**	27,958
	Heartland Value Plus Fund Investor Class	Registered Investment Company	**	18,201
	Invesco Balanced-Risk Allocation Fund	Registered Investment Company	**	5,300
	Invesco Developing Markets Fund	Registered Investment Company	**	59,383
	Invesco Energy Fund Investor Class	Registered Investment Company	**	10,425
	Invesco Gold and Precious Metals Fund	Registered Investment Company	**	10,894
	Ivy Asset Strategy Fund	Registered Investment Company	**	9
	Ivy Science and Technology Fund	Registered Investment Company	**	18,454
	Janus Henderson Balanced Fund	Registered Investment Company	**	32,411
	John Hancock Funds International Growth Fund	Registered Investment Company	**	14,306
	JPM Core Plus Bond	Registered Investment Company	**	61,785
	JPM Small Cap Equity Fund	Registered Investment Company	**	24,241
	JPM Small Cap Value Fund	Registered Investment Company	**	6,751
	JPM U.S. Large Cap Core Plus Bond Fund	Registered Investment Company	**	12,982
	Loomis Sayles Bond Fund	Registered Investment Company	**	22,770
	Loomis Sayles Investment Grade Bond Fund	Registered Investment Company	**	267
	Lord Abbett Developing Growth Fund	Registered Investment Company	**	12,101
	M&N Pro-Blend Moderate Term Series	Registered Investment Company	**	22,486
	Metropolitan West Total Return Bond Fund	Registered Investment Company	**	122,973
	MFS Utilities Fund Class	Registered Investment Company	**	92,859
*	Nationwide Aggregate SDBA Assets	Registered Investment Company	**	353,002
*	Nationwide Bond Index Fund	Registered Investment Company	**	542,137
*	Nationwide Destination 2010 Fund	Registered Investment Company	**	142
*	Nationwide Destination 2015 Fund	Registered Investment Company	**	144
*	Nationwide Destination 2020 Fund	Registered Investment Company	**	149,840
*	Nationwide Destination 2025 Fund	Registered Investment Company	**	65,804
*	Nationwide Destination 2030 Fund	Registered Investment Company	**	764,473
*	Nationwide Destination 2035 Fund	Registered Investment Company	**	699,364
*	Nationwide Destination 2040 Fund	Registered Investment Company	**	163,891
*	Nationwide Destination 2045 Fund	Registered Investment Company	**	575,028
*	Nationwide Destination 2050 Fund	Registered Investment Company	**	370,958

MARIETTA HEALTH CARE PHYSICIANS, INC. 403(b) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2017

Plan Sponsor: Marietta Memorial Hospital
Plan: 005
EIN: 31-1375125

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Mutual Funds (Continued):			
*	Nationwide Destination 2055 Fund	Registered Investment Company	**	452,678
*	Nationwide Destination 2060 Fund Class R6	Registered Investment Company	**	19,454
*	Nationwide International Index Fund	Registered Investment Company	**	2,383,966
*	Nationwide Investor Dest. Aggressive Fund	Registered Investment Company	**	328,336
*	Nationwide Investor Dest. Mod Con. Fund	Registered Investment Company	**	1,298,329
*	Nationwide Investor Dest. Moderate Fund	Registered Investment Company	**	717,236
*	Nationwide Mid Cap Market Index Fund	Registered Investment Company	**	294,398
*	Nationwide S&P 500 Index	Registered Investment Company	**	3,901,099
*	Nationwide Small Cap Index Fund	Registered Investment Company	**	806,294
	Oakmark Fund Service Class	Registered Investment Company	**	30,884
	Oakmark International Fund Service Class	Registered Investment Company	**	13,927
	Oakmark Select Fund Service Class	Registered Investment Company	**	44,174
	Oppenheimer Developing Markets Fund	Registered Investment Company	**	28,230
	Oppenheimer Equity Income Fund	Registered Investment Company	**	3,869
	Oppenheimer Gold & Special Minerals Fund	Registered Investment Company	**	12
	Parnassus Core Equity Fund - Institutional Shares	Registered Investment Company	**	70,519
	Parnassus Core Equity Fund - Investor Shares	Registered Investment Company	**	158
	Permanent Portfolio Class I	Registered Investment Company	**	16,368
	PGIM Global Total Return Fund	Registered Investment Company	**	5,459
	PIMCO All Asset All Authority Fund	Registered Investment Company	**	20,817
	PIMCO Commodity Real Return Strategy Fund	Registered Investment Company	**	6,907
	PIMCO Dynamic Bond Fund	Registered Investment Company	**	7,678
	PIMCO Global Multi-Asset Fund	Registered Investment Company	**	14,559
	PIMCO Income Fund Class A	Registered Investment Company	**	7,256
	PIMCO Income Fund Institutional Class	Registered Investment Company	**	26,068
	PIMCO Low Durantion Fund Institutional Class	Registered Investment Company	**	64,876
	PIMCO Real Return Fund	Registered Investment Company	**	3,791
	PIMCO Total Return Fund Class A	Registered Investment Company	**	27,481
	PIMCO Total Return Fund Institutional Class	Registered Investment Company	**	152,188
	PrimeCap Odyssey Growth Fund	Registered Investment Company	**	14,529
	PrimeCap Odyssey Stock Fund	Registered Investment Company	**	20,127
	Principal MidCap Fund Institutional Class	Registered Investment Company	**	21,215
	Principal Preferred Securities Fund	Registered Investment Company	**	7,430
	Principal Real Estate Securities Fund Inst. Class	Registered Investment Company	**	7,571
	Putnam Capital Spectrum Fund	Registered Investment Company	**	21,188
	Putnam Diversified Income Trust	Registered Investment Company	**	8,999
	Royce Premier Fund Service Class	Registered Investment Company	**	13,691
	Royce Special Equity Fund Investment Class	Registered Investment Company	**	10,988
	Rydex Biotechnology Fund	Registered Investment Company	**	96,333
	Rydex S&P MidCap 400 Pure Growth Fund	Registered Investment Company	**	6,751
	T. Rowe Price Balanced Fund	Registered Investment Company	**	12,543
	T. Rowe Price Capital Appreciation Fund	Registered Investment Company	**	193,550

See Report of Independent Auditors

MARIETTA HEALTH CARE PHYSICIANS, INC. 403(b) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2017

Plan Sponsor: Marietta Memorial Hospital
Plan: 005
EIN: 31-1375125

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Mutual Funds (Continued):			
	T. Rowe Price Dividend Growth Fund	Registered Investment Company	**	32,080
	T. Rowe Price Growth Stock Fund	Registered Investment Company	**	7,869
	T. Rowe Price Health Sciences Fund	Registered Investment Company	**	34,254
	T. Rowe Price Small-Cap Value Fund	Registered Investment Company	**	22,355
	Templeton Global Bond Fund Advisor Class	Registered Investment Company	**	262
	Thornburg International Value Fund	Registered Investment Company	**	13,446
	TIAA-CREF Large-Cap Growth Index Fund	Registered Investment Company	**	4,801
	VanEck Global Hard Assets Fund	Registered Investment Company	**	11,813
	Vngrd 500 Index Fund	Registered Investment Company	**	234,763
	Vngrd Developed Markets Index Fund	Registered Investment Company	**	42,544
	Vngrd Dividend Growth Fund	Registered Investment Company	**	297,831
	Vngrd Emerging Markets Stock Index Fund	Registered Investment Company	**	272,531
	Vngrd energy Fund Admiral Shares	Registered Investment Company	**	28,526
	Vngrd Energy Fund Investor Shares	Registered Investment Company	**	31,876
	Vngrd Equity-Income Fund Admiral Shares	Registered Investment Company	**	4,580
	Vngrd Equity-Income Fund Investor Shares	Registered Investment Company	**	77,639
	Vngrd Global Equity Fund Investor Shares	Registered Investment Company	**	19,086
	Vngrd Global Minimum Volatility Fund	Registered Investment Company	**	8,809
	Vngrd GNMA Fund	Registered Investment Company	**	37,702
	Vngrd Growth Index Fund	Registered Investment Company	**	2,838,649
	Vngrd Health Care Fund Admiral Shares	Registered Investment Company	**	62,003
	Vngrd Health Care Fund Investor Shares	Registered Investment Company	**	21,224
	Vngrd High-Yield Corporate Fund	Registered Investment Company	**	1,110,413
	Vngrd Inflation-Protection Securities Fund	Registered Investment Company	**	165,127
	Vngrd International Explorer Fund	Registered Investment Company	**	343,682
	Vngrd International Value Fund	Registered Investment Company	**	1,030
	Vngrd Long-Term Investment-Grade Fund	Registered Investment Company	**	2,129
	Vngrd Long-Term Treasury Fund	Registered Investment Company	**	2,039
	Vngrd Mid-Cap Growth Index Fund Inv. Shares	Registered Investment Company	**	1,060
	Vngrd Mid-Cap Growth Index Fund Adm. Shares	Registered Investment Company	**	926,025
	Vngrd Mid-Cap Index Fund	Registered Investment Company	**	39,473
	Vngrd Mid-Cap Value Index Fund	Registered Investment Company	**	1,452,154
	Vngrd Real Estate Index Fund Admiral Shares	Registered Investment Company	**	333,670
	Vngrd Real Estate Index Fund Investor Shares	Registered Investment Company	**	27,027
	Vngrd Selected Value Fund Investor Shares	Registered Investment Company	**	57,040
	Vngrd Short-Term Bond Index Fund	Registered Investment Company	**	47,849
	Vngrd Short-Term Federal Fund	Registered Investment Company	**	5,153
	Vngrd Small Cap Index Fund	Registered Investment Company	**	2,270
	Vngrd Small Cap Value Index Fund	Registered Investment Company	**	934,013
	Vngrd Small-Cap Growth Index Fund Adm.	Registered Investment Company	**	802,734
	Vngrd Star Fund Investor Shares	Registered Investment Company	**	16,991
	Vngrd Strategic Small-Cap Equity Fund	Registered Investment Company	**	19,045

See Report of Independent Auditors

MARIETTA HEALTH CARE PHYSICIANS, INC. 403(b) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2017

Plan Sponsor: Marietta Memorial Hospital
Plan: 005
EIN: 31-1375125

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Mutual Funds (Continued):			
	Vngrd Total Bond Market Index Fund	Registered Investment Company	**	189,093
	Vngrd Total International Bond Index	Registered Investment Company	**	1,386,727
	Vngrd Total International Stock Index Fund	Registered Investment Company	**	40,671
	Vngrd Total Stock Market Index Fund	Registered Investment Company	**	214,495
	Vngrd Value Index Fund	Registered Investment Company	**	1,436,921
	Vngrd Wellesley Income Fund Admiral Shares	Registered Investment Company	**	38,408
	Vngrd Wellesley Income Fund Investor Shares	Registered Investment Company	**	13,975
	Victory Global Natural Resources Fund	Registered Investment Company	**	1,418
	Victory Sycamore Small Company Oppr Fund	Registered Investment Company	**	23,227
	Virtus Duff & Phelps Real Estate Securities Fund	Registered Investment Company	**	32,020
	Wells Fargo Emerging Markets Equity Fund	Registered Investment Company	**	25,531
	Wells Fargo Precious Metals Fund	Registered Investment Company	**	16,026
		Total mutual funds		30,717,798
	Loans Receivable	Participant loans receivable, 4.25% - 5.25%; maturity dates through November 25, 2022	-0-	403,675
				$ 33,229,908

* Party-in-interest.

** Cost omitted for participant directed investments.

See Report of Independent Auditors

MARIETTA HEALTH CARE PHYSICIANS, INC. 403(b) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2017

Plan Sponsor: Marietta Memorial Hospital
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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Nationwide Fixed Account	Guaranteed Investment Contract	**	$ 918,661
*	Nationwide Money Market Fund Inst	Money Market Fund	**	1,189,774
	Mutual Funds:			
	AmBcn Large Cap Value Fund	Registered Investment Company	**	42,431
	AmCen Equity Income Fund	Registered Investment Company	**	44,761
	AmCen Mid Cap Value Fund	Registered Investment Company	**	76,908
	AmFnds AMCAP Fund	Registered Investment Company	**	18,857
	AmFnds Cap. World Growth & Income Fund Class R-	Registered Investment Company	**	63,453
	AmFnds Cap. World Growth & Income Fund Class R-	Registered Investment Company	**	27,155
	AmFnds EuroPacific Growth Fund	Registered Investment Company	**	41,452
	AmFnds Fundamental Investors	Registered Investment Company	**	55,837
	AmFnds Global Balanced Fund Class	Registered Investment Company	**	35,074
	AmFnds New Perspective Fund	Registered Investment Company	**	36,520
	AmFnds New World Fund Class R-1	Registered Investment Company	**	54
	AmFnds New World Fund Class R-6	Registered Investment Company	**	34,969
	AmFnds SmallCap World Fund	Registered Investment Company	**	21,751
	AmFnds The Bond Fund of America	Registered Investment Company	**	27,785
	AmFnds The Growth Fund of America	Registered Investment Company	**	58,442
	AmInd U.S. Inflation-Protected Fund	Registered Investment Company	**	6,079
	AMG Managers Fairpointe Mid Cap Fund	Registered Investment Company	**	41,530
	Artisan International Value Fund	Registered Investment Company	**	18,987
	Ave Maria Rising Dividend Fund	Registered Investment Company	**	12,363
	Baron Opportunity Fund	Registered Investment Company	**	14,785
	BlackRock Equity Dividend Fund Investor	Registered Investment Company	**	15,731
	BlackRock Global Allocation Fund, Inc.	Registered Investment Company	**	37,398
	BlackRock Health Sciences Opportunities Port.	Registered Investment Company	**	36,118
	BlackRock High Yield Bond Portfolio	Registered Investment Company	**	44,793
	ClearBridge Aggressive Growth Fund	Registered Investment Company	**	19,093
	Cohen & Steers Real Estate Securities Fund	Registered Investment Company	**	11,872
	Davis New York Venture Fund	Registered Investment Company	**	39,392
	Delaware Emerging Markets Fund	Registered Investment Company	**	15,049
	Delaware Extended Duration Bond Fund	Registered Investment Company	**	4,466
	DFA Emerging Markets Core Equity Portfolio	Registered Investment Company	**	21,101
	DFA Global Real Estate Securities Portfolio	Registered Investment Company	**	5,290
	DFA Short-Term Government Portfolio	Registered Investment Company	**	13,746
	DFA U.S. Core Equity II Portfolio	Registered Investment Company	**	18,457
	DFA U.S. Small Cap Portfolio	Registered Investment Company	**	44,331
	Diamond Hill Small Cap Fund	Registered Investment Company	**	38,621
	Dodge & Cox Balanced Fund	Registered Investment Company	**	11,985
	DWS CROCI U.S. Fund	Registered Investment Company	**	53,558
	DWS Enhanced Commodity Strategy Fund	Registered Investment Company	**	21,443

MARIETTA HEALTH CARE PHYSICIANS, INC. 403(b) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2017

Plan Sponsor: Marietta Memorial Hospital
Plan: 005
EIN: 31-1375125

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Mutual Funds (Continued):			
	DWS High Income Fund	Registered Investment Company	**	31,403
	DWS RREEF Real Estate Securities Fund	Registered Investment Company	**	11,764
	Eaton Vance Atlanta Capital SMID-Cap Fund	Registered Investment Company	**	21,231
	Fidelity Advisor Leverage Company Stock Fund	Registered Investment Company	**	8,956
	Fidelity Advisor Strategic Income Fund	Registered Investment Company	**	9,194
	Fidelity International Index Fund Premium Class	Registered Investment Company	**	456
	Fidelity Mid Cap Index Fund Premium Class	Registered Investment Company	**	464
	Fidelity Small Cap Index Fund Premium Class	Registered Investment Company	**	458
	Fidelity U.S. Bond Index Fund Premium Class	Registered Investment Company	**	840
	FPA Crescent Fund	Registered Investment Company	**	151,569
	Franklin Biotechnology Discovery Fund	Registered Investment Company	**	94,482
	Harbor International Fund Institutional Class	Registered Investment Company	**	27,958
	Heartland Value Plus Fund Investor Class	Registered Investment Company	**	18,201
	Invesco Balanced-Risk Allocation Fund	Registered Investment Company	**	5,300
	Invesco Developing Markets Fund	Registered Investment Company	**	59,383
	Invesco Energy Fund Investor Class	Registered Investment Company	**	10,425
	Invesco Gold and Precious Metals Fund	Registered Investment Company	**	10,894
	Ivy Asset Strategy Fund	Registered Investment Company	**	9
	Ivy Science and Technology Fund	Registered Investment Company	**	18,454
	Janus Henderson Balanced Fund	Registered Investment Company	**	32,411
	John Hancock Funds International Growth Fund	Registered Investment Company	**	14,306
	JPM Core Plus Bond	Registered Investment Company	**	61,785
	JPM Small Cap Equity Fund	Registered Investment Company	**	24,241
	JPM Small Cap Value Fund	Registered Investment Company	**	6,751
	JPM U.S. Large Cap Core Plus Bond Fund	Registered Investment Company	**	12,982
	Loomis Sayles Bond Fund	Registered Investment Company	**	22,770
	Loomis Sayles Investment Grade Bond Fund	Registered Investment Company	**	267
	Lord Abbett Developing Growth Fund	Registered Investment Company	**	12,101
	M&N Pro-Blend Moderate Term Series	Registered Investment Company	**	22,486
	Metropolitan West Total Return Bond Fund	Registered Investment Company	**	122,973
	MFS Utilities Fund Class	Registered Investment Company	**	92,859
*	Nationwide Aggregate SDBA Assets	Registered Investment Company	**	353,002
*	Nationwide Bond Index Fund	Registered Investment Company	**	542,137
*	Nationwide Destination 2010 Fund	Registered Investment Company	**	142
*	Nationwide Destination 2015 Fund	Registered Investment Company	**	144
*	Nationwide Destination 2020 Fund	Registered Investment Company	**	149,840
*	Nationwide Destination 2025 Fund	Registered Investment Company	**	65,804
*	Nationwide Destination 2030 Fund	Registered Investment Company	**	764,473
*	Nationwide Destination 2035 Fund	Registered Investment Company	**	699,364
*	Nationwide Destination 2040 Fund	Registered Investment Company	**	163,891
*	Nationwide Destination 2045 Fund	Registered Investment Company	**	575,028
*	Nationwide Destination 2050 Fund	Registered Investment Company	**	370,958

MARIETTA HEALTH CARE PHYSICIANS, INC. 403(b) PLAN

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DECEMBER 31, 2017

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Plan: 005
EIN: 31-1375125

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Mutual Funds (Continued):			
*	Nationwide Destination 2055 Fund	Registered Investment Company	**	452,678
*	Nationwide Destination 2060 Fund Class R6	Registered Investment Company	**	19,454
*	Nationwide International Index Fund	Registered Investment Company	**	2,383,966
*	Nationwide Investor Dest. Aggressive Fund	Registered Investment Company	**	328,336
*	Nationwide Investor Dest. Mod Con. Fund	Registered Investment Company	**	1,298,329
*	Nationwide Investor Dest. Moderate Fund	Registered Investment Company	**	717,236
*	Nationwide Mid Cap Market Index Fund	Registered Investment Company	**	294,398
*	Nationwide S&P 500 Index	Registered Investment Company	**	3,901,099
*	Nationwide Small Cap Index Fund	Registered Investment Company	**	806,294
	Oakmark Fund Service Class	Registered Investment Company	**	30,884
	Oakmark International Fund Service Class	Registered Investment Company	**	13,927
	Oakmark Select Fund Service Class	Registered Investment Company	**	44,174
	Oppenheimer Developing Markets Fund	Registered Investment Company	**	28,230
	Oppenheimer Equity Income Fund	Registered Investment Company	**	3,869
	Oppenheimer Gold & Special Minerals Fund	Registered Investment Company	**	12
	Parnassus Core Equity Fund - Institutional Shares	Registered Investment Company	**	70,519
	Parnassus Core Equity Fund - Investor Shares	Registered Investment Company	**	158
	Permanent Portfolio Class I	Registered Investment Company	**	16,368
	PGIM Global Total Return Fund	Registered Investment Company	**	5,459
	PIMCO All Asset All Authority Fund	Registered Investment Company	**	20,817
	PIMCO Commodity Real Return Strategy Fund	Registered Investment Company	**	6,907
	PIMCO Dynamic Bond Fund	Registered Investment Company	**	7,678
	PIMCO Global Multi-Asset Fund	Registered Investment Company	**	14,559
	PIMCO Income Fund Class A	Registered Investment Company	**	7,256
	PIMCO Income Fund Institutional Class	Registered Investment Company	**	26,068
	PIMCO Low Durantion Fund Institutional Class	Registered Investment Company	**	64,876
	PIMCO Real Return Fund	Registered Investment Company	**	3,791
	PIMCO Total Return Fund Class A	Registered Investment Company	**	27,481
	PIMCO Total Return Fund Institutional Class	Registered Investment Company	**	152,188
	PrimeCap Odyssey Growth Fund	Registered Investment Company	**	14,529
	PrimeCap Odyssey Stock Fund	Registered Investment Company	**	20,127
	Principal MidCap Fund Institutional Class	Registered Investment Company	**	21,215
	Principal Preferred Securities Fund	Registered Investment Company	**	7,430
	Principal Real Estate Securities Fund Inst. Class	Registered Investment Company	**	7,571
	Putnam Capital Spectrum Fund	Registered Investment Company	**	21,188
	Putnam Diversified Income Trust	Registered Investment Company	**	8,999
	Royce Premier Fund Service Class	Registered Investment Company	**	13,691
	Royce Special Equity Fund Investment Class	Registered Investment Company	**	10,988
	Rydex Biotechnology Fund	Registered Investment Company	**	96,333
	Rydex S&P MidCap 400 Pure Growth Fund	Registered Investment Company	**	6,751
	T. Rowe Price Balanced Fund	Registered Investment Company	**	12,543
	T. Rowe Price Capital Appreciation Fund	Registered Investment Company	**	193,550

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MARIETTA HEALTH CARE PHYSICIANS, INC. 403(b) PLAN

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Plan Sponsor: Marietta Memorial Hospital
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	Mutual Funds (Continued):			
	T. Rowe Price Dividend Growth Fund	Registered Investment Company	**	32,080
	T. Rowe Price Growth Stock Fund	Registered Investment Company	**	7,869
	T. Rowe Price Health Sciences Fund	Registered Investment Company	**	34,254
	T. Rowe Price Small-Cap Value Fund	Registered Investment Company	**	22,355
	Templeton Global Bond Fund Advisor Class	Registered Investment Company	**	262
	Thornburg International Value Fund	Registered Investment Company	**	13,446
	TIAA-CREF Large-Cap Growth Index Fund	Registered Investment Company	**	4,801
	VanEck Global Hard Assets Fund	Registered Investment Company	**	11,813
	Vngrd 500 Index Fund	Registered Investment Company	**	234,763
	Vngrd Developed Markets Index Fund	Registered Investment Company	**	42,544
	Vngrd Dividend Growth Fund	Registered Investment Company	**	297,831
	Vngrd Emerging Markets Stock Index Fund	Registered Investment Company	**	272,531
	Vngrd energy Fund Admiral Shares	Registered Investment Company	**	28,526
	Vngrd Energy Fund Investor Shares	Registered Investment Company	**	31,876
	Vngrd Equity-Income Fund Admiral Shares	Registered Investment Company	**	4,580
	Vngrd Equity-Income Fund Investor Shares	Registered Investment Company	**	77,639
	Vngrd Global Equity Fund Investor Shares	Registered Investment Company	**	19,086
	Vngrd Global Minimum Volatility Fund	Registered Investment Company	**	8,809
	Vngrd GNMA Fund	Registered Investment Company	**	37,702
	Vngrd Growth Index Fund	Registered Investment Company	**	2,838,649
	Vngrd Health Care Fund Admiral Shares	Registered Investment Company	**	62,003
	Vngrd Health Care Fund Investor Shares	Registered Investment Company	**	21,224
	Vngrd High-Yield Corporate Fund	Registered Investment Company	**	1,110,413
	Vngrd Inflation-Protection Securities Fund	Registered Investment Company	**	165,127
	Vngrd International Explorer Fund	Registered Investment Company	**	343,682
	Vngrd International Value Fund	Registered Investment Company	**	1,030
	Vngrd Long-Term Investment-Grade Fund	Registered Investment Company	**	2,129
	Vngrd Long-Term Treasury Fund	Registered Investment Company	**	2,039
	Vngrd Mid-Cap Growth Index Fund Inv. Shares	Registered Investment Company	**	1,060
	Vngrd Mid-Cap Growth Index Fund Adm. Shares	Registered Investment Company	**	926,025
	Vngrd Mid-Cap Index Fund	Registered Investment Company	**	39,473
	Vngrd Mid-Cap Value Index Fund	Registered Investment Company	**	1,452,154
	Vngrd Real Estate Index Fund Admiral Shares	Registered Investment Company	**	333,670
	Vngrd Real Estate Index Fund Investor Shares	Registered Investment Company	**	27,027
	Vngrd Selected Value Fund Investor Shares	Registered Investment Company	**	57,040
	Vngrd Short-Term Bond Index Fund	Registered Investment Company	**	47,849
	Vngrd Short-Term Federal Fund	Registered Investment Company	**	5,153
	Vngrd Small Cap Index Fund	Registered Investment Company	**	2,270
	Vngrd Small Cap Value Index Fund	Registered Investment Company	**	934,013
	Vngrd Small-Cap Growth Index Fund Adm.	Registered Investment Company	**	802,734
	Vngrd Star Fund Investor Shares	Registered Investment Company	**	16,991
	Vngrd Strategic Small-Cap Equity Fund	Registered Investment Company	**	19,045

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MARIETTA HEALTH CARE PHYSICIANS, INC. 403(b) PLAN

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	Mutual Funds (Continued):			
	Vngrd Total Bond Market Index Fund	Registered Investment Company	**	189,093
	Vngrd Total International Bond Index	Registered Investment Company	**	1,386,727
	Vngrd Total International Stock Index Fund	Registered Investment Company	**	40,671
	Vngrd Total Stock Market Index Fund	Registered Investment Company	**	214,495
	Vngrd Value Index Fund	Registered Investment Company	**	1,436,921
	Vngrd Wellesley Income Fund Admiral Shares	Registered Investment Company	**	38,408
	Vngrd Wellesley Income Fund Investor Shares	Registered Investment Company	**	13,975
	Victory Global Natural Resources Fund	Registered Investment Company	**	1,418
	Victory Sycamore Small Company Oppr Fund	Registered Investment Company	**	23,227
	Virtus Duff & Phelps Real Estate Securities Fund	Registered Investment Company	**	32,020
	Wells Fargo Emerging Markets Equity Fund	Registered Investment Company	**	25,531
	Wells Fargo Precious Metals Fund	Registered Investment Company	**	16,026
		Total mutual funds		30,717,798
	Loans Receivable	Participant loans receivable, 4.25% - 5.25%; maturity dates through November 25, 2022	-0-	403,675
				$ 33,229,908

* Party-in-interest.

** Cost omitted for participant directed investments.

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