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
RETIREMENT PLUS OF MEMORIAL HEALTH SYSTEM HOSPITALS

1b Three-digit plan number (PN) ▶ 006

1c Effective date of plan 01/01/1994

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 MEMORIAL HOSPITAL

401 MATTHEW STREET
MARIETTA, OH 45750

2b Employer Identification Number (EIN) 31-4379509

2c Plan Sponsor's telephone number 740-374-1415

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	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**	2741
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)**	2476
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2615
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	296
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	2911
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	2911
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	2028
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 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
RETIREMENT PLUS OF MEMORIAL HEALTH SYSTEM HOSPITALS

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
MARIETTA MEMORIAL HOSPITAL

D Employer Identification Number (EIN)
31-4379509

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	194-84049	2028	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
16377	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
200 BUSH RUN RD, STE A
GREENSBURG, PA 15601

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
16377			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

(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	6043158
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	5902432
c	Additions: (1) Contributions deposited during the year	7c(1)	387435	
	(2) Dividends and credits	7c(2)	0	
	(3) Interest credited during the year	7c(3)	135107	
	(4) Transferred from separate account	7c(4)	397569	
	(5) Other (specify below)	7c(5)	62657	
	▶ LOAN REPAYMENT - PRINCIPAL TRANSFER FROM OUTSIDE NW - PRINCIPA			
	(6)Total additions		7c(6)	982768
d	Total of balance and additions (add lines **7b** and **7c(6)**).		7d	6885200
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	359942	
	(2) Administration charge made by carrier	7e(2)	6836	
	(3) Transferred to separate account	7e(3)	354104	
	(4) Other (specify below)	7e(4)	121160	
	▶ LOAN WITHDRAWAL PLAN LEVEL WITHDRAWAL			
	(5) Total deductions		7e(5)	842042
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	6043158

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
RETIREMENT PLUS OF MEMORIAL HEALTH SYSTEM HOSPITALS

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
MARIETTA MEMORIAL HOSPITAL

D Employer Identification Number (EIN)
31-4379509

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 ROAD
SUITE A
GREENBURG, 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 26 37 49 52 59 60 63 64 99	SERVICE PROVIDER	264074	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

NILES LANKFORD GROUP, INC.

1500 NORTH OAK DRIVE
PLYMOUTH, IN 46563-3431

(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 64 99	TPA	90771	Yes [X] No [ ]	Yes [ ] No [X]	31202	Yes [ ] No [X]

(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 [ ]

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 64 99	31202

(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	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	ADVISORY/SERVICE PROVIDER FEE & 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 COMPANY	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
RETIREMENT PLUS OF MEMORIAL HEALTH SYSTEM HOSPITALS

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
MARIETTA MEMORIAL HOSPITAL

D Employer Identification Number (EIN)
31-4379509

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)	233414	0
(2) Participant contributions	1b(2)	173444	203522
(3) Other	1b(3)	24371	29328
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	431943	430356
(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)	1762013	2207250
(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)	44453939	54425612
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	5902432	6043158
(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	52981556	63339226
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	52981556	63339226

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)	18755	
(B) Participants	2a(1)(B)	5038568	
(C) Others (including rollovers)	2a(1)(C)	564791	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		5622114
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)	93783	
(F) Other	2b(1)(F)	120022	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		213805
(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)		7928194
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		13764113
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2623781	
(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)		2623781
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		5535
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	3425	
(2) Contract administrator fees	2i(2)	28275	
(3) Investment advisory and management fees	2i(3)	235798	
(4) Other	2i(4)	90771	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		358269
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2987585
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		10776528
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		418858

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)
MARIETTA HEALTH CARE PHYSICIANS, INC. 403(B) PLAN	31-1375125	005

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
RETIREMENT PLUS OF MEMORIAL HEALTH SYSTEM HOSPITALS

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
MARIETTA MEMORIAL HOSPITAL

D Employer Identification Number (EIN)
31-4379509

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):

RETIREMENT PLUS OF MEMORIAL HEALTH SYSTEM HOSPITALS 403(b) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2017 AND 2016

CPAs / ADVISORS

blue

RETIREMENT PLUS OF MEMORIAL HEALTH SYSTEM HOSPITALS 403(b) PLAN

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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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Retirement Plus of Memorial Health System Hospitals 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 audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Nationwide Financial Services, Inc., the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the 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 then 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph we do not express an opinion on the supplemental schedule referred to above.

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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Blue & Co., LLC

Westerville, Ohio
October 11, 2018

RETIREMENT PLUS OF MEMORIAL HEALTH SYSTEM HOSPITALS 403(b) PLAN

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

	2017	2016
Assets		
Investments at Fair Value		
Investment contract	$ 6,043,158	$ 5,902,432
Money market fund	430,356	431,943
Mutual funds	54,425,612	44,453,939
Total investments	60,899,126	50,788,314
Receivables		
Employee contributions receivable	203,522	173,444
Employer contributions receivable	-	233,414
Other receivable	29,328	24,371
Notes receivable from participants	2,207,250	1,762,013
Total receivables	2,440,100	2,193,242
Net assets available for benefits	$ 63,339,226	$ 52,981,556

See accompanying notes to financial statements.

RETIREMENT PLUS OF MEMORIAL HEALTH SYSTEM HOSPITALS 403(b) PLAN

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

		2017
Additions		
Employee contributions	$	5,038,568
Employer contributions		18,755
Rollovers		564,791
Loan interest		93,783
Net appreciation		7,928,194
Interest and dividends		120,022
Total additions		13,764,113
Deductions		
Benefits paid		2,623,781
Deemed loans		5,535
Transfers out		418,858
Administrative expenses		358,269
Total deductions		3,406,443
Net increase		10,357,670
Net assets available for benefits		
Beginning of year		52,981,556
End of year	$	63,339,226

See accompanying notes to financial statements.

1. DESCRIPTION OF THE PLAN

The following is a general description of the Retirement Plus of Memorial Health System Hospitals 403(b) Plan (the "Plan"). Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering employees of Memorial Health System and Selby General Hospital (Plan Sponsors) which started January 1, 2009. Participants first became eligible for the Plan on January 1, 2009. Employees who have met certain eligibility requirements are eligible upon date of employment. 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. The Plan Sponsors have the option of making a discretionary matching contribution as determined by the Plan Sponsors' board of directors. For 2017 and 2016, the discretionary matching contribution was 0% and 10% of deferrals, up to a max of 4%, respectively. Participants direct the investment of their contributions into various options offered by the Plan.

Rollovers

The Plan allows participants to rollover funds from another approved plan into this plan upon employment or anytime while employed. Participants are 100% vested in rollover funds and any earnings on those rollovers.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Plan Sponsors' contribution and, (b) Plan earnings (losses), and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their account, including plan sponsor contributions, and actual earnings on the contributions.

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 maximum number of Plan loans a participant may leave outstanding at one time, including any refinancing of an existing loan, is one. The loans are secured by the balance in the participant's account and bear interest at the prime rate plus 1%. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

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

Administrative Expenses

All expenses of maintaining the Plan are paid by the Plan.

Transfers

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

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates that affect the amounts reported in the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's 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 3 for discussion of fair value measurements.

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

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. FAIR VALUE OF FINANCIAL INSTRUMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy 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 during 2017 and 2016.

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.

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 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.

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:

	Level 1	Level 2	Level 3	Total
Investment contracts	$ -	$ -	$ 6,043,158	$ 6,043,158
Money market fund	-	430,356	-	430,356
Mutual funds	54,425,612	-	-	54,425,612
Total assets at fair value	$ 54,425,612	$ 430,356	$ 6,043,158	$ 60,899,126

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016:

	Level 1	Level 2	Level 3	Total
Investment contracts	$ -	$ -	$ 5,902,432	$ 5,902,432
Money market fund	-	431,943	-	431,943
Mutual funds	44,453,939	-	-	44,453,939
Total assets at fair value	$ 44,453,939	$ 431,943	$ 5,902,432	$ 50,788,314

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 the Plan's assets that are carried at fair value on a recurring basis, classified within Level 3 of the valuation hierarchy for the year ended December 31, 2017:

	2017
Beginning balance	$ 5,902,432
Contributions, net exchanges	430,900
Interest income	120,022
Sales, repayments settlements net	(410,196)
Ending balance	$ 6,043,158

The fair value of the Guaranteed Investment Contract is based on significant unobservable inputs, including the credit worthiness of the issuer, Nationwide Life Insurance Company and the terms of the investment contract. Significant fluctuations in any of the inputs in isolation could result in a significantly different fair value measurement.

4. INVESTMENTS

All of the Plan's investments are managed by Nationwide Financial Services, Inc. (the "Custodian") whereby all contributions are remitted to the Custodian and invested. 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, as permitted under such election, the plan administrator has obtained a certification from the Custodian of the Plan that all information provided by them is complete and accurate. Information included in the accompanying financial statements as to investments, interest income, net appreciation in investments and all information in the supplemental schedule is presented in reliance solely upon this certification.

The Plan entered into a non-benefit-responsive investment contract with the Custodian. The Custodian maintains the investments in a general non allocated 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 value which is reported to the Plan by the Custodian. 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.

5. INCOME 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.

6. TRANSACTIONS WITH PARTIES-IN-INTEREST

The Plan investments and shares of mutual funds 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 Sponsors.

7. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in 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.

8. PLAN TERMINATION

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

Supplemental Schedule

RETIREMENT PLUS OF MEMORIAL HEALTH SYSTEM HOSPITALS 403(b) PLAN

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

Employer Identification No. 31-4379509
Plan No. 006

(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
	Investment contract:			
*	Nationwide Fixed Account	Guaranteed Investment Contract	**	$ 6,043,158
	Money market fund:			
*	Nationwide Money Mkt Inst	Money Market Fund	**	430,356
	Mutual funds:			
	AB International Vaue Fund	Registered Investment Company	**	6,627
	Aberdeen Global Equity Fund	Registered Investment Company	**	9,883
	AmBcn International Equity Fund	Registered Investment Company	**	133,652
	AmCen Short Duration Inflation Prot. Bond Fund	Registered Investment Company	**	8,664
	American Funds AMCAP Fund	Registered Investment Company	**	4,930
	American Funds The Income Fund of America	Registered Investment Company	**	534
	Baron Growth Fund Retail Shares	Registered Investment Company	**	6,173
	Baron Partners Fund Retail	Registered Investment Company	**	3,087
	BlackRock Advantage Large Cap Value Fund	Registered Investment Company	**	9,227
	BlackRock Global Allocation Fund, Inc.	Registered Investment Company	**	8,744
	BlackRock High Yield Bond Portfolio	Registered Investment Company	**	10,221
	BlackRock Strategic Income Opps Inv A Fund	Registered Investment Company	**	49,567
	Calvert Global Energy Solutions Fund	Registered Investment Company	**	30,147
	Columbia Select Large Cap Growth Fund	Registered Investment Company	**	111,505
	Delaware Extended Duration Bond Fund	Registered Investment Company	**	430
	DFA Emerging Markets Core Equity Portfolio	Registered Investment Company	**	130,478
	DFA Inflation-Protecteed Securities Portfolio	Registered Investment Company	**	63,053
	DFA U.S. Large Cap Value Portfolio	Registered Investment Company	**	106,604
	DFA U.S. Targeted Value Portfolio	Registered Investment Company	**	48,045
	Dodge & Cox Stock Fund	Registered Investment Company	**	16
	Eaton Vance Atlanta Capital SMID-Cap Fund	Registered Investment Company	**	105,795
	Eaton Vance Dividend Builder Fund	Registered Investment Company	**	4,587
	Fidelity Advisor Freedom 2045 Fund	Registered Investment Company	**	2,112
	Fidelity Advisor Freedom 2050 Fund	Registered Investment Company	**	22,115
	Fidelity Advisor Freedome 2055 Fund	Registered Investment Company	**	17,104
	Harbor International Fund	Registered Investment Company	**	9,451
	Invesco Gold and Precious Metals Fund	Registered Investment Company	**	20,907
	Ivy Asset Strategy Fund	Registered Investment Company	**	3,327
	Ivy Balanced Fund Class	Registered Investment Company	**	3,621
	JPM Equity Income Fund Class A	Registered Investment Company	**	10,821
	JPM Equity Income Fund Class R5	Registered Investment Company	**	107,968
	JPM Small Cap Blend Fund	Registered Investment Company	**	27,287
	JPM Small Cap Equity Fund	Registered Investment Company	**	70
	JPM Small Cap Value Fund	Registered Investment Company	**	2,297
	MainStay MacKay Total Return Bond Fund	Registered Investment Company	**	17,221
	Manning & Napier Pro-Blend Moderate Term Series	Registered Investment Company	**	8,388
	MFS Utilities Fund Class R1	Registered Investment Company	**	19,667

See accompanying report of independent auditors.

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

Employer Identification No. 31-4379509
Plan No. 006

(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):			
	MFS Vallue Fund Class A	Registered Investment Company	**	1,840
*	Nationwide Bond Index Fund	Registered Investment Company	**	289,076
*	Nationwide Destination 2010 Fund	Registered Investment Company	**	126,584
*	Nationwide Destination 2015 Fund	Registered Investment Company	**	877,355
*	Nationwide Destination 2020 Fund	Registered Investment Company	**	1,584,509
*	Nationwide Destination 2025 Fund	Registered Investment Company	**	2,671,552
*	Nationwide Destination 2030 Fund	Registered Investment Company	**	2,416,372
*	Nationwide Destination 2035 Fund	Registered Investment Company	**	1,306,057
*	Nationwide Destination 2040 Fund	Registered Investment Company	**	1,335,815
*	Nationwide Destination 2045 Fund	Registered Investment Company	**	1,266,614
*	Nationwide Destination 2050 Fund	Registered Investment Company	**	1,519,449
*	Nationwide Destination 2055 Fund	Registered Investment Company	**	638,411
*	Nationwide Destination 2060 Fund	Registered Investment Company	**	191,223
*	Nationwide International Index Fund	Registered Investment Company	**	2,558,843
*	Nationwide Investor Dest. Aggressive Fund	Registered Investment Company	**	2,924,048
*	Nationwide Investor Dest. Moderate Fund	Registered Investment Company	**	882,190
*	Nationwide Investor Dest. Mod. Conservative Fund	Registered Investment Company	**	463,151
*	Nationwide Loomis All Cap Growth Fund	Registered Investment Company	**	108,613
*	Nationwide Mid Cap Market Index Fund Class A	Registered Investment Company	**	3,884
*	Nationwide Mid Cap Market Index Fund Class R6	Registered Investment Company	**	405,657
*	Nationwide S&P 500 Index Fund	Registered Investment Company	**	9,436,528
*	Nationwide Small Cap Index Fund	Registered Investment Company	**	852,110
	Nuveen Symphony Credit Opportunities Fund	Registered Investment Company	**	70,777
	Oppenheimer Developing Markets Fund	Registered Investment Company	**	41,612
	Oppenheimer International Growth Fund	Registered Investment Company	**	141,635
	PGIM Global Real Estate Fund	Registered Investment Company	**	61,829
	PGIM Jennison Growth Fund	Registered Investment Company	**	5,607
	PGIM Total Return Bond Fund	Registered Investment Company	**	10,369
	PGIM Total Return Bond Fund	Registered Investment Company	**	153,837
	Principal High Yield Fund	Registered Investment Company	**	46,250
	Rydex Biotechnology Fund	Registered Investment Company	**	30,075
	Rydex Electronics Fund	Registered Investment Company	**	29,009
	Rydex Financial Services Fund	Registered Investment Company	**	19,660
	Rydex S&P MidCap 400 Pure Growth Fund	Registered Investment Company	**	1,905
	Rydex Utilities Fund	Registered Investment Company	**	19,289
	T. Rowe Price Groth Stock Fund	Registered Investment Company	**	4,680
	Templeton Global Bond Fund Advisor Class	Registered Investment Company	**	35,485
	Templeton Global Bond Fund Class A	Registered Investment Company	**	7,351
	Vngrd 500 Index Fund	Registered Investment Company	**	466,786
	Vngrd Balanced Index Fund	Registered Investment Company	**	23,365
	Vngrd Consumer Staples Index Fund	Registered Investment Company	**	2,368
	Vngrd Dividend Growth Fund	Registered Investment Company	**	10,056
	Vngrd Emerging Markets Stock Index Fund	Registered Investment Company	**	269,904

See accompanying report of independent auditors.

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

Employer Identification No. 31-4379509
Plan No. 006

(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 Explorer Fund	Registered Investment Company	**	47,671
	Vngrd GNMA Fund	Registered Investment Company		11,650
	Vngrd Growth Index Fund	Registered Investment Company		5,394,897
	Vngrd High-yield Corporate Fund	Registered Investment Company	**	2,665,224
	Vngrd Inflation-Protected Securities Fund	Registered Investment Company		53,045
	Vngrd Intermediate-Term Inv-Grade Fund	Registered Investment Company		453,503
	Vngrd International Explorer Fund	Registered Investment Company		280,043
	Vngrd Mid-Cap Growth Index Fund	Registered Investment Company		928,577
	Vngrd Mid-Cap Value Index Fund	Registered Investment Company		2,697,903
	Vngrd Pacific Stock Index Fund	Registered Investment Company		55
	Vngrd Real Estate Index Fund	Registered Investment Company		151,544
	Vngrd Short-Term Bond Index Fund	Registered Investment Company		743
	Vngrd Short-Term Investment-Grade Fund	Registered Investment Company		108
	Vngrd Short-Term Treasury Fund	Registered Investment Company		11,430
	Vngrd Small Cap Value Index Fund	Registered Investment Company		1,608,981
	Vngrd Small-Cap Growth Index Fund	Registered Investment Company		842,468
	Vngrd Small-Cap Index Fund	Registered Investment Company		2,234
	Vngrd Total Bond Market Index Fund	Registered Investment Company		84,996
	Vngrd Total International Bond Index	Registered Investment Company		2,426,325
	Vngrd Total International Stock Index	Registered Investment Company		112,651
	Vngrd Total Stock Market Index Fund	Registered Investment Company		97,731
	Vngrd Value Index Fund	Registered Investment Company		2,075,995
	Vngrd Wellesley Income Fund Adm. Shares	Registered Investment Company		4,173
	Vngrd Wellesley Income Fund Inv.Shares	Registered Investment Company		8,565
	WF Utility and Telecommunications Fund	Registered Investment Company		29,045
		Total mutual funds		54,425,612
*	Participant Notes Receivable	Participant notes receivable, 4.25% - 5.5%, maturity dates through September, 2031	-0-	2,207,250
				$ 63,106,376

* Party-in-interest
** Cost omitted for participant directed investments

See accompanying report of independent auditors.

RETIREMENT PLUS OF MEMORIAL HEALTH SYSTEM HOSPITALS 403(b) PLAN

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

Employer Identification No. 31-4379509
Plan No. 006

(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
	Investment contract:			
*	Nationwide Fixed Account	Guaranteed Investment Contract	**	$ 6,043,158
	Money market fund:			
*	Nationwide Money Mkt Inst	Money Market Fund	**	430,356
	Mutual funds:			
	AB International Vaue Fund	Registered Investment Company	**	6,627
	Aberdeen Global Equity Fund	Registered Investment Company	**	9,883
	AmBcn International Equity Fund	Registered Investment Company	**	133,652
	AmCen Short Duration Inflation Prot. Bond Fund	Registered Investment Company	**	8,664
	American Funds AMCAP Fund	Registered Investment Company	**	4,930
	American Funds The Income Fund of America	Registered Investment Company	**	534
	Baron Growth Fund Retail Shares	Registered Investment Company	**	6,173
	Baron Partners Fund Retail	Registered Investment Company	**	3,087
	BlackRock Advantage Large Cap Value Fund	Registered Investment Company	**	9,227
	BlackRock Global Allocation Fund, Inc.	Registered Investment Company	**	8,744
	BlackRock High Yield Bond Portfolio	Registered Investment Company	**	10,221
	BlackRock Strategic Income Opps Inv A Fund	Registered Investment Company	**	49,567
	Calvert Global Energy Solutions Fund	Registered Investment Company	**	30,147
	Columbia Select Large Cap Growth Fund	Registered Investment Company	**	111,505
	Delaware Extended Duration Bond Fund	Registered Investment Company	**	430
	DFA Emerging Markets Core Equity Portfolio	Registered Investment Company	**	130,478
	DFA Inflation-Protecteed Securities Portfolio	Registered Investment Company	**	63,053
	DFA U.S. Large Cap Value Portfolio	Registered Investment Company	**	106,604
	DFA U.S. Targeted Value Portfolio	Registered Investment Company	**	48,045
	Dodge & Cox Stock Fund	Registered Investment Company	**	16
	Eaton Vance Atlanta Capital SMID-Cap Fund	Registered Investment Company	**	105,795
	Eaton Vance Dividend Builder Fund	Registered Investment Company	**	4,587
	Fidelity Advisor Freedom 2045 Fund	Registered Investment Company	**	2,112
	Fidelity Advisor Freedom 2050 Fund	Registered Investment Company	**	22,115
	Fidelity Advisor Freedome 2055 Fund	Registered Investment Company	**	17,104
	Harbor International Fund	Registered Investment Company	**	9,451
	Invesco Gold and Precious Metals Fund	Registered Investment Company	**	20,907
	Ivy Asset Strategy Fund	Registered Investment Company	**	3,327
	Ivy Balanced Fund Class	Registered Investment Company	**	3,621
	JPM Equity Income Fund Class A	Registered Investment Company	**	10,821
	JPM Equity Income Fund Class R5	Registered Investment Company	**	107,968
	JPM Small Cap Blend Fund	Registered Investment Company	**	27,287
	JPM Small Cap Equity Fund	Registered Investment Company	**	70
	JPM Small Cap Value Fund	Registered Investment Company	**	2,297
	MainStay MacKay Total Return Bond Fund	Registered Investment Company	**	17,221
	Manning & Napier Pro-Blend Moderate Term Series	Registered Investment Company	**	8,388
	MFS Utilities Fund Class R1	Registered Investment Company	**	19,667

See accompanying report of independent auditors.

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

Employer Identification No. 31-4379509
Plan No. 006

(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):			
	MFS Vallue Fund Class A	Registered Investment Company	**	1,840
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	Rydex Financial Services Fund	Registered Investment Company	**	19,660
	Rydex S&P MidCap 400 Pure Growth Fund	Registered Investment Company	**	1,905
	Rydex Utilities Fund	Registered Investment Company	**	19,289
	T. Rowe Price Groth Stock Fund	Registered Investment Company	**	4,680
	Templeton Global Bond Fund Advisor Class	Registered Investment Company	**	35,485
	Templeton Global Bond Fund Class A	Registered Investment Company	**	7,351
	Vngrd 500 Index Fund	Registered Investment Company	**	466,786
	Vngrd Balanced Index Fund	Registered Investment Company	**	23,365
	Vngrd Consumer Staples Index Fund	Registered Investment Company	**	2,368
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	Vngrd Emerging Markets Stock Index Fund	Registered Investment Company	**	269,904

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

Employer Identification No. 31-4379509
Plan No. 006

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	Mutual funds (continued):			
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	Vngrd High-yield Corporate Fund	Registered Investment Company	**	2,665,224
	Vngrd Inflation-Protected Securities Fund	Registered Investment Company		53,045
	Vngrd Intermediate-Term Inv-Grade Fund	Registered Investment Company		453,503
	Vngrd International Explorer Fund	Registered Investment Company		280,043
	Vngrd Mid-Cap Growth Index Fund	Registered Investment Company		928,577
	Vngrd Mid-Cap Value Index Fund	Registered Investment Company		2,697,903
	Vngrd Pacific Stock Index Fund	Registered Investment Company		55
	Vngrd Real Estate Index Fund	Registered Investment Company		151,544
	Vngrd Short-Term Bond Index Fund	Registered Investment Company		743
	Vngrd Short-Term Investment-Grade Fund	Registered Investment Company		108
	Vngrd Short-Term Treasury Fund	Registered Investment Company		11,430
	Vngrd Small Cap Value Index Fund	Registered Investment Company		1,608,981
	Vngrd Small-Cap Growth Index Fund	Registered Investment Company		842,468
	Vngrd Small-Cap Index Fund	Registered Investment Company		2,234
	Vngrd Total Bond Market Index Fund	Registered Investment Company		84,996
	Vngrd Total International Bond Index	Registered Investment Company		2,426,325
	Vngrd Total International Stock Index	Registered Investment Company		112,651
	Vngrd Total Stock Market Index Fund	Registered Investment Company		97,731
	Vngrd Value Index Fund	Registered Investment Company		2,075,995
	Vngrd Wellesley Income Fund Adm. Shares	Registered Investment Company		4,173
	Vngrd Wellesley Income Fund Inv.Shares	Registered Investment Company		8,565
	WF Utility and Telecommunications Fund	Registered Investment Company		29,045
		Total mutual funds		54,425,612
*	Participant Notes Receivable	Participant notes receivable, 4.25% - 5.5%, maturity dates through September, 2031	-0-	2,207,250
				$ 63,106,376

* Party-in-interest
** Cost omitted for participant directed investments

See accompanying report of independent auditors.